THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

[PROJECT NAME]
Pre-Design Report

[PROJECT NUMBER]
[DATE]

[Draft or Final]

Facilities Planning Design & Construction

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THIS DOCUMENT IS A TEMPLATE FOR PREPARING A PRE-DESIGN REPORT.

- ***A. INFORMATION NOTED IN "BLUE" IS MEANT TO BE USED AS A GUIDELINE ONLY TO ASSIST IN WRITING THE REPORT. THE DOCUMENT SHOULD BE EDITTED TO INCLUDE SPECIFIC PROJECT REQUIREMENTS.***
- ***B. VERBIAGE IN "BLACK" SHOULD BE INCLUDED IN THE PRE-DESIGN REPORT IF APPLICABLE TO A PROJECT.***
- ***C. PART I OF THE TEMPLATE IS INTENDED TO PROVIDE A PROJECT OVERVIEW.***
- ***D. PART II OF THE TEMPLATE INCLUDES DESIGN AND CONSTRUCTION REQUIREMENTS NEEDED FOR IMPLEMENTATION AND IS DIRECTED TOWARD THE MD ANDERSON PROJECT MANAGER AND ARCHITECT/ENGINEER OF RECORD.***

I. PROJECT OVERVIEW

INTRODUCTION

DESCRIBE THE PRIMARY FUNCTIONS, LOCATION, AND OPERATIONS OF THE GROUP(S) INVOLVED. (WHO IS THE CLIENT AND WHAT DO THEY DO?)

BACKGROUND

DESCRIBE THE HISTORICAL AND/OR CURRENT ISSUES THAT ESTABLISH THE PROJECT NEED.

OBJECTIVES

INDICATE ALL BASIC OBJECTIVES TO BE MET BY THE PROJECT EFFORT, INCLUDING THOSE OBJECTIVES ASSOCIATED WITH OTHER GROUPS OR FUNCTIONS THAT MAY BE AFFECTED BY THE PROJECT, BUT ARE NOT INCLUDED IN THE ORIGINAL PROJECT REQUEST.

Primary objectives for this project include the following:
(LIST OBJECTIVES)

1.

PROPOSED RESOLUTIONS

INDICATE ALL THE PROPOSED SOLUTIONS UNDER CONSIDERATION, INCLUDING ANY MULTIPLE STEPS (I.E. RELOCATIONS OF OTHER GROUPS TO MEET THE ORIGINAL REQUEST). KEEP PROPOSED RESOLUTIONS AT A HIGH LEVEL; NOT TOO MANY DETAILS UNLESS THEY IMPACT THE DIRECTION OF THE PROJECT. BREAK OUT BY LEVEL OF RENOVATION AND INCLUDE SQUARE FOOTAGES. SELECT THE FOLLOWING LEVEL OF RENOVATION AS APPROPRIATE TO THE PROJECT:

- ***PATCH AND PAINT***

- ***MINIMAL RENOVATION***
- ***MEDIUM RENOVATION (1/2 OF THE WALLS REMOVED)***
- ***HEAVY RENOVATION (EXTENSIVE DEMOLITION AND RECONSTRUCTION)***

To accommodate the above objectives, all of the following are proposed (refer to attached floor plans for additional information):

(LIST RESOLUTIONS)

1.

During the design phase, refinements and/or reconfiguration of the schematic plan may be required to maximize the efficiency of space utilization and realize the client's objectives.

Space that will be vacated by this project will be locked down for future assignment. ***-OR-*** Space to be vacated by this project will remain assigned to ***(NAME OF DEPARTMENT)***.

CONDITIONS OF APPROVAL

STATE ALL CONDITIONS THAT ARE ASSOCIATED WITH APPROVAL TO PROCEED WITH THE PROJECT. (I.E. DIRECTION FROM SENIOR ADMINISTRATION).

SPACE REQUIREMENTS

LIST THE SPACE TYPES, WITH A BRIEF DESCRIPTION OF THEIR FUNCTION. COMPLETE A SPACE PROGRAM SPREADSHEET AND ATTACH IT TO THIS REPORT. DEPENDING ON THE PROJECT, YOU MAY JUST REFERENCE THE SPREADSHEET HERE. MAKE NOTE OF ANY SPACE VARIANCES OR SPECIAL NEEDS ROOM(S).

LIST ANY ATTACHMENTS AND ASSOCIATED ISSUE DATE IF NEEDED FOR CLARIFICATION OF THIS PARAGRAPH.

Refer to the attached drawings and spreadsheet for program components (Attachment 1 per list of Attachments at the end of Part I).

TRAFFIC FLOWS/ADJACENCIES

IDENTIFY SPECIFIC DESIRED TRAFFIC FLOWS, INCLUDING ANY DIFFERENCES IN STAFF AND VISITOR PATHS. IN PATIENT CARE AREAS, INDICATE THE FLOW OF THE PATIENT FROM ARRIVAL THROUGH PROCEDURE. IDENTIFY ANY DESIRED ADJACENCIES AND THEIR PRIORITIZATION.

Exit routes shall be in accordance with all federal, state and local building codes.

SUPPORT SERVICES

LIST WHO WILL BE RESPONSIBLE FOR SUPPORTING THE AREA.
INDICATE ANY OTHER AFFECTED SUPPORT SERVICES TO THE AREA.
Responsibility for the daily maintenance and housekeeping requirements for this area is within the following Facilities Management departments: Patient Care and Prevention Facilities, Administrative Facilities and Campus Operations, ***OR*** Research and Education Facilities. MD Anderson Information Technology and MD Anderson Network Services will support telecommunication / network infrastructure.

EXISTING FINISHES AND SITE CONDITIONS OF PROJECT AREA

INDICATE EXISTING FINISHES FOR FLOORS, WALLS, CEILINGS, ETC., AND ANY INFRASTRUCTURE/SPECIAL CONDITIONS THAT WOULD AFFECT THE PROJECT WORK.

IDENTIFY PRE-EXISTING CONDITIONS THAT MAY AFFECT ARCHITECTURAL, MECHANICAL, ELECTRICAL, AND PLUMBING SYSTEM DESIGN, SUCH AS CODE VIOLATIONS, EQUIPMENT SLATED FOR REPLACEMENT VIA CRR FUNDS, AND SYSTEM CAPACITY LIMITATIONS. ATTACH PROJECT AREA ASSESSMENT DOCUMENTS DEVELOPED BY THE MD ANDERSON ENGINEERING TEAM.

CONTACT THE FPDC DIRECTOR OF DESIGN & ENGINEERING SERVICES, OR HER OR HIS DESIGNEE, FOR A LIFE SAFETY REVIEW. NOTE THAT LIFE SAFETY ISSUES MUST CONSIDER NOT ONLY EXITING, BUT ANY EXISTING OR REQUIRED FIRE/SMOKE WALLS, COMPARTMENTALIZATION, AND BUILDING SEPARATIONS, ETC. WHEN DEVELOPING THE PLANNING DOCUMENTS. NOTE ANY SPECIAL PROJECT REQUIREMENTS SUCH AS FIRE WALLS WHICH MUST BE MAINTAINED, EXISTING EXITING DEFICIENCIES, ETC.

Existing walls are (painted gypsum board) ***OR*** (wall covering). Floors are (carpeted) ***OR*** (vinyl tile). Existing ceilings are (2x4) ***OR*** (2x2) lay-in tiles ***OR*** gypsum board.

Verification for asbestos must be completed before construction can begin.

ADJACENT AREAS

IDENTIFY THE OCCUPANTS AND PRIMARY FUNCTIONS (I.E. OUTPATIENT CLINIC, OFFICE, LAB) OF SPACES SURROUNDING THE PROJECT WORK AREA INCLUDING NORTH, SOUTH, EAST, AND WEST LOCATIONS ON THE SAME FLOOR, AND THE FLOORS DIRECTLY ABOVE AND BELOW.

The proposed space includes _____ square feet of the ***(FLOOR NUMBER)*** floor of the ***(BUILDING NAME IF APPLICABLE)***. ***(NAME OF DEPT.)*** occupies the floor above the designated space and ***(NAME OF DEPT.)*** occupies the floor below the designated space. ***(NAME OF DEPT.)*** occupies the space adjacent to the area to be renovated.

EVALUATE AREAS DIRECTLY ABOVE AND BELOW THIS PROJECT AREA AND STATE ANY IMPACT CAUSED BY IMPLEMENTATION OF THE PROJECT WORK. SPECIAL CONSIDERATION SHALL BE GIVEN TO NEW PLUMBING DRAINAGE LINES (SANITARY WASTE) THAT WILL BE REQUIRED WITHIN THE CEILING SPACE OF THE LEVEL BELOW. INSTALLATION OF THESE LINES MAY REQUIRE SIGNIFICANT DISRUPTION OF SPACE AND REWORKING OF EXISTING DUCTWORK, PIPING, ETC., AND COULD CAUSE REDESIGN OF PROPOSED FLOOR PLAN LAYOUT. AN EXAMPLE IS LOCATING TOILET FIXTURES OVER EXISTING STRUCTURAL BEAMS OR SENSITIVE AREAS. ALSO NOTE HEAVY EQUIPMENT THAT MAY REQUIRE STRUCTURAL MODIFICATIONS.

FURNITURE, FIXTURES AND EQUIPMENT

STATE THE UNDERSTANDING REGARDING THE RE-USE AND/OR PURCHASE OF NEW ITEMS FOR THE PROJECT. ATTACH A LIST IF AVAILABLE.

All new furniture, equipment, finishes, cubicle curtains/track, etc., will be based upon MD Anderson institutional standards wherever applicable. Existing furniture will be used where applicable.

ACCESSIBILITY

CONSULT WITH THE FPDC DIRECTOR OF DESIGN & ENGINEERING SERVICES, OR HER OR HIS DESIGNEE, DURING THE SCOPE DEVELOPMENT PHASE OF A PROJECT FOR INPUT REGARDING THE REQUIREMENTS OF THE TEXAS ACCESSIBILITY STANDANDS (TAS).
PROVIDE A DRAWING SHOWING THE PROJECT AREA AND PROPOSED SCOPE OF WORK. FPDC DESIGN & ENGINEERING SERVICES WILL PROVIDE INFORMATION REGARDING NON-COMPLIANT ACCESSIBILITY ITEMS (TO THE EXTENT KNOWN), AS WELL AS INFORMATION ON ANY RECENTLY COMPLETED CORRECTIVE WORK. ENSURE THAT THE FINAL PRE-DESIGN REPORT (PDR) REQUIRES THE PROJECT TO ASCERTAIN AND THEN CORRECT DEFICIENCIES IN ANY RESTROOM SERVING THE RENOVATED AREA. ENSURE THAT THE FINAL PRE-DESIGN REPORT REQUIRES AN ACCESSIBLE ROUTE TO THE PROJECT AREA, AND CORRECT ANY DEFICIENCIES FOUND ALONG THE ACCESSIBLE ROUTE, INCLUDING, BUT NOT LIMITED TO DRINKING FOUNTAINS, PUBLIC TELEPHONES, AND PROTRUDING OBJECTS. TRANSMIT TO FPDC DESIGN & ENGINEERING SERVICES A COPY OF THE DRAFT AND FINAL PDR.

PLUMBING FIXTURE COUNT

CONSULT WITH THE FPDC DIRECTOR OF DESIGN & ENGINEERING SERVICES DURING THE SCOPE DEVELOPMENT PHASE OF A PROJECT FOR INPUT REGARDING REQUIREMENTS OF THE INTERNATIONAL PLUMBING CODE PERTAINING TO THE MINIMUM NUMBER OF FIXTURES REQUIRED TO SERVE THE RENOVATED AREA.

FPDC DESIGN & ENGINEERING SERVICES WILL PROVIDE A PLUMBING FIXTURE COUNT (INCLUDES WATER CLOSETS, LAVATORIES, DRINKING FOUNTAINS, AND SERVICE SINKS) FOR THE PROJECT AREA. IF AN INSUFFICIENT NUMBER OF FIXTURES ARE PRESENT TO SERVE THE RENOVATED AREA, THEN INCLUDE THE ADDITIONAL FIXTURES IN THE PROJECT SCOPE OF WORK.

SPECIAL ISSUES OR CONSIDERATIONS

IDENTIFY ANY SPECIAL CONDITIONS OR REQUIREMENTS ASSOCIATED WITH IMPLEMENTATION OF THE PROJECT (I.E., THE CURRENT FUNCTION WILL REMAIN IN OPERATION DURING CONSTRUCTION, AFTER-HOURS WORK REQUIRED, SPECIAL PROTECTION OF ADJOINING AREAS, ETC.).

CONSULT WITH EH&S AND INFECTION CONTROL TO REVIEW THE PROJECT AND TO ASSIST IN DEVELOPING STRATEGIES FOR PHASING AND/OR SPECIAL PHYSICAL/HVAC BARRIER NEEDS. CONTACT EH&S TO PREPARE THE INFECTION CONTROL RISK ASSESSMENT (ICRA) PER JOINT COMMISSION REQUIREMENTS AND FOR IMPACT THAT ANY INTERIM LIFE SAFETY MEASURES MAY HAVE ON THE PROJECT. IN ADDITION, IDENTIFY THE PROJECT RISK LEVEL IN ACCORDANCE WITH THE MD ANDERSON INSTITUTIONAL INDOOR AIR QUALITY POLICY.

MD ANDERSON PROJECT MANAGER/PLANNER SHALL OBTAIN & ATTACH EH&S ASBESTOS ASSESSMENT REPORT FOR ALL AREAS AFFECTED BY THIS PROJECT. CLARIFY SCHEDULE AND SCOPE OF REMEDIATION WHERE REQUIRED BY THE REPORT PRIOR TO INITIATING THE DESIGN PHASE.

GENERAL SCOPE OF WORK FOR DEMOLITION / CONSTRUCTION

FOR SMALL PROJECTS, A SIMPLE BULLETED LIST OF WORK-RELATED ACTIVITIES MAY SUFFICE. THE SCOPE OF WORK SHOULD BE DETAILED ENOUGH TO ASCERTAIN A GENERAL ORDER OF MAGNITUDE BUDGET FOR THE WORK. FOR LARGER PROJECTS, THE FOLLOWING FORMAT IS SUGGESTED (EDIT/ADD TO THE FOLLOWING AS APPLICABLE):

The complete scope of work will depend on the final design, but based upon the above conditions, the general scope of renovation work is anticipated to include the following:

0.00 GENERAL

0.01 Design will be in accordance with MD Anderson's Owner's Design Guidelines.

0.02 Signage will be provided and installed as required. ***(CONFIRM IF THIS IS "BY OWNER" AND IF SO, NOTE IF APPLICABLE)***

0.03 Lock cores and keys will be provided as required.

0.04 New equipment and materials will be compatible with existing components and systems to which they interface and in accordance with MD Anderson Master Construction Specifications.

1.00 DEMOLITION

1.01 Areas will be selectively demolished as required to accommodate the new design.

1.02 Owner's Project Manager will have existing signage removed and returned to the Sign Shop for re-use. Temporary signage will be provided as required.

2.00 GENERAL CONSTRUCTION

2.01 New walls will be constructed in accordance with MD Anderson Institutional Standards.

2.02 Wall surfaces should be patched where signage has been removed by the Owner.

2.03 All finishes will comply with MD Anderson Interior Finishes Standards in both product and application. Verify proper application with MD Anderson Planner/Designer as needed.

2.04 Handrails and bumper guards will be installed as required.

2.05 Ceilings tiles will be replaced as required ***(OR NAME SPECIFIC AREA)***.

2.06 Carpeting will be replaced in _____ areas (or throughout renovation area, ***BE SPECIFIC***).

2.07 All door hardware and hardware installation will be Texas Accessibility Standards (TAS) and Americans with Disabilities Act (ADA) compliant.

3.00 INFRASTRUCTURE

BASED ON DEPARTMENTAL INPUT, IDENTIFY EQUIPMENT THAT MAY REQUIRE SPECIAL COOLING OR EXHAUST NEEDS SUCH AS 24/7 COOLING REQUIREMENTS, SPECIAL FILTRATION, OR EXHAUST HOOD REQUIREMENTS.

VERIFY REQUIREMENTS FOR EMERGENCY POWER AND DEDICATED ELECTRICAL CIRCUITS FOR SPECIFIC DEPARTMENTAL EQUIPMENT. LIST HERE; EDIT/ADD TO THE FOLLOWING AS APPLICABLE.

3.01 For minimal renovation, the HVAC system will be reconfigured and rebalanced to accommodate the project area. New equipment will be specified if required, depending on the level of renovation.

3.02 New data and telecommunication connections will be provided as required to support the project area. Specify heights and locations of new data and telecommunication connections to meet TAS and ADA requirements (provide elevations where further clarification is needed).

3.03 New and/or relocated fire exit signs, fire alarm systems, and fire alarm devices will be installed as required. Fire alarm system will be upgraded as required to support the renovations.

3.04 Electrical power distribution and lighting circuitry and switching will be designed as required to support the project area. Motion/infrared dual technology sensor switches will be installed as needed to meet ASHRAE 90.1 requirements. Lamps that are used on this project shall be in compliance with U.S. Department of Energy new efficiency standards, which will become effective on July 14, 2012.

3.05 Plumbing systems will be installed to support the renovated area.

3.06 Medical gas systems will be installed or modified to support the new space or the space to be renovated.

3.07 Fire sprinkler protection shall be provided by modifying existing and/or installing new systems as required.

3.08 Utilities to Owner-furnished equipment (i.e. refrigerator icemakers) will be funded under this project. Icemakers will have to be purchased with departmental funds; these are not included in the contract.

3.09 Security devices shall be planned and provided in coordination with the University of Texas Police Department (UTPD).

SCHEDULE / PHASING

INDICATE PROJECT SCHEDULE TARGETS, INCLUDING ANY PHASING OR SEQUENCING OF EXPECTED WORK. EDIT/ADD TO THE FOLLOWING AS APPLICABLE.

1. The department will remain in operation in their present location prior to relocation.
2. Furnishings have a lead-time of six to eight weeks from the time that the vendor receives the purchase order.
3. The current deadline for the commencing of renovation work is _____.
4. The project may be constructed in phases as recommended by the Architect/Engineer and Owner's Project Manager utilizing vacated areas as swing space.

5. Final phasing will be documented in the Construction Documents.

BUDGET / FUNDING

INDICATE IF FURNITURE WILL BE PURCHASED FOR THE PROJECT AND THE FUNDING SOURCE (SOURCES MAY BE SPLIT).

INDICATE ALL PROPOSED FUNDING SOURCES.

CONTINGENCY AMOUNTS SHOULD BE DETERMINED BASED ON PAST MD ANDERSON RENOVATION PROJECT CHANGE ORDER COSTS.

The project budget estimate is **$_____,** and includes construction, architectural/engineering fees, contingencies, telecommunications, security, furniture, and internal/other associated project costs. Owner furnished equipment is not included. Funding is to be provided through the ***(NAME OF)*** Budget.

OUTSTANDING ISSUES

INDICATE ANY OTHER OUTSTANDING ISSUES THAT MUST BE RESOLVED BEFORE PROJECT IMPLEMENTATION CAN COMMENCE.

REQUIRED ACTIONS / NEXT STEPS

The next steps, in order, include the following:

1. Issuance of a Funding Authorization Transmittal, allocating funds to start the detailed design of the project.
2. Retention of an Architectural and Engineering consultant to commence Schematic Design.

SIGNATURES

NAME

_____Date_____

Major participants in compiling this report include the following:

CLIENT'S NAME – DEPARTMENT
CLIENT'S NAME – DEPARTMENT
PROJECT MANAGER'S NAME – DEPARTMENT
PLANNER/DESIGNER'S NAME – DEPARTMENT

ATTACHMENTS *(EDIT THE FOLLOWING LIST AS APPLICABLE TO PROJECT AND INDICATE DATE OF DOCUMENT)*

1. Existing Space Plan and Conceptual Proposed Plan
2. Programming Spreadsheet
3. Department's Equipment List
4. Asbestos Assessment Report
5. Site Assessment Report – Infrastructure
6. EH&S / TDLR Assessment Report

II. PROJECT DESIGN AND IMPLEMENTATION

This section of the Pre-Design Report is directed to the Owner's Project Manager or Architect/Engineer of record (as indicated below) for project design and construction requirements.

TAS / ADA/ CODE REQUIREMENTS

1. Architect/Engineer shall design new construction and renovation projects to comply with MD Anderson Institutional Standards including Owner's Design Guidelines and Master Construction Specifications edited specifically for the project scope, latest adopted Texas Accessibility Standards (TAS), as well as latest adopted Americans with Disabilities Act (ADA) requirements, ANSI/ASHRAE/IESNA Standard 90.1, NFPA 101 Life Safety Code, and additional codes and standards as listed in the MD Anderson Design Guidelines. The Owner's Design Guidelines and Master Construction Specifications that are in effect at the time the Architect/Engineer begins Schematic Design, shall be used in the preparation of construction documents.
2. Architect/Engineer shall include the following on the construction document's reference information sheet:
   - Extent/boundaries of the project area.
   - An indication of existing restrooms and accessible route elements which will be made compliant with TAS/ADA by the project.
3. Architect/Engineer shall consult with the Owner's Project Manager to determine if work required to achieve TAS/ADA compliance in restrooms, and for other accessible elements, is to be included as an alternate in the construction documents.

SPECIAL ISSUES OR CONSIDERATIONS

1. Demolition and construction shall be planned and scheduled to minimize disruption to ongoing hospital operations. Unscheduled interruptions to existing building support systems such as fire alarm, life safety, HVAC, electrical distribution, and lighting are not acceptable. Appropriate measures and construction barriers are required to mitigate dust and to avoid contamination through the main ventilation systems. Measures will also be taken to reduce noise as much as possible. Owner's Project Manager shall notify all adjacent departments above and adjacent to project area prior to beginning construction.
2. Architect/Engineer shall provide construction phasing drawings to eliminate possible impact to existing building support systems as stated above.
3. Construction Documents shall indicate the location of construction barriers and their makeup. Construction Documents shall also indicate the risk level designation as determined by the MD Anderson Indoor Air Quality Policy.

General Notes on the Construction Documents shall reference that this policy must be adhered to. MD Anderson Environmental Health & Safety (EH&S) and Infection Control must review construction barrier locations to ensure that exiting requirements are met to minimize noise, dust, and to contain contaminates.

GENERAL SCOPE OF WORK FOR DEMOLITION / CONSTRUCTION

0.00 GENERAL

0.01 Owner's Project Manager must coordinate with Facilities Planning, Design & Construction (FPDS) Facilities Planning Services and Asset Information Coordinators for all new room numbering.

0.02 Architect/Engineer shall provide as-built drawings in standard MD Anderson electronic format upon project completion. Architect/Engineer shall incorporate into construction drawings, all remaining utilities found during construction that were not indicated on original documents.

0.03 Where existing mechanical/electrical equipment must be modified to be physically used on a project, Architect/Engineer shall evaluate if initial and operational cost savings will be realized by modifying the existing equipment rather than installing new. Architect/Engineer shall consider saving and reusing materials and hardware that are recently renovated or in good condition.

0.04 Architect/Engineer and Owner's Project Manager shall coordinate location of new equipment and services with all involved parties. Coordinate phasing of construction work with the appropriate Facilities Management department and MD Anderson staff. Construction phasing shall be represented on the Construction Documents.

0.05 Architect/Engineer and Owner's Project Manager shall reconfirm pre-existing conditions identified during Pre-Design and identify any new conditions that may affect architectural, mechanical, electrical, and plumbing system design, such as code violations, equipment condition issues, and system capacity limitations.

0.06 Architect/Engineer shall field verify existing conditions within the project area.

0.07 Owner's Project Manager must schedule coordination meetings dedicated to clarifying scope with the Architect/Engineer and departments prior to issuance of Construction Documents. Agreement on resolution of issues concerning unanticipated conditions should be made a part of the record.

0.08 Owner's Project Manager must obtain operational history of the project area from the appropriate Facilities Management department) to identify any infrastructure issues.

0.09 Owner's Project Manager must coordinate with the appropriate Facilities Management department to identify other projects that may affect this project scope such as equipment replacement projects funded from operations and maintenance (CRR) funds.

1.00 DEMOLITION

1.01 Owner's Project Manager must schedule coordination meetings dedicated to clarifying scope with the Architect/Engineer, contractors, and MD Anderson building operations personnel during demolition phases to identify conflicts and determine if authorization for additional work is required.

1.02 Architect/Engineer shall indicate required demolition of existing infrastructure systems on the drawings. Identify abandoned HVAC equipment, electrical equipment, electrical conduit, ductwork, piping, and floor penetrations and note that supports for all abandoned items shall be removed. For clarity in work scope, demolition work shall be indicated on a separate drawing from new work.

1.03 Architect/Engineer shall clearly indicate on the Construction Documents, specific detailing of interfaces between alterations and existing systems to remain.

2.00 MECHANICAL

2.01 When zoning and selecting air handling systems, Architect/Engineer shall consider the following:

- space availability for equipment, piping, and ductwork
- construction phasing requirements
- capacity and condition of existing HVAC systems, if any, serving areas to be renovated
- impact of renovation activities on adjoining areas not included in the project

2.02 Notify the Owner's Project Manager if Architect/Engineer discovers that existing utilities do not support system capacities required within the new project area.

2.03 Notify the Owner's Project Manager if existing exhaust, smoke control, make-up/ outside air system do not support new work.

2.04 Architect/Engineer shall confirm if the project includes equipment that requires special cooling or exhaust needs, such as 24/7 cooling requirements, special filtration, or exhaust hood requirements.

2.05 Architect/Engineer shall identify location and operational condition of existing fire/fire smoke dampers.

2.06 Architect/Engineer shall reconfigure existing air devices, specify new air devices as needed, and require rebalancing of the HVAC system to accommodate renovation work.

2.07 Architect/Engineer shall specify that building automation system application controllers for new terminal units must be compatible with the existing system. Replace any existing pneumatic controllers with new DDC controllers to tie into the existing Siemens Apogee system.

2.08 Confirm availability and location of heating hot water risers with Owner for zone heating at new terminal units serving the project area. If hot water risers are not readily accessible, specify electric zone heat.

2.09 Replace all internally lined low pressure ductwork downstream of new terminal units with externally lined, low pressure ductwork per MD Anderson Master Construction Specifications.

3.00 ELECTRICAL/TELECOMMUNICATIONS

3.01 Architect/Engineer shall establish electrical power requirements, perform load analysis, and analyze electrical work impact on existing distribution systems.

3.02 Architect/Engineer shall design electrical power distribution including lighting circuitry and switching as required to support the project area. Specify motion/infrared dual technology sensor switches as needed to meet ASHRAE 90.1 requirements. Energy consumption in the renovated area shall meet ASHRAE 90.1 requirements.

3.03 Architect/Engineer shall provide data and telecommunication connections as required to support the project area. Specify heights and locations of new data and telecommunication connections to meet TAS/ADA requirements (provide elevations where further clarification is needed).

3.04 Architect/Engineer shall design emergency power systems and dedicated circuits to support departmental requirements.

3.05 Architect/Engineer shall specify relocated and/or new exit signs, fire alarm systems and devices including speakers and strobes, as required.

3.06 Architect/Engineer shall determine if existing lighting fixtures are to be reused and/or relocated. Consideration shall be given to installation of new lighting fixtures if existing conditions do not meet ASHRAE 90.1 requirements. Refer to the MD Anderson Master Lighting Fixture Schedule, Element D5022, Owner's Design Guidelines.

3.07 Architect/Engineer shall confirm nurse call system requirements, application of system devices with room occupancy, and adequacy of existing system and equipment.

4.00 PLUMBING/FIRE SUPPRESSION

4.01 When permanently disconnecting domestic water, medical vacuum, medical gas, natural gas, treated water, drainage, vent, or other piping serving demolished fixtures, inlets, outlets or equipment, Architect/Engineer shall indicate removal of all associated piping back to remaining active mains.

4.02 All existing floor drains that will not remain in service shall be disconnected from the building drainage and vent system. The floor drain shall be removed and the slab sealed to provide a structural integrity and fire rating equal to or greater than the existing slab.

4.03 All existing wall and floor penetrations that will be unused due to removal of piping shall be permanently sealed to maintain the fire or smoke rating of the wall or floor.

4.04 Portions of the existing medical vacuum and gas systems affected by work within this project shall be re-certified in strict accordance with NFPA 99.

4.05 Design of new domestic hot water distribution piping system shall provide circulation within all portions of the system to within ten (10) feet of each outlet. Architect/Engineer shall redesign existing system piping as required to facilitate this requirement.

4.06 Modify the existing fire sprinkler system as required to accommodate new partition and ceiling layout. Modifications include alterations required to provide fire sprinkler protection during periods of construction activities.

4.07 Consider occupied areas directly below the proposed project area so that all work done above the finish ceiling on the floor below is scheduled and coordinated with current occupants.

5.00 SECURITY

5.01 Consult with the UTPD Project Manager for design input on security planning and devices as appropriate for the project area and scope.

5.02 New door hardware and lock types in egress pathways shall comply with MD Anderson's Locking Restrictions of Doors in Means of Egress Policy. Refer to Owner's Design Guideline Element D5038, Security Systems, for additional requirements.

SCHEDULE / PHASING

1. Owner's Project Manager must review construction barriers and scheduling with the department to verify patient and staff access/traffic flows during construction.
2. Owner's Project Manager should schedule construction to minimize disruption to adjacent facilities, including those on the floor below. Scheduling should allow continuance of ongoing hospital operations and facilitate smooth implementation of the project.
3. Owner's Project Manager must clarify "standard working hours" and identify all work that will be required to be performed during non-standard working hours. Instruct Architect/Engineer to include this information on Construction Documents.

PRE-DESIGN REPORT REVIEWED BY:

☐ END USER	☐ EH&S / TDLR
☐ PROJECT DIRECTOR	☐ INFECTION CONTROL
☐ PROJECT MANAGER	☐ INFORMATION & TECHNOLOGY SVCS.
☐ AFCO	☐ FPDC TECH RESOURCES-A/E
☐ PCPF	☐ FPDC TECH RESOURCES-TDLR
☐ REF	☐ FPDC TECH RESOURCES-LIFE SAFETY
☐ CLINICAL OPERATIONS REP	☐ OTHER