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## REQUEST FOR PROPOSALS

### ALL PROSPECTIVE ARCHITECTURAL FIRMS

#### REQUEST FOR PROPOSALS

**MARCUS STROKE AND NEUROSCIENCE CENTER – ANGIO 1 REPLACEMENT**

GHS-FD Project Number: Q2024020

Grady Health System Department of Facilities Development is soliciting proposals for master architecture and engineering services for the ***Marcus Stroke and Neuroscience Center – Angio 1 Replacement (Project Number Q2024020)***.

The project will be located on the Eighth Floor, A-Wing, of Grady Memorial Hospital, 80 Jesse Hill, Junior Drive, SE, Atlanta, Georgia, 30303

The RFP (dated Wednesday, October 2, 2024) will be posted on the Grady website prior to the **mandatory pre-proposal** meeting Thursday, October 10, 2024, at 10:00 am, in the offices of the Health System's Department of Facilities Development, Third Floor, Hurt Building. The driving address is 50 Hurt Plaza, SE, Suite 301 Atlanta, GA 30303.

Proposals, in accordance with the RFP for Project Number: Q2024020, are due Thursday, October 24, 2024, **at 3:00 pm**.

Additionally, registration with VendorMate (through the following website: <https://registersupplier.ghx.com>) must be completed prior to proposal submission.

Please notify **George Smith** by email at [gcsmith@gmh.edu](mailto:gcsmith@gmh.edu) of your intention to submit a proposal by filling out and submitting Appendix D by Monday, October 7, 2024 **by 4:30 pm**.

Sincerely,

George C. Smith  
Senior Architectural Project Manager  
Facilities Development  
Grady Health System



Grady Health System

Marcus Stroke and Neuroscience Center –  
Angio 1 Replacement

GHS – FD Project Number – Q2024020

Request for Proposal  
Architectural Services

Released: October 2, 2024

Due Date: October 24, 2024

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## **1.0 GENERAL INFORMATION**

Grady Health System is soliciting Proposals for Master Architecture Services for the following project:

**PROJECT: MARCUS STROKE AND NEUROSCIENCE CENTER - ANGIO 1 REPLACEMENT**  
**PROJECT #: Q2024020**  
**LOCATION: EIGHTH FLOOR, A-WING, GRADY MEMORIAL HOSPITAL**

### **1.1 Introduction**

Grady Health System (“GHS”) is one of the Southeast’s largest public hospital systems. With a delivery system that includes affiliations with public health organizations, medical education programs, and community advocates, GHS provides quality, cost-effective, and customer focused health care to residents of metropolitan Atlanta and citizens of the State of Georgia. Grady Health System is comprised of Grady Memorial Hospital (953 licensed beds), Crestview Health and Rehabilitation Center (388 licensed long-term care beds), the Infectious Disease Center (HIV/AIDS), the Loughlin Radiation Oncology Center, the Maloof Imaging Center, six (6) community health centers, the Regional Perinatal Center, the State of Georgia Poison Control Center, the Georgia Cancer Center for Excellence, The Marcus Stroke and Neuroscience Center, Grady EMS-Atlanta’s 911 ambulance service, the region’s premiere Level I trauma center and nationally renowned emergency medicine and burn centers.

GHS seeks to continue delivering patient focused health care to residents of metropolitan Atlanta and citizens of the State of Georgia.

GHS intends to replace the existing, 10+ year old bi-plane angiography system from Angio Room 1 in the Marcus Stroke and Neuroscience Center’s inpatient A-Wing unit on the Eighth Floor of Grady Memorial Hospital:

- Removal of existing Philips biplane imaging and procedure equipment, including replacing monitor and anesthesia booms, and ceiling mounted provider shielding equipment
- Redesign of existing angio room and adjacent control room to accommodate new equipment, including:
  - Recessing floor boxes for flush mounting of new table
  - Above ceiling structural revision to accommodate new/relocated monitor and anesthesia booms, and ceiling mounted provider shielding equipment
  - Redesign of in-room equipment closets
  - Improve receiving and storage of room required equipment
  - Ceiling redesign to improve lighting and HVAC distribution
- Review and redesign of existing utilities to support new equipment and meet required codes;
- Provide medical equipment planning in support of the Philips layouts

***The information contained in this RFP about Grady Health System, its facilities, services and business practices are confidential, and should not be distributed or disseminated without the express written approval of Grady Health System.***

Grady Health System's Facilities Development team manages all capital improvements, space planning, programming, architectural/engineering design, and construction for the Grady Health System.

Any questions regarding this RFP shall be submitted via e-mail correspondence to George Smith at [gcsmith@gmh.edu](mailto:gcsmith@gmh.edu).

Contact with Grady Health System's administration, staff, and board members regarding this RFP is strictly prohibited during the selection process.

## **1.2 Project Overview**

### **Project Description**

Create architectural and engineering documents for contractor bid renovations in replacing the existing, 10+ year old bi-plane angiography system from Angio Room 1 in the Marcus Stroke and Neuroscience Center's inpatient A-Wing unit on the Eighth Floor of Grady Memorial Hospital:

Scope of design work will include

- Coordination of architectural and utility demolition documents with Imaging Vendor (Philips) in the removal of existing Philips biplane imaging and procedure equipment, including replacing monitor and anesthesia booms, and ceiling mounted provider shielding equipment
- Redesign of existing angio room and adjacent control room to accommodate new equipment, including:
  - Recessing floor boxes for flush mounting of new table
  - Above ceiling structural revision to accommodate new/relocated monitor and anesthesia booms, and ceiling mounted provider shielding equipment
  - Redesign of in-room equipment closets
  - Improve receiving and storage of room required equipment
  - Ceiling redesign to improve lighting and HVAC distribution
- Review and redesign of existing utilities to support new equipment and meet required codes;
- Provide medical equipment planning in support of the Philips layouts
- Contract administration with GHS assigned Project Manager(s)
- Review of design documents with clinical staff and GHS Technical staff, including, but not limited to,
  - Facilities Management
  - Biomedical Engineering
  - IT
  - Infection Prevention
  - Safety

### **Goals of this Effort**

The goals of the Marcus Stroke and Neuroscience Center - Angio 1 Replacement effort are to:

- Enhance patient care and experience by providing a current state of the art procedural space, leading to better patient outcomes and reduced lengths of stay;
- Optimize operational efficiency and effectiveness by streamlining workflows and integrating innovative technology solutions into the facility design.
- Ensure regulatory compliance and safety standards to provide a secure environment conducive to patient recovery and rehabilitation.
- Upgrade finishes to meet current hospital standards.
- Increase Diverse Subcontractor Participation by:
  - Engaging Diverse Sub-suppliers in partnership and/or joint venture-ship roles.
  - Achieving a **25%** minority spend to Diverse Suppliers for the services of this project.

## **Tasks Included**

The selected design firm will be responsible for the following tasks:

- Master Architectural design and construction administration services.
- Advising Grady of industry best practices and state-of-the-art advances in the design of similar patient care environments.
- Identifying and implementing elements of Sustainability throughout the project delivery.
- Developing conceptual plans and specifications for the project scope of work.
- Assembling a comprehensive design team to include all required disciplines, including but not limited to structural engineering, mechanical, plumbing, electrical, and fire protection engineering, medical equipment planning and estimating.
- Assessing regulatory requirements, accreditation standards, and safety guidelines to ensure compliance with healthcare regulations and industry best practices, especially including compliance with Department of Community Health regulations.
- Collaborating with project stakeholders to define/refine programs and services that meet the needs of the clinical program.
- Identifying potential risks and developing risk mitigation strategies, including phasing plans, infection control risk mitigation plans, and life safety/interim life safety plans, to minimize disruptions and ensure project success.
- Providing ongoing support and consultation throughout the design and construction phases of the project to ensure the objectives are met and the highest standards of quality are maintained.

## **Project Budget**

Project budget to include construction costs for the Marcus Stroke and Neuroscience Center - Angio 1 Replacement project, to include new construction, is anticipated **To Be Determined**.

## **Project Schedule**

Key milestone dates below indicate the current best forecast and are subject to change.

- Mandatory Pre-Bid Meeting: Thursday, October 10, 2024
- Bids due: Thursday, October 24, 2024, at 2:30 p.m.
- RFI due on or before Monday, 10/21/24, at 12:00 noon
- RFI responses by COB Tuesday, 10/22/24
- Design Services Kickoff: November 18, 2024
- Submittal to State AHJ's (by GHS PM): Thursday, January 16, 2025 (60 calendar days from kick-off)
- Preconstruction Pricing of Design Packages scheduled to occur at the Schematic Design, Design Development, and Construction Document Phases.
- Construction anticipated to begin March, 2025

### **1.3 Qualifications and Expertise**

Grady Health System (GHS) requires the successful Bidder to exhibit the highest standards of integrity and work ethics (e.g. confidentiality, diligence, and professionalism). The Bidder shall have experience in providing similar scope of work in similar institutions as described in this RFP. The firm must have gained this experience as a result of being regularly engaged in the business of providing services in an acute health care/patient and long-term care resident environment.

GHS shall assess each Bidder's response and whether in the opinion of GHS, the Bidder is capable of undertaking and completing the scope of work delineated within this RFP in a satisfactory and timely manner. GHS will award a contract only to a responsible Bidder that has the ability to successfully perform under the terms of this RFP.

#### *Vendor Registration*

All vendors are required to complete a Vendor Registration Application through the GHS electronic vendor registration process once awarded a contract and all representatives must register prior to visiting any location or department of the health system. All fees due are the responsibility of the awarded Vendor and their associates. The registration allows GHS to manage the vendors supplying critical services to the health system, profile of the vendors and all representatives that visit the health system. The electronic Vendor Registration Application can be completed on the GHS website at <https://registersupplier.ghx.com>

### **1.4 Evaluation Criteria and Process**

The selection of the awardee to be engaged by GHS to accomplish the scope of work will be based on the following criteria that are utilized by the Evaluation Team. The Evaluation Team is comprised of members of the GHS staff.

- Demonstrating and Understanding of the Services
- Previous Experience on Projects of Similar Nature/References
- Management Plan
- Cost Proposal
- Diverse Subcontractor Supplier Plan
- Incorporation of Environmental Sustainability Measures

## **2.0 SCOPE OF WORK / DESIGN RESPONSIBILITIES**

The scope outlined in this proposal is to provide design services necessary for site master planning, programming, design, and construction administration of the project components identified below. Please include the following services in the Appendix E: Bid Form priced per phase (Site Master Plan, Programming & Schematic, Design Development, and Construction Documents) and identify any additional requirements anticipated or requested.

At the conclusion of both the Schematic and Design Development phases, it is Grady Health System's intent to engage a contractor for preconstruction services to provide a cost estimate for these design packages. During these pricing exercises the expectation is that the design team will be involved and participate in value engineering activities and shall include any anticipated efforts in the pricing of the Fee Proposal.

In order to eliminate conflicts and reduce change orders during construction is it imperative that civil, structural, architectural, mechanical, plumbing, medical gas, and electrical drawings be coordinated an

existing condition be field verified during the design and construction document phases. You are expected to conduct field investigations as required to understand and reflect existing conditions at the jobsite (Required prior to bid submittal).

## **Basic Services**

- Programming, Schematic Design, Design Development, Construction Documents, Permitting, Bidding and Construction Administration Services
- Construction Documents and Specifications
  - a. Provide detailed stamped construction drawings and specifications clearly indicating the work required for:
    - i. Structural
    - ii. Architectural
    - iii. Interior Wayfinding & Signage (coordinate with Hospital standards)
    - iv. Mechanical
    - v. Plumbing
    - vi. Medical Gas
    - vii. Fire Protection
    - viii. Electrical
- Drawing sheets will need to include, but are not limited to:
  - a. Cover with notes and legends(s)
  - b. Life Safety drawings for review by the State Fire Marshall as required
  - c. Interim Life Safety Measure (ISLM) plans and notes
  - d. Infection Control Risk Mitigation Plan (ICRMP) and notes
  - e. General and specialty notes
- Interior Design from GHS finish standards (including lighting)
- Life Safety Design
- Medical Equipment Planning
- FF&E (non-medical equipment) coordination with owner's vendor
- Structural Engineering
- ADA Accessibility Consultant
- Participation in Cost Estimating with Owner's Selected Contractor
- Coordination of Low Voltage design work with Grady Health System's Preferred Low Voltage Engineer
- Coordination activities required to prepare a complete and fully coordinated set of construction documents for the described scope of work, which may include:
  - i. IT/Security
  - ii. Nurse Call
  - iii. Patient Monitoring Systems
  - iv. Medical Equipment
  - v. A/V Equipment
  - vi. Interior Wayfinding & Signage
- Coordination activities with Owner's Commissioning Agent
- As-Built Electronic Record Drawings

Attendance at design review meetings with GHS-FD construction and architectural project managers, including meetings with the GHS Project Steering Committee Steering Committee meetings consist of:

- a. Project "kick-off" and program verification – as required

- b. Schematic design progress review(s) – as required
- c. 100% schematic design Steering Committee review and sign-off,
- d. Design development progress review(s) – as required
- e. 100% design development Steering Committee review and sign-off
- f. 95% construction document Steering Committee review and sign-off

Attendance at all design Technical Review meetings with the GHS-FD construction and architectural project managers, and including the Technical Review Team, consisting of members from supporting departments (Facilities Management for utilities, Epidemiology for patient care/infection control, Clinical Engineering, Security, Safety, Information Systems, Environmental Services, etc.). Technical review meetings occur at:

- a. Program verification
- b. 100% schematic design completion
- c. 100% design development completion (with the engineering team)
- d. 95% construction document completion (with the engineering team)

Schematic Design deliverables consist of:

- a. One full-size set, one half-sized set, and one ACAD compatible drawing file of schematic design drawings which illustrate and verify the program(s) for GHS-FD Architectural Project Manager review.
- b. Schematic Design construction budget estimate

Design Development deliverables consist of:

- a. One full-size set, two half-size sets, one ACAD compatible drawing file and one pdf file of 95% design development documents for GHS-FD Architectural Project Manager review.
- b. Design Development construction budget estimate

Construction Document deliverables consist of:

- a. Two full-size sets, two half-sized set, one ACAD compatible drawing file, and one pdf file of 95% construction documents for GHS-FD Project Manager review.
- b. Construction Document construction budget estimate

Contract administration including review and approval of contractor submittals:

- i. Estimated construction duration is TBD.
- ii. Review of installation at 50% and 90% to insure construction is per plans and specifications
- iii. Attendance at bi-weekly construction progress meetings with Owner and construction contractor
- iv. Preparation, revision as required, and distribution of notes to GHS-FD Architectural and Construction Project Managers reflecting design related issues discussed during bi-weekly construction meetings
- v. Preparation of as-built Record Documents (including ACAD compatible electronic files)
- vi. Preparation of punch list items upon completion of installation

The Architect will serve as the Owner's Architect of Record to design all components of the Project as well as to obtain regulatory approvals, such as those required from the Georgia Department of Community Health, and all local and state regulatory authorities.

The Architect will further be responsible for construction administration services during the construction duration and for coordinating with the Owner's Project Manager throughout the process. Provide a

Monthly Fee for Construction Administration Services, as a separate line item included in Appendix E & E-1: Bid Forms.

**Additional Services – Provide a fee for the following additional service items, as separate line items included in Appendix E 1: Bid Form:**

Medical Equipment Planning – Provide estimated fee and list proposed Consultant.

### **Owner Provided Services**

Grady Health System will contract separately for low voltage, audio visual, materials testing, survey, commissioning, wayfinding, art consultant, and (potentially) medical equipment planning support services as required to implement the project. It is Grady's intent to procure all design services necessary for the successful completion of this project. Please note any additional design services your firm may offer.

### **3.0 RFP SCHEDULE OF EVENTS**

The following Schedule of Events represents the Owner's best estimate of the schedule that will follow. The Owner reserves the right to adjust the schedule as the Owner deems necessary.

RFP Issuance	Wednesday, October 02, 2024
Prospective Firms Pre-proposal meeting	Thursday, October 10, 2024 (Appendix D due by C.O.B))
RFI's Due	Monday, October 21, 2024
Response to RFI's	Tuesday, October 22, 2024
<b>RFP Proposal Due Date</b>	<b>Thursday, October 24, 2024</b>
Potential Interview Date(s)	Week of week of October 30, 2024
RFP Award Date	<b>November 12, 2024</b>
Awarded Firm Start Date	Upon Contract execution firm shall be ready to begin work within (7) calendar days
Construction Documents Ready for Delivery to AHJ's	60 Calendar days from execution of contract
Target Construction Start Date	March 2025

### **4.0 PROPOSAL FORMAT**

Provide one (1) electronic copy of proposal submitted to **George Smith**, at [gsmith@gmh.edu](mailto:gsmith@gmh.edu).

**Cover Letter:** Provide a statement of interest. Include name and number for the **primary point of contact** should your firm be selected.

1. **Company Information:** Provide basic company information: Company name, address, indicate type of ownership, name of primary contact, telephone number, fax number, e-mail address, and company website (if available). Identify the office from which project will be managed and this office's proximity to the project site.
  - a. Please disclose any ownership and/or relationships with Grady Health System.
  - b. Disclose whether the proposing entity or any shareholder, member, partner, officer, or employee thereof, is presently a party to any pending litigation or has received notice of

- any threatened `litigation or claim directly or indirectly bearing on Grady Health System or the Fulton-DeKalb Hospital Authority.
- c. Disclose the name and title of any of Grady Health System's and/or The Fulton-DeKalb Hospital Authority board members, officers, administration, employees, contracted employees or independent contractors that are employed by or affiliated with the Offeror's organization.
2. **Proposed Team Organization:** Provide your project team's organization chart to include all consulting firms and sub-consultants per the requirements of this RFP.
3. **Qualifications and Experience:** Provide professional qualifications and description of experience for principal project staff. Provide information to support the following criteria:
- a. Accreditation types and levels of lead staff
  - b. Field led personnel's certification types and levels
  - c. Individual lead field personnel's experience (overall and with provider) of similar healthcare projects.
4. **Similar Project Experience:** Provide information on the firm's experience over the last five years with projects of similar type, size, function, and complexity. Describe no more than five (5) projects, in order of most relevant to least relevant, which demonstrate the firm's capabilities to perform the anticipated services listed in this RFP for this project. For each project, the following information should be provided:
- a. Project name, location and dates during which services were performed.
  - b. Brief description of project and physical description (square footage, number of stories, site area).
  - c. Exact services performed by your firm and relevance to this project.
  - d. Owner's current contact information.
  - e. Identify how your company added value on each project example.
5. **Project Approach:** Provide a response to the following items, along with a description of any other concepts or qualities that differentiate your firm's approach to the project:
- a. Provide information on Sustainability efforts to include previously incorporated measures and best practices for projects with similar size and scope.
  - b. Describe your approach to developing, assembling, and managing a design team with experience to be successful.
  - c. What unique understanding of similar healthcare projects will enable you to provide cost-saving ideas for incorporating state-of-the-art design within an existing hospital environment?
  - d. Describe examples within the past two years of strategies that your firm has employed to help Owners lower the cost of similar capital projects?
6. **Proposed Fee:** Provide a fee for each design phase outlined in this RFP. **Appendix E & E 1 - Bid Forms** is included and should be filled out accordingly. Please provide an Excel version of a completed Proposal Form as part of your response.
- a. Provide additional services hourly rates for each of the proposed team members/roles.
  - b. Provide a comprehensive list of anticipated reimbursable expenses. Note that reimbursable expenses are to be billed at actual or direct cost without markup.
8. **Owner A/E Contract:** Will be distributed at a later date.
9. **RFP Project Documents**

- a. APPENDIX A: AUTHORIZATION FORM
- b. APPENDIX B: CONTRACTOR WORK REQUIREMENTS
- c. APPENDIX C: SUPPLIER DIVERSITY
- d. APPENDIX C-1: BUSINESS IDENTIFICATION AND NONDISCRIMINATION
- e. APPENDIX C-2: SUPPLIER DIVERSITY DEFINITIONS
- f. APPENDIX C-3: SUPPLIER DIVERSITY PLAN
- g. APPENDIX C-4: DIVERSE SUPPLIER SUBCONTRACTING PLAN (PROGRAM MANAGEMENT)
- h. APPENDIX C-5: CERTIFICATION OF EFFORTS
- i. APPENDIX C-6: STATEMENT OF INTENT
- j. APPENDIX D: INTENT TO SUBMIT
- k. APPENDIX E: BID FORM
- l. APPENDIX E-1: BID FORM
- m. **Exhibit B:** Preliminary Space Program

**Submittal of Questions or Clarifications:** Questions about any aspect of the RFP, or the project, shall be submitted in-writing via e-mail by 12:00 noon, Tuesday, October 22, 2024, to: George Smith; at [gsmith@gmh.edu](mailto:gsmith@gmh.edu).

**RFP electronic response submittals are to be received no later than 2:30 PM EDT, Thursday, October 24, 2024.**

**Hard copies are not required for this submission.**

Please limit your submittal to no more than 20 double-sided 8.5"x11" pages, with 11 pt. minimum font size. Appendices do not count towards the requested page limit count.

## **5.0 SUPPLIER DIVERSITY**

### **Diverse Business Enterprise Utilization**

It is an overall objective of GHS to encourage involvement by Diverse Business Enterprises as contractors and suppliers in business activities generated by GHS, while assuring that such activities will be conducted in accordance with all applicable laws. It is the declared policy and intent of GHS to strive to maximize participation of Diverse Business Enterprises through all business contracting opportunities. GHS is committed to ensuring that Diverse Business Enterprises are given every opportunity to participate in contracting opportunities.

In adherence to GHS's commitment to Supplier Diversity, Solicitors of a GHS contract must clearly as defined by GHS herein, demonstrate good faith effort to achieve the Supplier Diversity goal set forth. By the documentation of Direct Tier II goods and/or services to be purchased from Diverse Business Enterprises certified by one (1) or more of the third party certification agencies recognized by GHS. Such spend with Diverse Business Enterprises will be monitored. In connection with such monitoring, Contracted GHS Suppliers will be required to report Diverse Supplier Spend to GHS monthly in a manner in GHS's sole discretion. In addition, a copy of reported Diverse Supplier spend, must be attached with the submission of any invoices to GHS. Failure to demonstrate the defined Good Faith Effort to achieve GHS's Supplier Diversity goal, objectives, or to report in a manner prescribed by GHS, shall be a material breach of any controlling contract between GHS and Contractor or vendor.

GHS prohibits discrimination on the basis of race, color, gender, religion, national origin, or disability in connection with employment of any person, or the award of any contract. GHS will provide equal opportunities without regard to race, color, gender, religion, national origin, or disability, by requiring that any vendor doing business with GHS provide equal opportunity to persons and businesses employed by, or contracting with the supplier of products and services to GHS.

The Supplier Diversity Goal for this Solicitation is 25 % of the total contract value

GHS® expects that the policies, programs and practices of its vendors/Contractors are carried out in an equitable fashion and that Certified Diverse Business Enterprises are afforded an equitable opportunity to share in contract/subcontract opportunities.

Vendors interested in doing business with GHS® are required to sign the Certification below and complete the Contract Compliance Section in its entirety and submit it with their bid response.

#### **SUPPLIER DIVERSITY PLAN**

In addition to the BID submission requirements, each vendor must submit a Supplier Diversity Plan (Appendix C) with their BID. The respondent must outline a plan of action to encourage and achieve participation by CERTIFIED DIVERSE BUSINESS ENTERPRISES as it relates to this RFP.

Required Forms and Economic Opportunity Plan Statement:

**In order for the bid package to be considered complete, Bidders must submit the following completed documents included in this RFP package.**

**These documents are considered a part of and should be submitted with the Bid. Failure to provide the information on the part of the Bidder will result in the bid being determined non-responsive.**

**Vendors utilizing a joint venture partner, subcontractor or consultant will be required to submit a monthly utilization report, formatted to GHS® specifications. No changes or substitutions may be made to this Supplier Diversity Section without the written consent from an authorized GHS® representative. Request for changes/substitutions by the Vendor must be made to GHS® in writing to include reason for the change, how the contract will be impacted, dollar amount and any other pertinent information. Vendor shall comply with the submitted plan, unless a written approval from an authorized GHS® representative has been received.**

Grady Health System contact information for Supplier Diversity and Equity can be found here:

**Crystal King**  
Director, Supplier Diversity and Equity  
404.616.4507  
[caking@gmh.edu](mailto:caking@gmh.edu)

**Clovie Vaughn**

Manager, Supplier Diversity and Equity  
404.616.2662  
[civaughn@gmh.edu](mailto:civaughn@gmh.edu)

These individuals should be utilized as a resource to aid in your efforts when developing your supplier diversity plan and can be used as a resource to enhance the certified diverse business enterprise participation.

Resources and websites to utilize:

- City of Atlanta - [Supplier Diversity Management System \(gob2g.com\)](#)
- Georgia GDOT - [Oracle BI Interactive Dashboards - Directory of Prequalified Contractors \(ga.gov\)](#)
- MARTA - [Supplier Diversity Management Program \(diversitysoftware.com\)](#)
- Fulton County - [Compliance and Certification Online System - Fulton County, GA \(diversitycompliance.com\)](#)

## 6.0 PROCESS FOR SELECTION

### Admissibility

**Appendix D Must be completed (filled out) and submitted to GHS-FD at the Pre-bid Meeting.**

To be admissible, a bid must adhere to the requirements and content for submissions outlined in this RFP. Failure to adhere to this format may eliminate the bid from any further consideration, as determined at the sole discretion of GHS-FD.

Furthermore, bids from bidders who are currently debarred by Grady Health System, by any local jurisdiction or agency, and/or involved in any litigation with The Grady Memorial Hospital Corporation or Grady Health System will not be considered admissible.

### Analysis of Bids & Award

- Bids will not be opened publicly. All parties submitting bids will be notified in writing of the results of their submission.
- GHS will not consider any exceptions, exclusions, and/or clarifications. The bid proposal will be considered for completing services per scope of work described in this RFP.
- In evaluating bids the selection will be based on determination of Responsibility and a determination of Responsiveness.
- GHS-FD reserves the unqualified right to request additional information or meetings with any architect to visit previous or current project sites, or to visit their premises, if deemed necessary to arrive at a fully informed decision.
- The award will be to the responsible and responsive bidder whose bid conforms to all material specifications, terms and conditions as set forth in the bid, with the lowest price, provided his/her bid is reasonable and is to the interest of GHS to accept it. No bid shall be considered for award if the bid is not responsive to the essential requirements of the solicitation or is submitted by a non-responsive bidder.
- Protest: A formal written protest form can be obtained by contacting the Office of the Contracting Officer at 404-616-0450.



## **Appendix A: Authorization/Certification Form**

Firm:

To whom it may concern:

This is to certify that:

NAME:

TITLE:

SIGNATURE:

Is/are authorized to sign all bid documents and, if the firm is selected, the contract for this assignment.

Certifies that he/she has read, understands and agrees to be bound by the terms and conditions of the Request for Proposals.

By:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: (\_\_\_\_)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Note: this form may, at the firm's discretion, be replaced by another document to the same effect.

## Appendix B: Contractor Work and Permit Requirements

PROJECT NAME: **MARCUS STROKE AND NEUROSCIENCE CENTER ANGIO 1 REPLACEMENT**  
 AREA: **EIGHTH FLOOR / A-WING / GRADY MEMORIAL HOSPITAL**

PROJECT NO. **Q2024016**  
 PROJECT MANAGER: **GEORGE SMITH**

**Hospitality Program:** Quality care for our patients is the key component in everything we do. Our Hospitality Program is centered around the values of safety, service, friendliness, helpfulness, courtesy, communications, response, privacy, dignity, respect, listening and professionalism. The purpose of this pledge is to let you know, for your acknowledgement, that everyone working in Grady Hospital has a stake in quality patient care, patient comfort and patient safety. By supporting these values, you will have a direct impact on our patients.

<b>BADGE AND PERMITS</b> Obtain Vendor Badge (must present valid ID and Project No. from Plant Operations Customer Service). A TB Skin Test (PPD) is required if on site for three or more days. PPDs may be obtained through GHS Employee Health Services (15A) at the expense of the contracting company. <b>Area work/burn permits and utilities shutdown requests are secured prior to starting work.</b>	<b>INFECTION CONTROL</b> All extra materials, debris, and trash are to be removed before moving to the next area or at the end of the day. No eating or drinking in hospital occupied work areas. All evidence of eating or breaks taken on a secured construction site must be removed before end of day. Maintain appropriate construction barriers.
<b>INSURANCE</b> Vendor must have proof of liability and workman's compensation insurance on site.	<b>SHUTDOWNS</b> No Mechanical or electrical systems may be shutdown or turned off for any reason without the GHS Project Manager and Facilities Management's assistance. Plan your work so that seven (7) calendar days notice can be given for all shutdowns. <b>Request for Utilities Shutdown Permit required.</b>
<b>FIRE SAFETY</b> Communicate to the FCC, ext. 5-3956, the area where you will be working: 7 A, B, C. etc. Approved barriers must be in place <b>prior</b> to beginning work. Safety and/or the GHS Project Manager must approve temporary barriers.	<b>CEILING TILES</b> Replace all ceiling tiles by the end of the day, even if work is not completed. Ceiling or ceiling tile removal for access to work or inspection <b>will be tagged with the project permit number</b> , GHS Project Manager's name and contact number. Damaged or discolored tiles should be noted before the project begins, or the contractor will be held responsible. Ceilings that are out for long periods of time must have protection or approval from Epidemiology/Safety to protect patient's health and welfare.
<b>FIRESTOP</b> Cover all wall or slab holes with temporary covers to maintain compartment integrity. After task completed, penetrations must be permanently sealed with Fire Stop. Communicate to GHS Project Manager any penetrations and/or repairs. The GHS Project Manager and/or Safety must inspect all patched penetrations prior to covering.	<b>SAFTEY</b> Contractors are to provide fully charged, with pull pin seal, approved (must have a current inspection/service tag) fire extinguishers in the construction areas. Be conscious of all signage and surroundings. Do not obstruct hallways and corridors. Keep doors closed to mechanical spaces construction areas. All clothing must meet OSHA requirements.
<b>SMOKING</b> <b>No smoking on premises.</b> Use dedicated smoking areas outside of building.	<b>CUTTING &amp; CORING</b> Observer to be posted to watch "blind side" of cutting, if coring, or if demolition is to be done.
<b>COMMUNICATION DEVICES</b> Use of cell phones <b>prohibited</b> throughout the hospital. Cellular telephones and 2-way radios may cause electromagnetic interference affecting life support and other critical equipment. Vulnerable, sensitive areas have signage restricting radio-transmitting devices within that vicinity.	<b>SECURITY AND STORAGE</b> Immediate work area secured to keep all others out. Secure all equipment when not in use or attended. Work with GHS Facility Development if project storage space is needed for overnight, or any length of time. Stairwell travel should allow re-entry every 5 <sup>th</sup> floor, if some stairwell doors are found to be locked. Assigned access cards and keys are for the contractor's use only. No "piggy-backing" is allowed. All assigned keys must be turned over to the foreman/project manager at the end of the day.
<b>HOUSEKEEPING</b> Do not obstruct hallways and corridors. Keep doors closed to mechanical spaces and construction area. The construction area shall be kept in a neat condition at all times. Combustible boxes and scrap materials shall be disposed of daily. Provisions shall be made to avoid the tracking of dust outside of the construction area. No refuge is to be left at any entry. Contractors will not use hospital equipment to clean up their projects.	<b>UTILITIES</b> All company owned equipment (power cords, etc.) must be inspected and approved by Safety/GHS Electrical Department prior to use. When using electrical equipment, a GFCI will be used.

<b>PARKING</b> The GHS-PM will designate available parking areas for contractor employees. Parking space at GHS is limited and workers may be required to park some distance from their work place. Violation of this requirement will result in towing of the vehicle at the owner's expense.	<b>HAZARDOUS MATERIALS</b> Before starting any work within GHS, conformation must come from the Asbestos Coordinator, Tyrone Williams (x5-9650), that the area is free of Asbestos Containing Material (ACM). ACM or presumed ACM is regulated by the Environmental Protection Agency (EPA) and must not be disturbed by non-asbestos abatement contractors. Work through project managers to insure compliance. No flammable storage on site. The Fire Command Center (FCC) and the Safety Department must be aware of all flammable products brought into Grady needed for task. Material Safety Data Sheets must be made available upon request, for contractor supplied products and materials.
<b>ELEVATORS</b> Contractors shall move material in an elevator specifically designated by GHS-PM. This elevator shall be designated the "Construction" elevator. The contractors are required to vertically migrate through the building using the stairs or construction elevators.	
<b>OPEN FLAMES/HOT WORK</b> Open flames of any kind require a burn permit obtained through the GHS Project Manager. This also applies to cutting and welding forms. A recent inspected and approved "ABC" fire extinguisher shall be kept at the work site at all times. Approved barriers are required for arc-welding.	<b>SCHEDULING</b> Any work needing to be performed outside of regular hours (0700-1700) or on weekends, must be pre-scheduled (requested in writing) through the GHS Project Manger one week in advance. Any secured areas, (i.e. 4 <sup>th</sup> and 13 <sup>th</sup> floors or locked offices), will not allow access and will need to be scheduled 48 hours in advance for work to be done in these areas.
<b>SMOKE DETECTORS</b> A network of smoke detectors protects Grady, which send a signal to the Fire Command Center (FCC). Dust, fumes, smoke, water and heat can set off the detectors. Plan your work so that seven- (7) days notice can be given to temporally take the smoke detectors out of service in the construction area. Request for Utilities Shutdown Permit required. Plant Operations may temporarily disconnect smoke alarms.	<b>OCCUPIED AREAS</b> It is expected that contractor employees working in occupied areas, including, corridors, be sensitive to patients, staff and the public. Yelling, foul language, dirt and debris without barricades, unattended ladders, toolboxes and materials are not permitted.
<b>STANDARDS OF CONDUCT</b> Use dedicated elevators for the transportation of equipment. Always yield to Grady patients, staff and daily business. Follow GHS directives during emergency responses and drills. Use of profane and abusive language is prohibited. No profane or derogatory verbiage on apparel. Keeping volume down on radios is required.	<b>TOILETS</b> Contractor personnel shall only utilize staff toilets as directed by your Supervisor. It is expected that use of toilets by contractor personnel will not result in any additional cleaning requirements.
<b>GHS TELEPHONE NUMBERS</b> Frequently used numbers inside GHS: GHS Plant Operations/Facility Management: 5-3960 GHS Facilities Development: 5-4291 Compliance Coordinator: Jinx Rainwater: 5-5291 Safety Office: 5-5356 <b>Plant Operations: Duty Engineer: 404-837-0005</b> GHS Emergency: 911# Cardiac Arrest: 5-5555 Fire Commander Center: 5-3956 Housekeeping: 5-4065	<b>INTERIM LIFE SAFETY MEASURES</b> These are a series of administrative actions that must be taken to compensate for construction deficiencies or activities. They include: 1. Ensuring that exits provide free and unobstructed egress. 2. Ensuring free and unobstructed access to emergency departments. 3. Ensuring that fire alarm, detection, and suppression systems are not impaired. 4. Ensuring that temporary construction partitions are smoke tight and non-combustible. 5. Providing additional fire-fighting equipment and personnel training. 6. Prohibiting smoking in or near construction areas. 7. Reducing flammable loads through revision of storage, housekeeping, and debris removal practices. 8. Conducting additional fire drill(s) each quarter. 9. Increasing hazard surveillance of buildings, grounds and equipment. 10. Training personnel when structural features are compromised. 11. Conducting organization wide safety programs to ensure awareness of hazards.

**FIRE SAFETY MEASURES: In the event of a fire, the following steps should be taken:**

Rescue anyone in immediate danger.

Alert/alarm by activating the nearest pull station (typically located at most stairwells or proximal to elevator lobbies).

Contain the fire by closing doors, windows and turning off fans

Extinguish (Pull the pin, Aim at the base of the fire, Squeeze the trigger and Spray in a sweeping motion) the fire as time allows, and continue to evacuate.

**CONCURRENCE:** I HAVE READ, UNDERSTAND AND PLEDGE TO SUPPORT PATIENT CARE AS OUTLINED ABOVE. I UNDERSTAND FAILURE TO COMPLY WITH THESE REQUIREMENTS CAN RESULT IN DISMISSAL FROM THE PREMISES.

**SIGNATURE / FIRM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPENDIX C**  
**CONTRACT COMPLIANCE CERTIFICATION**

**CERTIFICATION :**

I certify that the statements made by me in this Contract Compliance Section are complete and true to the best of my knowledge and belief and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to debarment from participation in future GHS® contracting opportunities, held liable for breach of contract and subject to the enforcement of any remedies available under the contract or as a matter of contract law. I agree that no changes shall be made to this section without the written consent of GHS®.

Authorized Representative Signature

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\_\_\_\_\_  
Title: \_\_\_\_\_

Authorized Representative Printed Name

---

\_\_\_\_\_  
Date: \_\_\_\_\_

**APPENDIX C-1: BUSINESS IDENTIFICATION AND NONDISCRIMINATION**

(TO BE SUBMITTED WITH QUALIFICATIONS)

Part I – Business Identification (definitions on Appendix C-2). Please indicate if your company qualifies as one of the business designations below:

	Yes	No												
Small Business If yes, please check the following reason(s) that apply: <u>Less than 100 Employees</u> <u>Less than \$1,000,000.00 in gross annual receipts</u>														
Minority Business Enterprise If yes, please indicate the percentage of minorities who own, control or operate your company:														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">African American</td> <td style="padding: 2px; text-align: right;">%</td> <td style="padding: 2px;">Asian American</td> <td style="padding: 2px; text-align: right;">%</td> </tr> <tr> <td style="padding: 2px;">Hispanic/Latino</td> <td style="padding: 2px; text-align: right;">%</td> <td style="padding: 2px;">Pacific Islander</td> <td style="padding: 2px; text-align: right;">%</td> </tr> <tr> <td style="padding: 2px;">Native American</td> <td style="padding: 2px; text-align: right;">%</td> <td style="padding: 2px;">Other</td> <td style="padding: 2px; text-align: right;">%</td> </tr> </table>	African American	%	Asian American	%	Hispanic/Latino	%	Pacific Islander	%	Native American	%	Other	%		
African American	%	Asian American	%											
Hispanic/Latino	%	Pacific Islander	%											
Native American	%	Other	%											
FEMALE BUSINESS ENTERPRISE If yes, please indicate the percentage of women who own, control or operate your company: <u>%</u>														
LOCAL SMALL BUSINESS If yes, please indicate in which county your company is located? <u>DeKalb</u> <u>Fulton</u> <u>Business location in both counties</u> <u>Other</u>														
ARE YOU RESPONDING AS A CONSULTANT?														
IS YOUR COMPANY CERTIFIED AS ONE OF THE BUSINESS DESIGNATIONS ABOVE? If yes, please give the certifying agency and include a copy of your current certification with your proposal response.														

Total percent of participation by one of the above listed designations \_\_\_\_\_ %

**PART II - NONDISCRIMINATION POLICIES AND PROCEDURES**

	Yes	No
Are you an individual and do not employ anyone? If yes, you do not need to complete the remainder of the questions.		
Does your company have an Equal Employment Opportunity/Affirmative Action statement posted on company bulletin boards?		
Do you notify all recruitment sources in writing of your company's Equal Employment Opportunity/Affirmative Action employment policy?		
Do your company advertisements contain a written statement that you are an Equal Employment Opportunity/Affirmative Action employer?		
Do you belong to any unions? If yes, have you notified each union in writing of your commitments to non-discrimination?		
Does your company have a collective bargaining agreement with workers? If yes, do the collective bargaining agreements contain non-discrimination clauses and/or your Equal Employment Opportunity policy covering all workers?		
Does your company, at least annually, maintain a written record of and review the Equal Employment Opportunity policy and Affirmative Action obligations with all employees including those having any responsibility for employment decisions?		
Do you conduct, at least annually, an inventory and evaluation of minority and female personnel for promotional opportunities and encourage these employees to seek, train and prepare for such opportunities?		
Do you conduct, at least annually, a review, of all supervisors' adherence to and performance under the vendors, and contractor's Equal Employment Opportunity policies and Affirmative Action obligations?		
Is there a person in your company who is responsible for Equal Employment Opportunity? If yes, please give name, phone and email address.		

Please explain any no answers, use additional paper as necessary:

Authorized Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX C-2: SUPPLIER DIVERSITY DEFINITIONS

**(M/WBE) National Minority Supplier Development Council:** A minority-owned business is a for-profit enterprise, regardless of size, physically located in the United States or its trust territories, which is 51% owned, operated and controlled by minority group members, defined from the following:

*Asian-Indian* - A U.S. citizen whose origins are from India, Pakistan or Bangladesh.

*Asian-Pacific* -A U.S. citizen whose origins are from Japan, China, Indonesia, Malaysia, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Thailand, Samoa, Guam, the U.S. Trust Territories of the Pacific or the Northern Marianas.

*African American* - A U.S. citizen having origins in any of the Black racial groups of Africa.

*Hispanic* - A U.S. citizen of Hispanic heritage, from any of the Spanish-speaking areas of the following regions: Mexico, Central America, South America or the Caribbean Basin only.

*Native American* - A person who is an American Indian, Eskimo, Aleut or Native Hawaiian, and regarded as such by the community of which the person claims to be a part.

**(WBE) Women's Business Enterprise National Council:** A Woman-Owned Business Enterprise is an independent business concern that is at least 51% owned and controlled by one or more women who are U.S. citizens or Legal Resident Aliens; whose business formation and principal place of business are in the US or its territories; and whose management and daily operation is controlled by one or more of the women owners.

**(LGBTBE) National Gay and Lesbian Chamber of Commerce:** Includes businesses physically located in the United States or its trust territories that are at least 51 percent unconditionally owned and operated by at least one lesbian, gay, bisexual and/or transgender (LGBT ) person or persons who are either U.S. citizens or lawful permanent residents. In addition, they must exercise independence from any non-LGBT business enterprise.

**(VBE) Veteran-Owned Business** - A small business that is at least 51% owned, operated and controlled by one or more veterans.

**(DVBE) Service-Disabled Veteran-Owned Business** - A small business that is at least 51% owned, operated and controlled by one or more veterans with a service-connected disability.

### **U.S. Small Business Administration:**

**(DBE) Small Disadvantaged Business** - A small business that is at least 51 percent owned, operated and controlled by one or more individuals who are both socially and economically disadvantaged.

**HUBZone Business** - A small business operating in a "Historically Underutilized Business Zone." HUB zones are defined at <http://map.sba.gov/hubzone/init.asp>

## **APPENDIX C-3: SUPPLIER DIVERSITY PLAN**

*(TO BE SUBMITTED WITH BID)*

**Present Commitment:** Offeror shall submit its present commitment and business plan to facilitate and promote the participation of Diverse Suppliers by the completion of Appendix C-4 in its entirety. Diverse Business Enterprises utilized as Tier II contractors and suppliers must be certified by one or more of the 3<sup>rd</sup> Party Certification Agencies recognized by GHS.

**Post-award performance:** The specific, measurable performance criteria included in the Proposal for present commitment to Diverse Suppliers shall, subject to negotiation and mutual consent, become part of the awarded contract as specific, measurable requirements of vendor performance for the duration of the contract. Such spend with Diverse Business Enterprises will be monitored. In connection with such monitoring Vendor will be required to report to GHS monthly, in a manner in GHS's sole discretion, all direct and/or indirect certified spend with Diverse Business Enterprises.

### **SUPPLIER DIVERSITY CERTIFICATION:**

I certify that the statements made by me in this Supplier Diversity Section are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to disqualification and debarment from participation in future GHS contracting opportunities, held liable for breach of contract and subject to the enforcement of any remedies available under the contract or as a matter of contract law. I agree that no changes shall be made to this section without the written consent of GHS.

Authorized Representative Signature

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Title

---

Date

## **APPENDIX C-4: DIVERSE SUPPLIER SUBCONTRACTING PLAN (PROGRAM MANAGEMENT)**

### **(TO BE SUBMITTED WITH BID)- SUPPLIER DIVERSITY**

The following are questions concerning the efforts your company will make to ensure that Diverse Supplier's will have an equitable opportunity to compete for lower tier subcontracts associated with the Grady Health System agreement:

What product/service areas do you envision the inclusion of Diverse Suppliers and how is this determined? \_\_\_\_\_

---

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How are Diverse Supplier capabilities determined by your company? \_\_\_\_\_

---

---

How will your company ensure that Diverse Suppliers are made aware of upcoming subcontracting opportunities and how will you prepare them to respond appropriately? \_\_\_\_\_

---

---

How will you monitor your company's Diverse Supplier subcontracting performance to this agreement and make any adjustments to achieve the subcontracting plan goals? \_\_\_\_\_

---

---

**Will your Diverse Supplier subcontracting administrator:**

Yes / No

\_\_\_\_\_ Develop and maintain bidders' lists of Diverse Suppliers from all possible sources

\_\_\_\_\_ Oversee the establishment and maintenance of your company's contract and subcontract award records associated with this Grady Health System agreement?

\_\_\_\_\_ Conduct or arrange the training of your company's purchasing personnel on the Grady Health System agreement goals and processes to achieve this goal?

\_\_\_\_\_ Review purchasing solicitation documents to remove statements, clauses, etc. which may tend to prohibit Diverse Supplier participation

\_\_\_\_\_ Screen proposed purchasing solicitation documents for subcontracting opportunities and implement appropriate procurement policies and procedures to improve and increase opportunities to Diverse Suppliers

\_\_\_\_\_ Introduce Diverse Suppliers to company purchasing personnel based on commodity or service in which these vendors may have a mutual or potential concern

\_\_\_\_\_ Maintain records demonstrating that procedures have been adopted and implemented to comply with the reporting requirements and supplier diversity goals within the Grady Health System

\_\_\_\_\_ Prepare and submit monthly, required Diverse Supplier reports to Grady Health System?

## DIVERSE SUPPLIER SUBCONTRACTING PLAN (DSSP) PG.2

*(PROPOSED DSSP PLAN TO BE SUBMITTED WITH BID, FINAL PLAN TO BE PRESENTED AT SCHEDULE OF VALUES MEETING)*

In adherence to GHS's commitment to Supplier Diversity, GHS suppliers must clearly as defined herein, demonstrate good faith effort to achieve the 30% Supplier Diversity goal set forth by documenting the Tier II direct goods and/or services to be purchased from Diverse Business Enterprises certified by one or more of the 3rd party certification agencies recognized by GHS. Such spend with Diverse Business Enterprises will be monitored. In connection with such monitoring Contracted GHS Suppliers will be required to report to GHS monthly, in a manner in GHS's sole discretion, all direct spend with Certified Diverse Business Enterprises.

Company Name: \_\_\_\_\_ Agreement Term: \_\_\_\_\_  
GHS Business Unit: \_\_\_\_\_ GHS Business Unit Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Vendor Contact e-mail: \_\_\_\_\_

Description of goods/services provided under this primary agreement (include name of project if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Who will be responsible for coordinating your company's Diverse Supplier subcontracting activities during the period of this contract?

Name/Title: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

State the total dollar value planned to be subcontracted associated with this GHS agreement:  
\_\_\_\_\_

**Please list all of the GHS Accepted 3<sup>rd</sup> Party Certified Diverse Suppliers you have identified that will serve as Direct Tier 2 Subcontractors associated with this GHS project and the projected spend amounts with each company:**

Vendor Name	Address	Contact	Phone	Email	Certification Type	Business Classification (Product/Service)	Direct Projected Sped in Dollars	Direct Projected Spend by Percentage

Submitted by:

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**APPENDIX C-5: CERTIFICATION OF EFFORTS**

**(TO BE SUBMITTED WITH BID)**

**Vendor:** \_\_\_\_\_

**RFP Name:** \_\_\_\_\_ **RFP Number:** \_\_\_\_\_

I certify that the following efforts were made to achieve Certified Diverse Supplier participation.

- a) Provided written notices to certified diverse business enterprises who have the capability to perform the work of the contract or to provide the service Yes No
- b) Direct mailing, electronic mailing, facsimile or telephone requests Yes No
- c) Provided interested certified diverse business enterprises with adequate information about plans, requirements and specifications of the contract in a timely manner to assist them in responding to a solicitation Yes No
- d) Allowed certified diverse business enterprises the opportunity to review specifications, blue prints and all other RFP related items at no charge, and allowed sufficient time for review prior to the bid deadline Yes No
- e) Acted in good faith with interested certified diverse business enterprises, and did not reject certified diverse business enterprises as unqualified or unacceptable without sound reasons based on a thorough investigation of their capabilities Yes No
- f) Did not impose unrealistic conditions of performance on certified diverse business enterprises seeking subcontracting opportunities Yes No
- g) Additionally, I contacted the referenced certified diverse business enterprises and requested a bid. The responses I received were as follows:

Name and Address of certified diverse business enterprises	Type of work and Contract Items, Supplies or Services to be Performed	Response	Reason for Not Accepting Bid

*(if additional space is required this form may be duplicated)*

If applicable, please complete the following:

I hereby certify that certified diverse business enterprises were "Unavailable" or "Unqualified" to submit bids to provide goods and services for this RFP response. I further certify that efforts have been made to establish "Joint Ventures", and said entities were also unavailable at this time.

Reasons for the "Unavailability" or being determined "Unqualified";

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Submitted by:

---

Authorized Representative Signature

Title

---

Date

## **APPENDIX C-6\***

### **STATEMENT OF INTENT**

**TO BE COMPLETED BY ALL KNOWN JOINT VENTURE PARTNERS/ SUBCONTRACTORS/CONSULTANTS  
(*TO BE SUBMITTED AT SCHEDULE OF VALUES MEETING*)**

**Vendor:** \_\_\_\_\_

**RFP Name:** \_\_\_\_\_

**RFP Number:** \_\_\_\_\_

\_\_\_\_\_  
Prime Contractor  
\_\_\_\_\_  
Joint Venture Partner/Subcontractor/Consultant agrees to enter into a contractual agreement with \_\_\_\_\_, who will provide the following goods/services

in connection with the above referenced RFP as a certified diverse business enterprises:

for an estimated amount of \$ or % of the total contract value.

Prime Contractor

### **Joint Venture Partner /Subcontractor/Consultant**

Intend to work together in accordance with this Contract Compliance Section of the bid, contingent upon award and execution of a contract with Grady Health System with to the aforementioned Prime Contractor.

I hereby certify that this statement is true and correct:

**Prime Contractor Signature:**

Joint Venture/Subcontractor/Consultant Signature:

---

Print Name:

---

Print Name, Title and Date:

Title:

Address:

---

Date:

---

## Phone

1

—

Fax:

**This form may be duplicated as needed.**

**APPENDIX D: INTENT TO SUBMIT**

This letter serves as notification of intent to submit or not to submit a proposal for the **Marcus Stroke and Neuroscience Center Angio 1 Replacement**.

RFP Numbers: **Q2024020**

Complete and submit this form during the Mandatory Pre-Bid Meeting. This will determine your responsibility to submit a bid.

\_\_\_\_\_, Acting as a representative of \_\_\_\_\_  
(Name of Representative) (Company Name)

Hereby offer our intent to:

- Submit a response to the request for services in this RFP.  
 Decline to submit a response to the request for services in this RFP.

Reason: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone/Fax number)

\_\_\_\_\_  
(Email address)

## APPENDIX E: BID FORM

To: Grady Health System

Project: **Marcus Stroke and Neuroscience Center - Angio 1 Replacement**

GHS-FD Project # **Q2024020**

Date: \_\_\_\_\_

Submitted by:

(full name) \_\_\_\_\_  
(full address) \_\_\_\_\_  
\_\_\_\_\_

**1. OFFER**

Having examined the Place of the Work, all matters referred to in the Request for Proposal, and the sample General Conditions of Contract Between Owner and Architect including the Engagement Letter in Exhibit A prepared by Grady Health System Facilities Development for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the professional services requested for:

**Marcus Stroke and Neuroscience Center - Angio 1 Replacement (Q2024020)** for the per Design Phase Price of:

Schematic Design	\$ _____
Design Development	\$ _____
Construction Documents	\$ _____
Permitting & Bidding	\$ _____
Construction Administration	\$ _____

Total for all base services ..... dollars, and 00/100  
in lawful money of the United States of America, \$ ..... .00

**2. ACCEPTANCE**

This offer shall be open to acceptance [and is irrevocable] for sixty [60] days from the bid closing date.  
If this bid is accepted by Grady Health System- Facilities Development within the time period stated above,  
we will:

- Execute the Agreement within two [2] days of receipt of Notice of Award.
- Furnish the required Insurance within two (2) days of receipt of Notice of Award.
- Commence work within five [5] calendar days after written Notice to Proceed of this bid.

**3. CONTRACT TIME**

All professional services will be completed in accordance to "Section 4.0 Schedule" of the IFP including construction administration due dates that will be set forth in the Engagement Letter upon project award.

**4. ADDENDA**

The following Addenda have been received, and the associated modifications considered and all costs are included in the Bid Lump Sum Price.

Addendum # ..... Dated .....  
Addendum # ..... Dated .....  
Addendum # ..... Dated .....  
Addendum # ..... Dated .....

6. BID FORM SIGNATURES

The Corporate Seal of

---

(Bidder - print the full name of your firm)  
was hereunto affixed in the presence of:

---

(Authorized signing officer Title)  
(Seal)

---

(Authorized signing officer Title)  
(Seal)

If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.



## APPENDIX E-1

## DEPARTMENT OF FACILITIES DEVELOPMENT

## BID WORKSHEET/BACK-UP

Project Name:  
GHS-FD Project #:  
Date:

## FIRM NAME

MARCUS STROKE & NEUROSCIENCE CENTER - ANGIO 1 REPLACEMENT  
Q2024020  
MM/DD/YYYY

SERVICE DESCRIPTION:	PROJECT NAME	%AGE OF TOTAL	E.O.P. QUALIFYING (FIRM NAME)	REMARKS: NOTE 1
BASE FEE PROPOSAL				NOTE 2
BASIC SERVICES (PER AIA)	\$	-	#DIV/0!	
ARCHITECTURAL	\$	-	#DIV/0!	
M/E/P/F ENGINEERING	\$	-	#DIV/0!	
STRUCTURAL	\$	-	#DIV/0!	
SUB-TOTAL - BASIC SERVICES	\$	-	#DIV/0!	
REQUESTED ADDITIONAL SERVICES (PER AIA)				NOTE 3
INTERIOR DESIGN w/GHS STD FIN'S	\$	-	#DIV/0!	
FF&E COORDINATION w/GHS VENDOR	\$	-	#DIV/0!	
FF&E SPECIFICATION FROM GHS STD'S	\$	-	#DIV/0!	
SIGNAGE COORDINATION w/GHS VENDOR	\$	-	#DIV/0!	
MEDICAL EQUIPMENT PLANNING	\$	-	#DIV/0!	
DETAILED COST ESTIMATING (@ SD/DD/CD)	\$	-	#DIV/0!	
ENGINEERING SYSTEMS COMMISSIONING	\$	-	#DIV/0!	
SUB-TOTAL - REQUESTED ADDITIONAL SERVICES	\$	-	#DIV/0!	
TOTAL FEE PROPOSAL	\$	-		
ESTIMATED REIMBURSABLE EXPENSES:	\$	-		
GRAND TOTAL:	\$	-		
ADDITIONAL PROPOSED SERVICES:				
ADD1	\$		#DIV/0!	
ADD2	\$		#DIV/0!	
TOTAL PROPOSED ADDITIONAL SERVICES	\$			
<b>TOTAL FEE w/PROPOSED ADDITIONAL SERVICES</b>	<b>\$</b>			

## **APPENDIX F: SUPPLEMENTAL DOCUMENTS**

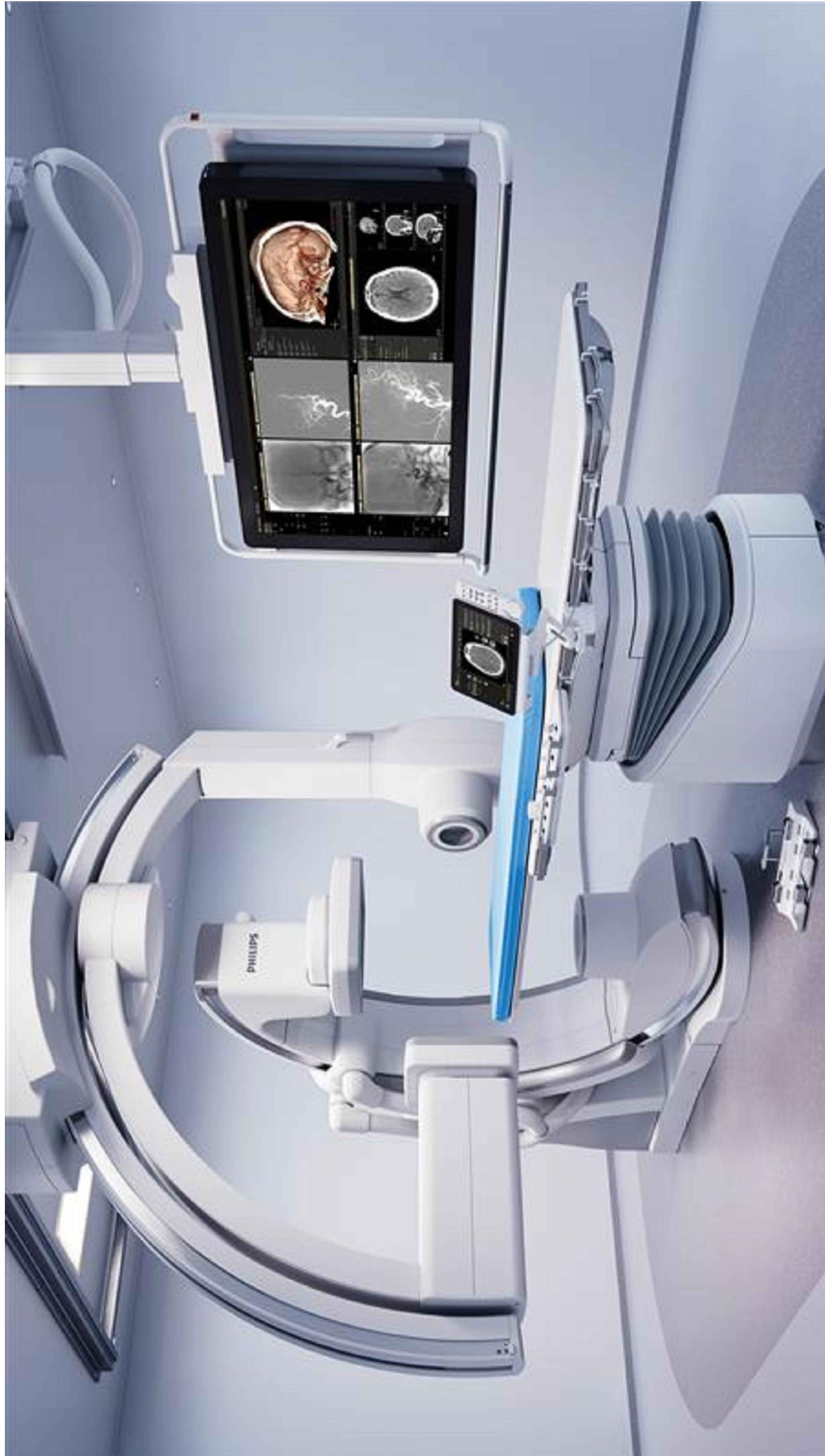
The following documents are to aid in the process, but are not final.

Please use these concept and equipment plans as a guide to understand the intended scope of work.

The image shows a large, blue, stylized letter 'S' composed of several geometric shapes. At the top, there is a large, solid blue circle. Below it, a smaller blue circle is positioned to the right. To the left of the smaller circle is a blue rectangle. To the right of the smaller circle is a blue trapezoid. Below the trapezoid is a blue square. The bottom part of the 'S' consists of a large blue rectangle on the left and a blue trapezoid on the right. The overall shape forms a large, flowing letter 'S'.

[www.healthcare.philios.com](http://www.healthcare.philios.com)

**Customer Name**  
**Here**  
**City, State**



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Table of Contents	
Sheet Number	Sheet Name
CS	COVER SHEET
GN	GENERAL NOTES
A1	ARCHITECTURAL PLANS
AD1	EQUIPMENT DETAILS
AD2	EQUIPMENT DETAILS
S1	STRUCTURAL PLANS
S2	STRUCTURAL PLANS
SD	STRUCTURAL DETAILS
E1	ELECTRICAL PLANS
ED	ELECTRICAL DETAILS
NN	NETWORK NOTES

# COVER SHEET

## Client Name

City, State

## Drawing Title

b

11

Not  
Bud  
10

Drawing Number  
**AZURION 7 B2015 -**  
**R&W@TawR 35/15/2024**

Quote: XXXXXX  
Order: XXXXXX  
Revision Date: XXXXXX  
Revision Number: XXXXXX

THIS SHEET IS PART OF THE DOCUMENT SET LISTED ON SHEET CS



DEHRS

City State

City, State

Control Room		*1944 BTU/hr
*Average heat emission during clinical use Data applicable for basic system: Large monitor + 4 x small monitor in Monitor Ceiling Suspension 1 workstation + 2 x small monitor in Control Room  Add 8750 BTU/hr for Optional Socomec UPS Add 1194 BTU/hr for additional large monitor Add 273 BTU/hr for additional small monitor Add 1024 BTU/hr for additional workstation  See AD details for additional heat load in case of UPS and Ambient Equipment's designed airflow is from front/side to back. Please design the air handling in the rack Philips IGT-S systems may only be operated at an altitude of max. 9,843 ft (3,000m) above sea level as defined in our instructions for use (IFU). (24.0)		
Architect/Engineering Phase (Experienced Design Build 6-8 Weeks/Standard AE 8-16 Weeks)		
4	Architect/Engineering Phase (Experienced Design Build 6-8 Weeks/Standard AE 8-16 Weeks)	8 wks
5	Construction Bidding and Award (Depends on Complexity)	4 wks
6	Final Defined Project/Construction Schedule Review Meeting with CPM, Hospital PM, GC with CPM, Hospital PM, GC	0.2 wks
7	Philips Secures Production Slot and Determines Delivery Date	0.8 wks
8	Permitting - DOH/CON Approvals (Local Permits 1-4 Weeks)	4 wks
9	Mobilization - MEP Lead Times (HVAC System and Airframe "Hybrid" 8-24 Weeks)	4 wks
10	Removal of Old Equipment (3 Days)	1 wk
11	Construction Phase (Based on Complexity and Site Constraints - Average 16 Weeks)	16 wks
12	Philips System Delivery and Installation (3 Weeks Average)	3 wks
13	Hospital 3rd Party Delivery and Installation (Booms, Hemo, Laser, Ultrasound, Video Integration)	2 wks
14	Final Inspections (Philips Certification, Radiation Physicist, Fire Marshal, Cert. of Occupancy, etc.)	2 wks
15	Terminal Cleaning and Stocking	1 wk
16	Clinical Training - First Patient	1 wk
17	Non-Standard System Acceptance Terms and Conditions (Govt 45 Days from Inspection Notice or Other Special Terms)	0.2 wks
18	Project Complete (Sale Record Date)	0.2 wks

**Electrical Requirements Mains MA Cabinet**

- Maximum Rated Power: 100kW
- Supply Configuration: 3 phase, equally sized insulated power conductors and an insulated equipment grounding conductor. Insulated grounding conductor shall have the same or larger size than line conductors. Line wires shall be no smaller than 4 AWG, 90°C or higher temperature rating. The conductor size is dependant on the upstream circuit breaker rating.
- Nominal Line Voltage: 380 (Canada) - 480 VAC, 60 Hz
- Branch Power Requirement: 100 kVA (System only; verify UPS power requirements)
- Circuit Breaker: 3 phase, Type D with long-time delay and shunt trip Shunt trip to be removed when UPS is present.
- System Circuit Breaker: 80A rating.
- UPS breaker: 125A-150A, pending configuration.

**Remote Control of Room Lighting**

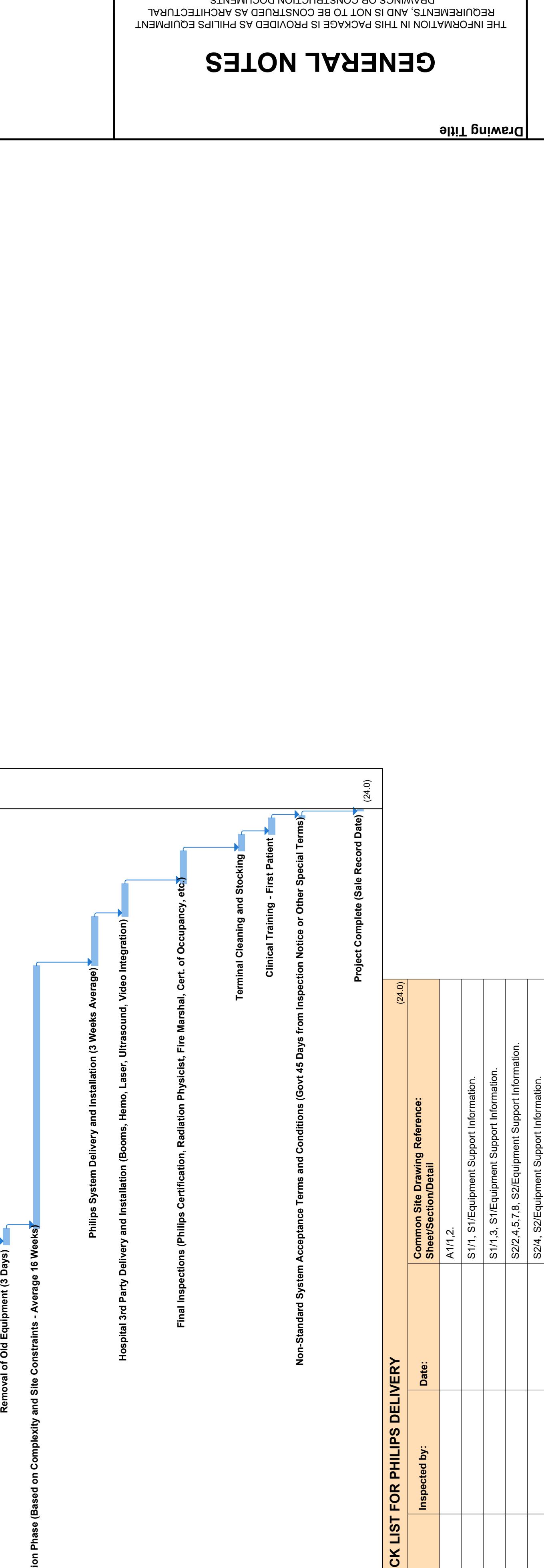
- Lighting controls are the responsibility of the customer. Refer to sheet ED/2 for X-ray in use and room switching requirements.

**Non-Standard System Acceptance Terms and Conditions (Govt 45 Days from Inspection Notice or Other Special Terms)**

**Planning, Design, and Implementation Process**

The multidisciplinary project team should include administrators, clinicians, infection preventionists, architects and other design professionals, facility managers, safety officers, security managers, users of equipment, and support staff relevant to the areas affected by the project as well as those with knowledge of the organization's functional goal for the project. Inclusion of patient advocates/consumers, A/E consultants, contractors, and vendor partners is encouraged.

**Project Complete (Sale Record Date)** (24.0)



<b>GEN</b> <p style="text-align: right;">THE INFORMATION IN THIS DRAWING IS THE PROPERTY OF DRAGWINGS INC. AND IS FOR THE EXCLUSIVE USE OF THE CONTRACTOR. NO PART OF THIS DRAWING MAY BE COPIED, REPRODUCED, OR TRANSFERRED TO A THIRD PARTY WITHOUT THE EXPRESS WRITTEN CONSENT OF DRAGWINGS INC.</p>																																																																																																																																																																																															
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THIS SHEET IS PART OF THE DOCUMENT SET LISTED ON SHEET CS







PHILIPS

Client Name  
City, State

## EQUIPMENT DETAILS

Drawing Title  
Azurion 7 B20/15 - PivotNot Site Specific  
Standard Reference Drawing

Project Contacts

Project Manager:

Contact Number:

Email:

Drawn By:

Project Details

Drawing Number:

AZURION 7 B20/15 -

BLDG R315024

Quat XXXXX

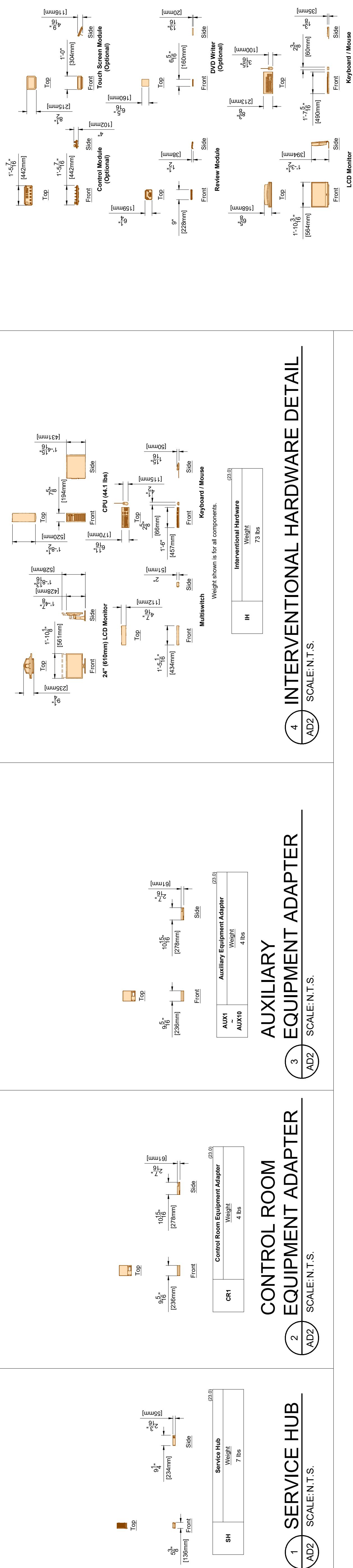
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Rev. XXXXX

Revision Date XXXXX

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AD2

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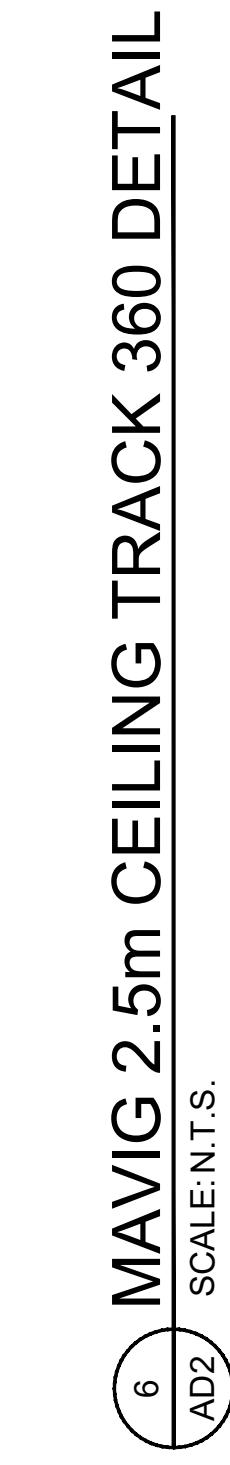
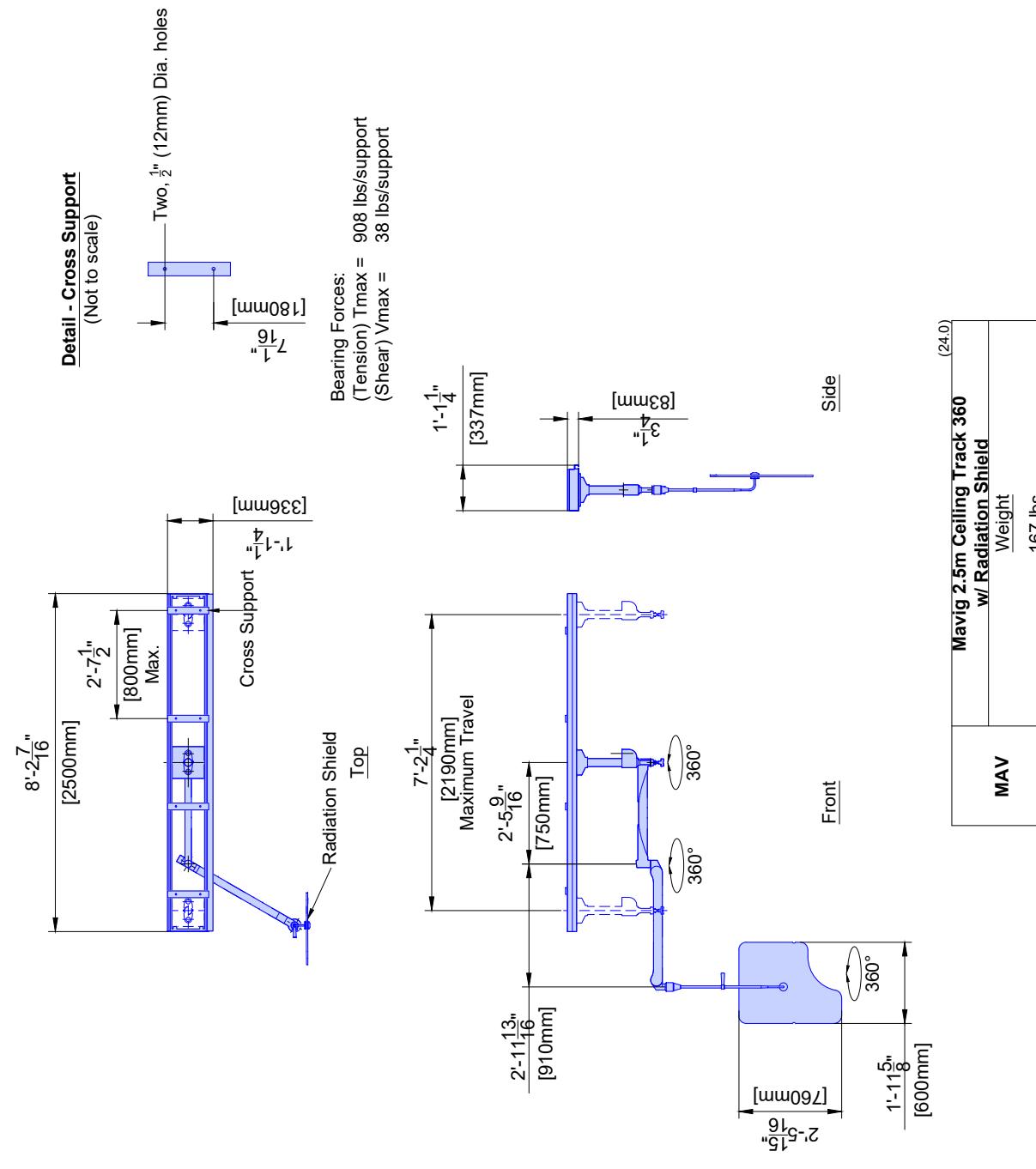
Drawing Title  
Equipment Details

5 CONTROL ROOM JUNCTION BOX DETAIL

AD2 SCALE: N.T.S.

6 MAVIG 2.5m CEILING TRACK 360 DETAIL

AD2 SCALE: N.T.S.



05/20/2024





**PHILIPS**

**Client Name**  
City, State

## **STRUCTURAL PLANS**

reference Drawing

AZu  
Project Philips Contacts  
Stand Not Si Room

S  
Date: XXXXXX  
Number: XXXXXX

Support Legend

Item Number	Description
A	Furnished and installed by Philips
B	Furnished by customer/contractor and installed by customer/contractor
C	Installed by customer/contractor
D	Furnished by Philips and installed by contractor
E	Existing
F	Future
G	Optional
H	Furnished by Philips and installed by Third Party

This architectural diagram illustrates a ceiling plan with a grid of support structures. The overall width is 9'-5" (2871mm) and the height is 8'-0 1/2" (2451mm). The ceiling clearance is indicated as 3 5/8" (92mm), with a note to "See Detail S2/3". A central vertical column is labeled "Iso Center". The grid consists of vertical columns and horizontal rows. Vertical columns are labeled with heights: 2' 2 1/4", 2' 2 1/4", 2' 2 1/4", 2' 2 1/4", 2' 2 1/4", and 2' 2 1/4". Horizontal rows are labeled with widths: 5'-6" (1676mm), 5'-0" (1524mm), and 3' 5 1/2" (1054mm). A specific dimension of 149mm is also noted. The diagram shows various structural details, including a recessed area in the top right corner.

CEILING SUPPORT LAYOUT - UNISTRUT

REQUIREMENTS, AN  
THEORY OF SWIMMING

**Important Notes:**

- \* The Iso Center is the initial and most crucial control point in the construction of a procedure room. Once established, it guides the placement of all imaging equipment, third-party devices, mechanical, electrical, and plumbing systems (MEPs), as well as the overall construction. These are positioned relative to the Iso Centers X, Y, and Z coordinates to avoid operational issues and clinical limitations.

This architectural floor plan diagram illustrates the layout and dimensions for the AD7 Table. The overall width is 9'-5" (2871mm) and the overall depth is 6'-9" (2057mm). The ceiling clearance is indicated as 1508mm (4'-11 3/8") from the floor plate. Key dimensions include:

- Width of the central support structure: 3'-10" (1168mm).
- Width of the side support structure: 2'-7" (788mm).
- Width of the side support structure (inner): 2'-6 1/2" (787mm).
- Height of the central support structure: 3'-10" (1168mm).
- Height of the side support structure: 1' 9 3/8" (543mm).
- Height of the side support structure (inner): 1 1/4" (32mm).
- Vertical clearance between the floor plate and the top of the central support structure: 878mm (2'-10 1/4").
- Vertical clearance between the floor plate and the top of the side support structure: 997mm (3'-3 1/4").

Annotations include:

- Clea Floor Plate Reference Line: 4'-11 3/8".
- MSR: Marks the side support structures.
- LR: Marks the side support structures.
- Iso Center: Marks the central support structure.
- MAY: Marks the right side support structure.

Ceiling Clearance See Sheet "S2/3"

Clea / Table E

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**SCALE: 1/4" = 1'-0"**

Required Unitruct Height: 9' - 9 $\frac{3}{8}$ " +  $\frac{1}{8}$ " (2981mm, +3mm) Unitruct

**Detail - Restricted Ceiling Area for Objects that Project Below Finished Ceiling**

(Not site specific)

5'-7"

0'-9"

8'-11 7/8"

[2741mm]

Clea Floor Plate

Reference Line

4'-1 3/8"

[1508mm]

AD7 Table

Floor Plate

6'-1 3/4"

[1874mm]

Iso Center

B

A

20'-1"

# RESTRICTED AREA DETAIL

# UNISTRUT MONITORING DETAILS

**Larc**  
Larc Bearing Forces:  
(Tension)  $T_{max} = 1939 \text{ lbs}/\text{fixing block}$   
(Shear)  $V_{max} = 845 \text{ lbs}/\text{fixing block}$

**Note:** The bearing force shown for the Larc is the maximum instantaneous equipment bearing load.  
This force can occur at two locations (each fixing block) simultaneously on the same Unistrut (or equal) rail.  
If seismic forces must be considered, please refer to the seismic calculation sheets provided by Philips for  
the specific system components.

27" (685mm) maximum allowed distance between unistrut. 5-7/8" (150mm) maximum rail overhang from  
last unistrut attachment at either side.

(24.0)

# Azurion 7 B20/15 - Pivot STRUCTURAL DETAIL

A technical drawing showing a horizontal line with a dimension of 24.0 mm. The text "UNISTRUT" is written vertically along the line, and "DIMENSION DETAIL" is written horizontally below it. A small circle with the number "8" is located at the bottom right corner.

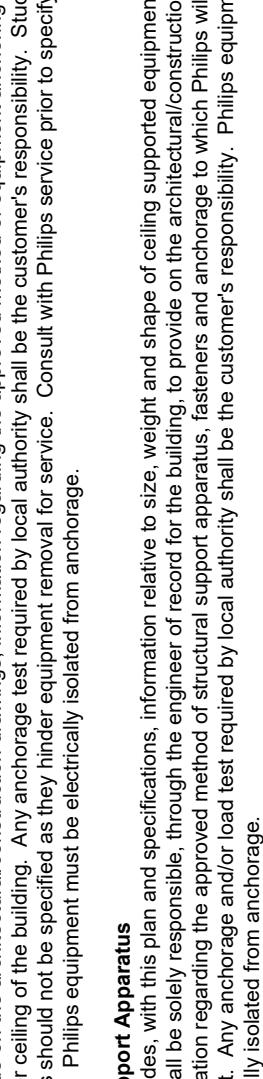
## Equipment Support Information

- 1. General**

The customer shall be solely responsible, at its expense, for preparation of the site, including any required structural alterations. The site preparation shall be in accordance with this plan and specifications, the architectural/construction drawings and in compliance with all safety and building codes. The customer shall be solely responsible for obtaining all construction permits from jurisdictional authority.

**Customer's structural engineer shall provide Philips with written certification that structural supports meet Philips requirements to permit delivery and installation of equipment. Upon completion of project, Customer's Architect and Engineers of record shall provide a set of As-Built project construction documents (.dwg) to Philips for closure of the Philips project history file.**
- 2. Equipment Anchorage**

Philips provides, with this plan and specifications, information relative to equipment size, weight, shape, anchoring hole locations and

  
Forces which may be exerted on anchoring fasteners. The customer shall be solely responsible, through the engineer of record for the building, to provide on the architectural/construction drawings, information regarding the approved method of equipment anchoring to floors, wall and/or ceiling of the building. Any anchorage test required by local authority shall be the customer's responsibility. Stud type anchor bolts should not be specified as they hinder equipment removal for service. Consult with Philips service prior to specifying anchor methods. Philips equipment must be electrically isolated from anchorage.

**3. Ceiling Support Apparatus**

a. Philips provides, with this plan and specifications, information relative to size, weight and shape of ceiling supported equipment. The customer shall be solely responsible, through the engineer of record for the building, to provide on the architectural/construction drawings, information regarding the approved method of structural support apparatus, fasteners and anchorage to which Philips will attach equipment. Any anchorage and/or load test required by local authority shall be the customer's responsibility. Philips equipment must be electrically isolated from anchorage.

b. Contractor to clearly mark Philips equipment longitudinal centerline on bottom of each Unistrut support.

c. The structural Unistrut surface to which Philips equipment is to be attached, shall have horizontal equipment attachment surfaces parallel, square and level to within .236" (6mm) per entire span.

d. Any drilling and/or tapping of holes required to attach Philips equipment to the structural support apparatus shall be the responsibility of the customer.

- 4. Lighting**  
Luminaires shall be placed in such a position that they are not obscured by equipment or its movement, nor shall they interfere with Philips ceiling rails and equipment movement or otherwise adversely affect the equipment. Such luminaire locations shall be the sole responsibility of the customer.
- 5. Ceiling Obstructions**  
There shall be no obstructions that project below the finished ceiling in the area covered by ceiling suspended equipment travel. See detail 1/S2.
- 6. Safety Factors**

Ceiling loads as mentioned in the PRD are worst case loads and excluding safety factors. Proper safety factors need to be applied by Design Professional/Engineer of Record. (24.0)

**Screws to be kept 3/4" or higher above the bottom of the unistrut channel. **\*\*Note:** Unistrut needs 7" length of clear space (nothing inside unistrut channel) for fixing block in installation**

**P1001 Unistrut**

**Finished Ceiling**

**Fixing Block**

**General Requirements:**

1. Philips does not specify the overhead equipment support structure. Unistrut may or may not be used. If Unistrut are used, it is up to Unistrut and the structural engineer for the project to determine which of its products are appropriate for each project.
2. P1001 Unistrut is specified for the ceiling rail connection point.

**Finished Ceiling Requirements:**

1. Finished ceiling height shall be  $\frac{1}{4}$ " (6mm) to  $\frac{1}{2}$ " (13mm) above bottom of Unistrut.

**Fixing Block Installation Requirements:**

1. Nothing shall be attached to the Unistrut with any fastener that protrudes into the Unistrut which would interfere with positioning

(Not to scale)

The diagram illustrates a circular ceiling grid panel with various dimensions labeled in both inches and millimeters. A vertical blue bar on the left indicates a height of 100 [500] mm. The outer edge of the circle has a thickness of 16 mm [16mm]. The center of the circle shows a rectangular cutout with a height of 16 mm [16mm] and a width of 16 mm [16mm]. The distance from the center to the inner edge of the circle is 16 mm [16mm]. The distance from the inner edge to the outer edge is 16 mm [16mm]. The total height from the bottom of the center cutout to the top of the outer edge is 13 1/8" [340mm]. The distance from the center cutout to the outer edge is 13 1/8" [340mm]. The distance from the center to the inner edge is 1 1/8" [28mm]. The distance from the inner edge to the outer edge is 1 1/8" [28mm]. The distance from the center to the outer edge is 4 mm [4mm].

The drawing shows a cross-section of a clip rail. It features a central rectangular slot with a width of 16 mm [21 mm]. On either side of the slot, there are semi-circular protrusions. The label '(24.0)' is positioned above the top edge of the rail. The drawing is labeled 'CLIP RAIL CROSS SECTION DETAIL' at the bottom, with 'SCALE:N.T.S.' below it. A scale bar at the bottom left indicates a length of 24.0 units. The drawing is numbered 'S2' at the bottom center.

The diagram illustrates a ceiling joist connection. A blue rectangular joist is shown with a height of 4" (101 mm). The connection is made to a grey vertical wall. Two horizontal arrows labeled "Horizontal Stiffness" indicate the resistance to lateral movement at two points along the joist. Two circular symbols with cross-hatching, representing rotational springs, are located at the ends of the joist. Arrows labeled "Rotational Stiffness" point away from the wall at these locations. A callout box states: "Double nut supplied by Philips". Another callout box on the left states: "Ceiling construction is responsibility of local structural engineer".







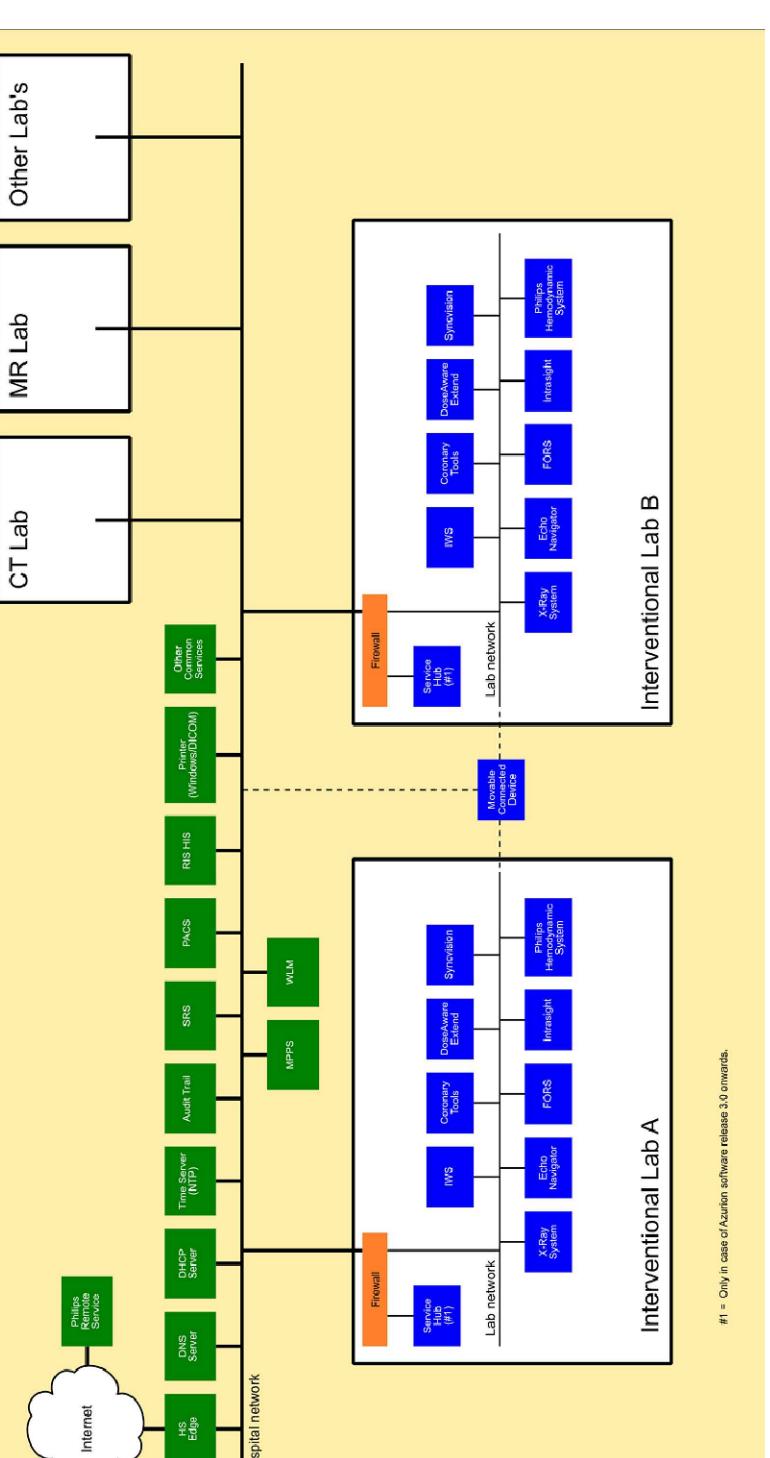


**PHILIPS**

Client Name  
City, State

## THE INFORMATION REQUIREMENTS

Interventional workspot (IW)		Responsibility	
Available in cathlab	Select Yes or No	Philips PM	Physical location
Physical location		Philips PM	Model name
Physical location in (R-)/(B-)cabinet		Philips PM	HostName
IP sec enabled	Select Yes or No	HCF IT	IP Address
HostName		HCF IT	AE Title
MAC Address		PHILLIPS	Port Number
IP Address		HCF IT	Secure communication
AE Title	RSXV/import	HCF IT	Use authentication
Port Number	4110	HCF IT	Use encryption
AE Title IW/XrayMod	XV/import	HCF IT	Certificate name / License
Port Number	3110	HCF IT	PPSM IHE compatible
Secure communication	Select Yes or No	HCF IT	Remote system/PACS 1**
Use authentication	Select Yes or No	HCF IT	Physical location
Use encryption	Select Yes or No	HCF IT	Model name
		HCF IT	HostName
		HCF IT	IP Address
		HCF IT	AE Title
		HCF IT	Port Number
Network & Services			
Windows printer		Responsibility	
Physical location	Select Yes or No	HCF IT	Secure communication
Compatible Windows release		HCF IT	Use authentication
IP sec enabled	Select Yes or No	HCF IT	Use encryption
Printer type	e.g. Win10, Win7	HCF IT	Services
HostName		HCF IT	Store AE>Title
IP Address		HCF IT	Store PortNumber
Port Number		HCF IT	Move AE>Title
		HCF IT	Move PortNumber
		HCF IT	QR AE>Title
		HCF IT	QR PortNumber
Physical location		HCF IT	SC AE>Title
Printer type		HCF IT	QR PortNumber
HostName		HCF IT	RDSR AE>Title
IP Address		HCF IT	RDSR PortNumber
AE Title		HCF IT	WorkList Management
Port Number		HCF IT	Physical location
Secure communication		HCF IT	HostName
Use authentication	Select Yes or No	HCF IT	IP Address
Use encryption	Select Yes or No	HCF IT	AE Title
Structured Report Server 1		Responsibility	
Physical location		HCF IT	Port Number
Model name		HCF IT	Automatic query schedule date
HostName		HCF IT	Secure communication
IP Address		HCF IT	Use authentication
AE Title		HCF IT	Use encryption
Port Number		HCF IT	Certificate name / License
MPPS		Responsibility	
Physical location		HCF IT	Physical location
Model name		HCF IT	IP sec enabled
HostName		HCF IT	HostName
IP Address		HCF IT	IP Address
FQDN		HCF IT	FQDN
RIS Basic		Responsibility	
Physical location		HCF IT	Physical location
Secure communication		HCF IT	HostName
Use authentication	Select Yes or No	HCF IT	IP Address
Use encryption	Select Yes or No	HCF IT	AE Title
Certificate name / License		HCF IT	Max PDU size
TimeSync (NTP)		Responsibility	
Physical location		HCF IT	Physical location
		HCF IT	Select Yes or No
		HCF IT	HostName
		HCF IT	IP Address
		HCF IT	FQDN
DNS		Responsibility	
Physical location		HCF IT	Physical location
		HCF IT	IP sec enabled
		HCF IT	HostName
		HCF IT	IP Address
		HCF IT	FQDN
Audit trail server		Responsibility	
Physical location		HCF IT	Physical location
		HCF IT	Local audit repository
		HCF IT	Central audit repository
		HCF IT	HostName
		HCF IT	IP Address
		HCF IT	FQDN
		HCF IT	Network protocol
		HCF IT	Port Number
		HCF IT	Secure communication
		HCF IT	Use authentication
		HCF IT	Use encryption
Other		Responsibility	
		HCF IT	Model name
		HCF IT	HostName
		HCF IT	MAC Address
		HCF IT	IP Address
		HCF IT	AE Title
		HCF IT	Secure communication
		HCF IT	Use authentication
		HCF IT	Use encryption
DHCP Server		Responsibility	
		HCF IT	Physical location
		HCF IT	IP sec enabled
		HCF IT	HostName
		HCF IT	IP Address



Hospital Information					
Health Care Facility (HCF)		Responsibility	HCF - CathLab identification X-ray system		Responsibility
Facility name	E.g. Hospital X	HCF IT	Cathlab/ room name	E.g Hybryd_ OK1	HCF IT
Facility address		HCF IT	Cathlab/Room ID		HCF IT
Facility phone number		HCF IT	Physical location in HCF		HCF IT
Philips Field Service Engineer		Responsibility	Philips Lead installer		Responsibility
Primary contact name		Philips PM	Phone number		Philips PM
Secondary contact name		Philips PM	Secondary contact name		Philips PM
Primary contact Email		Philips PM	Secondary contact Email		Philips PM
Secondary contact Phone		Philips PM	Secondary contact Phone		Philips PM
Philips Project Manager		Responsibility	Philips Lead installer		Responsibility
Primary contact name		Philips PM	Phone number		Philips PM
Secondary contact name		Philips PM	Secondary contact name		Philips PM
Primary contact Email		Philips PM	Secondary contact Email		Philips PM
Secondary contact Phone		Philips PM	Secondary contact Phone		Philips PM
IT department		Responsibility			
Primary contact name			HCF IT		
Primary contact address			HCF IT		
Primary contact phone number			HCF IT		
Primary contact Email			HCF IT		
Primary contact Phone			HCF IT		

**Info & instructions for Philips FSE/Hospital IT (in case of remote connection via ServiceHub)**

Protocol	Local IP address	Subnet mask	Gateway	Direction	Port	Protocol	Usage	Philips RSN IP range		
X-ray System	<fill in local IP address>	<fill in local subnet mask>	<fill in local Gateway>	Outbound to	443	HTTPS	For Remote Services Support	https://192.68.49.0/24		
Azurion X-ray System	<fill in local IP address>	<fill in local subnet mask>	<fill in local Gateway>	Inbound from	Ping	ICMP Echo	Reachability check			
Inbound from				Outbound to	443	HTTPS	For Remote Services Support	https://192.68.49.0/24		
Coronary Tools	<fill in local IP address>	<fill in local subnet mask>	<fill in local Gateway>	Inbound from	21	FTP	Windows XP only			
EchoNavigator	<fill in local IP address>	<fill in local subnet mask>	<fill in local Gateway>	Outbound to	443	HTTPS	For Remote Services Support	https://192.68.49.0/24		
Philips Hemo	<fill in local IP address>	<fill in local subnet mask>	<fill in local Gateway>	Inbound from	Ping	ICMP Echo	Reachability check			
<b>VPN with source NAT</b>										
Philips Product	"Source NAT servers - Fixed Philips IP range"				"Source NAT servers - Customer defined symmetrical Source NAT IP"					
Azurion X-ray System					<fill in local Source Nat addresses>					
Allura X-ray System					Server Address: https://192.68.49.49 Tunnel Address: https://192.68.49.50 Registration Address: https://192.68.49.140					
Interventional workspot Coronary Tools					Server Address : https://xxx.xx.xx.49 Tunnel Address: https://xxx.xx.xx.50 Registration Address: https://xxx.xx.xx.140					
EchoNavigator										
Philips Hemo										
<b>ISSL standard:</b>										
Philips Product	Local IP address	Direction	Port	Protocol	Philips RSN DNS	Usage				
X-ray System	<fill in local IP address>				"https://ws-m2m.pr.println.com"	For remote services support				
<X Ray System	<fill in local IP address>				"https://ta-m2m.pr.println.com"					
Interventional workspot Coronary Tools	<fill in local IP address>				"https://car-m2m.pr.println.com"					
EchoNavigator	<fill in local IP address>									
Philips Hemo					No ISSL Support					
<b>ISSL with proxy server: Configure "ISSL standard" and also collect the proxy server settings</b>										
Philips Product	Proxy Server IP address	Proxy Server port number	Proxy Server User name	Proxy Server Password	NTLM ( NT Lan Manager)					
Interventional workspot Coronary Tools	<fill in local Proxy Server IP address>	<fill in local Proxy Server port number>	<fill in local Proxy Server User Name>	<fill in local Proxy Server Password>	<NTLM available Yes / No >					
EchoNavigator										

# NETWORK NOTES

# Drawing

 <b>AZURION 7 B20/1</b>	<b>Project Details</b>
<p><b>Project Manager:</b></p> <p><b>Contact Number:</b></p> <p><b>Email:</b></p>	<p><b>Drawn By:</b></p> <p><b>Drawing Number</b></p> <p><b>AZURION 7 B2019</b></p> <p><b>Balkotawar 35/15/2022</b></p> <p>Quote: XXXXXX</p> <p>Order: XXXXXX</p> <p>Revision Date: XXXXX</p> <p>Revision Number: X</p>

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available in the Cathlab. Missing these, might be solved by adding the AE to identify itself. AE Titles need

CT	Computed Tomography
DHCP	Dynamic Host Configuration Protocol
DICOM	Digital Imaging and Communication in Medicine
DNS	Domain Name System
FORS	Fiber Optic RealShape
FQDN	A fully qualified domain name (FQDN) is the complete domain name for a specific consists of two parts: the hostname and the domain name. For some registration registration.
FSE	Field Service Engineer
HCF	HealthCare Facility (= customer)
Hostname	In computer networking, a hostname is a label that is assigned to a device to identify the device in various forms of electronic communication, such as the World Wide Web, local area networks and email.
IP address	Packaging configuration containing one or more serviceable items. Optionally contains:
IWS	Interventional Workspot
MAC Address	A media access control address (MAC address) is a unique identifier assigned to a network interface card (NIC) within a network segment. MAC address can be found by the survey in the service application
MPPS	Modality Performed Procedure Step
MR	Magnetic Resonance
NCS	Network Connectivity Sheet
NTP	Network Time Protocol
PACS	Picture Archiving and Communication System
PM	Project Manager, responsible for managing the catlab and X-ray installation.
Port number	A port number is a way to identify a specific process to which an Internet or other arrives at a server.
PRS	Philips Remote Services
RIS	Radiology Information System
RSE	Remote Service Engineer
SRS	Structured Report Server
WLM	Work List Management

**IMPORTANT NOTE:** It is the customer's responsibility to coordinate with the local Philips Engineer to provide ALL required network

**Important instructions for Phillips ECE/Docebo IT (in case of remote connection via service hub)**

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# PHILLIPS

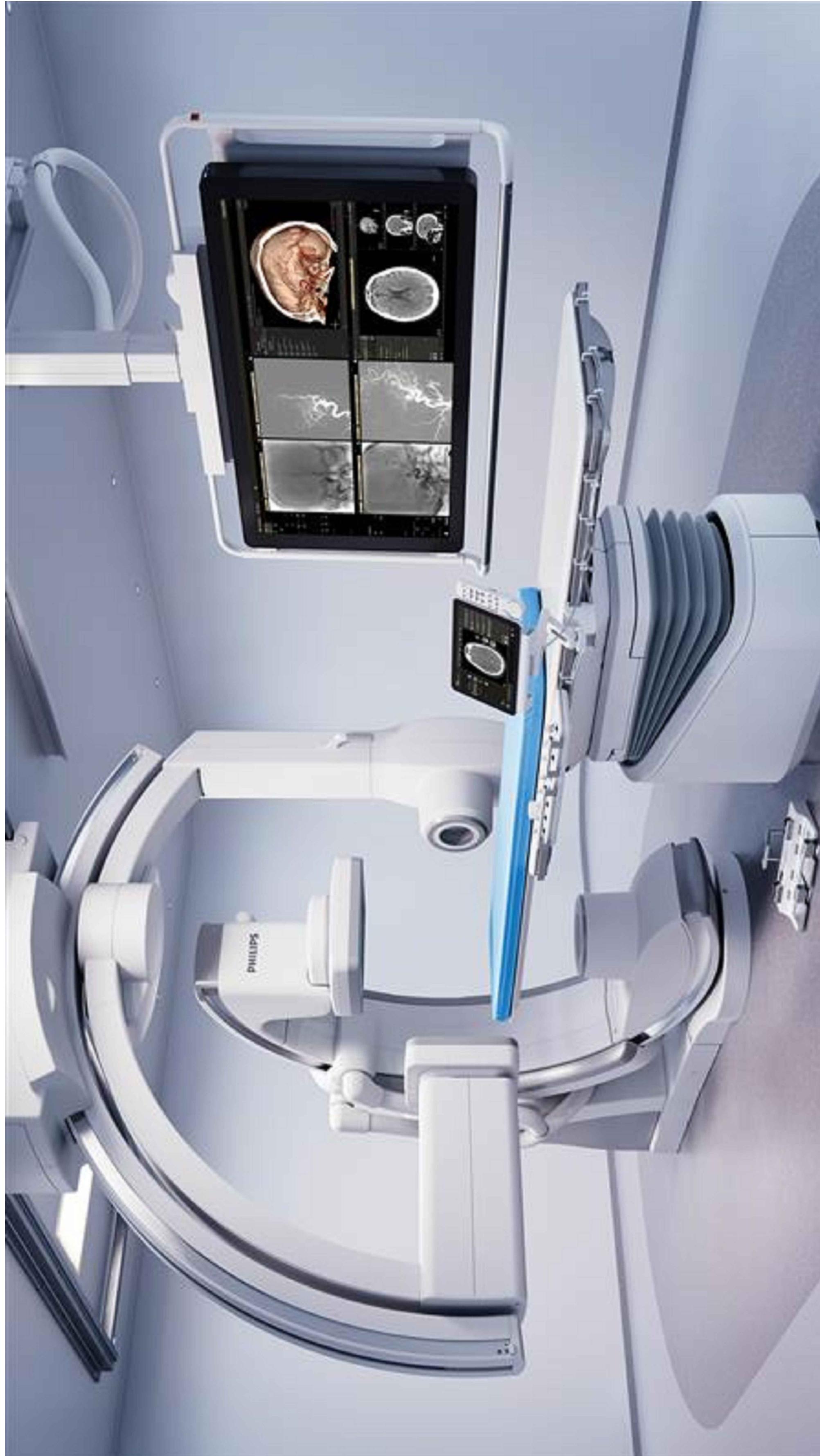
[www.healthcare.philips.com](http://www.healthcare.philips.com)

# Grady Health Systems

Atlanta, GA



Grady Health Systems  
Atlanta, GA

<b>COVER SHEET</b> Drawing Title: <b>AZurion 7 B20/15 - Pivot - Catalyst</b> Room: Angio Room #1 Grady Health Systems Atlanta, GA <small>REQUIREMENTS AND IS NOT TO BE CONSTRUED AS ARCHITECTURAL DRAWINGS OR CONSTRUCTION DOCUMENTS.            THE INFORMATION IN THIS PACKAGE IS PROVIDED AS PHILIPS EQUIPMENT.            DRAWINGS OF CONSTRUCTION DOCUMENTS AS PROVIDED AS EQUIPMENT.</small>																									
<b>Table of Contents</b> <table border="1"> <thead> <tr> <th>Sheet Number</th> <th>Sheet Name</th> </tr> </thead> <tbody> <tr> <td>CS</td> <td>COVER SHEET</td> </tr> <tr> <td>GN</td> <td>GENERAL NOTES</td> </tr> <tr> <td>A1</td> <td>ARCHITECTURAL PLANS</td> </tr> </tbody> </table>		Sheet Number	Sheet Name	CS	COVER SHEET	GN	GENERAL NOTES	A1	ARCHITECTURAL PLANS																
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<p><b>Important Note:</b>  <b>THE INFORMATION IN THIS PACKAGE IS PROVIDED AS PHILIPS EQUIPMENT REQUIREMENTS, AND IS NOT TO BE CONSTRUED AS ARCHITECTURAL DRAWINGS OR CONSTRUCTION DOCUMENTS.</b>            Philips assumes no liability nor offers any warranty for the fitness or adequacy of the premises or the utilities available at the premises in which the equipment is to be installed, used, or stored.  <b>For Architects and/or Contractors: The latest revision listed must be thoroughly reviewed so that all changes can be incorporated into your project; final revisions are valid for 90 days from latest revision date. Please check with Phillips PM for current updates.</b> </p>																									
<table border="1"> <thead> <tr> <th>Rev.</th> <th>Date</th> <th>Revision Descriptions</th> <th>Planner</th> <th>CPM</th> <th>Approved By</th> </tr> </thead> <tbody> <tr> <td>-</td> <td>6/18/2024</td> <td>Created Preliminary Site Preparation Support Document per Quote #: Q-00321116. Using previous project #: N-SOU091146 as reference.</td> <td>Andrew Defelice</td> <td>Virgilio Valencia</td> <td>-</td> </tr> <tr> <td colspan="6">           Project Details            Document Number: N-SOU091146            Revision Number: 6/18/2024            Date Drawn: 6/18/2024            Owner: C-00321116            Order: None            Revision Date: 6/18/2024            Revision Number: 00         </td> </tr> <tr> <td colspan="6">           Project Contacts            Project Manager: Virgilio Valencia            Contact Number: (404) 602-3883            Email: Virgilio.Valencia@philips.com            Drawn By: Andrew Defelice         </td> </tr> </tbody> </table>		Rev.	Date	Revision Descriptions	Planner	CPM	Approved By	-	6/18/2024	Created Preliminary Site Preparation Support Document per Quote #: Q-00321116. Using previous project #: N-SOU091146 as reference.	Andrew Defelice	Virgilio Valencia	-	Project Details Document Number: N-SOU091146 Revision Number: 6/18/2024 Date Drawn: 6/18/2024 Owner: C-00321116 Order: None Revision Date: 6/18/2024 Revision Number: 00						Project Contacts Project Manager: Virgilio Valencia Contact Number: (404) 602-3883 Email: Virgilio.Valencia@philips.com Drawn By: Andrew Defelice					
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-	6/18/2024	Created Preliminary Site Preparation Support Document per Quote #: Q-00321116. Using previous project #: N-SOU091146 as reference.	Andrew Defelice	Virgilio Valencia	-																				
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CS





**PHILIPS**

# Grady Health Systems

Atlanta, GA

## ARCHITECTURAL PLANS

**Important Notes:**

- \* Architect to coordinate with end users/technician to determine final placement of control desk components prior to installation in order to avoid rework. Architect to coordinate with Philips Project Manager to reflect final placement on Philips drawings.

This architectural floor plan illustrates the layout of a medical facility, specifically a physiotherapy department. The plan includes several rooms and functional areas:

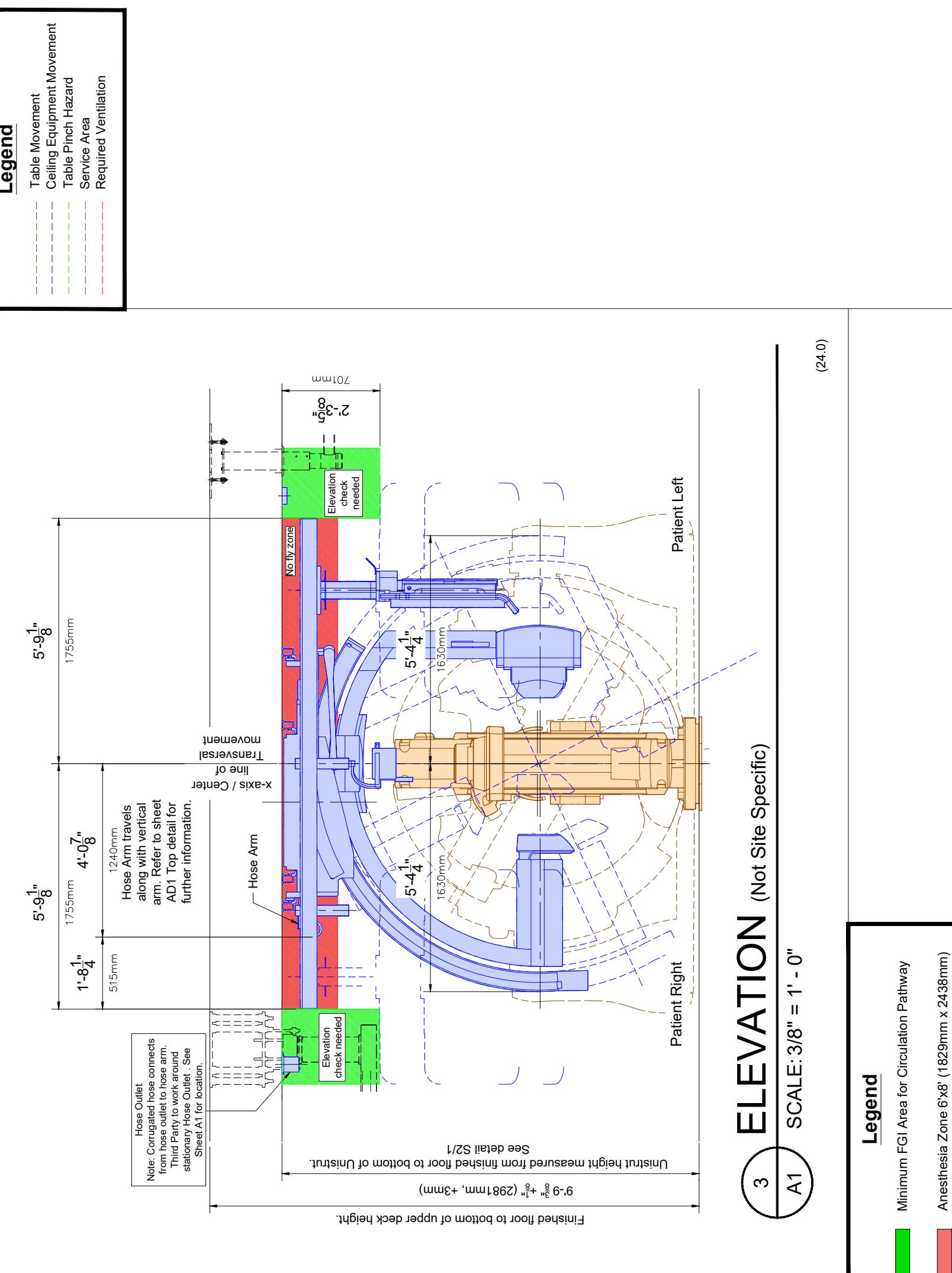
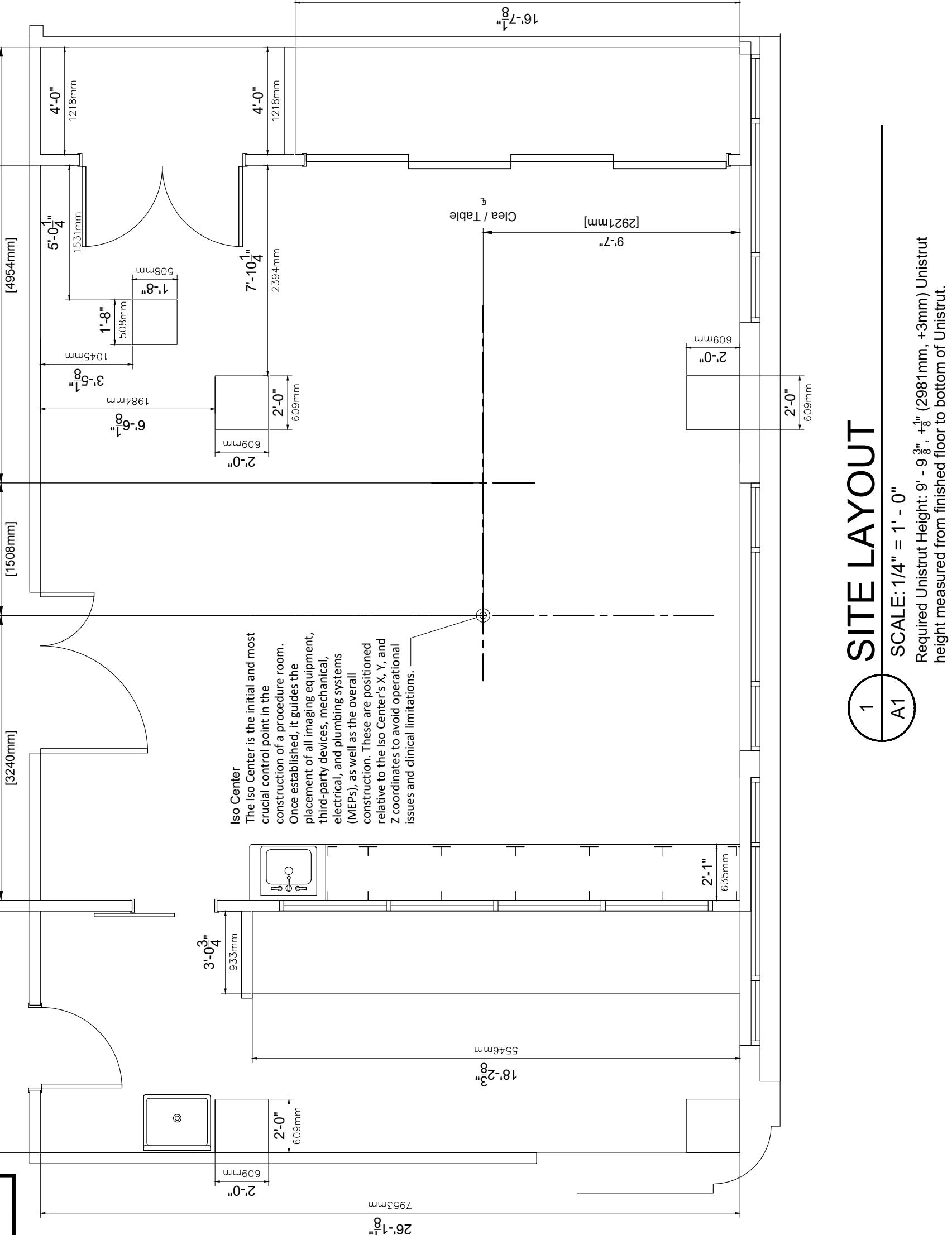
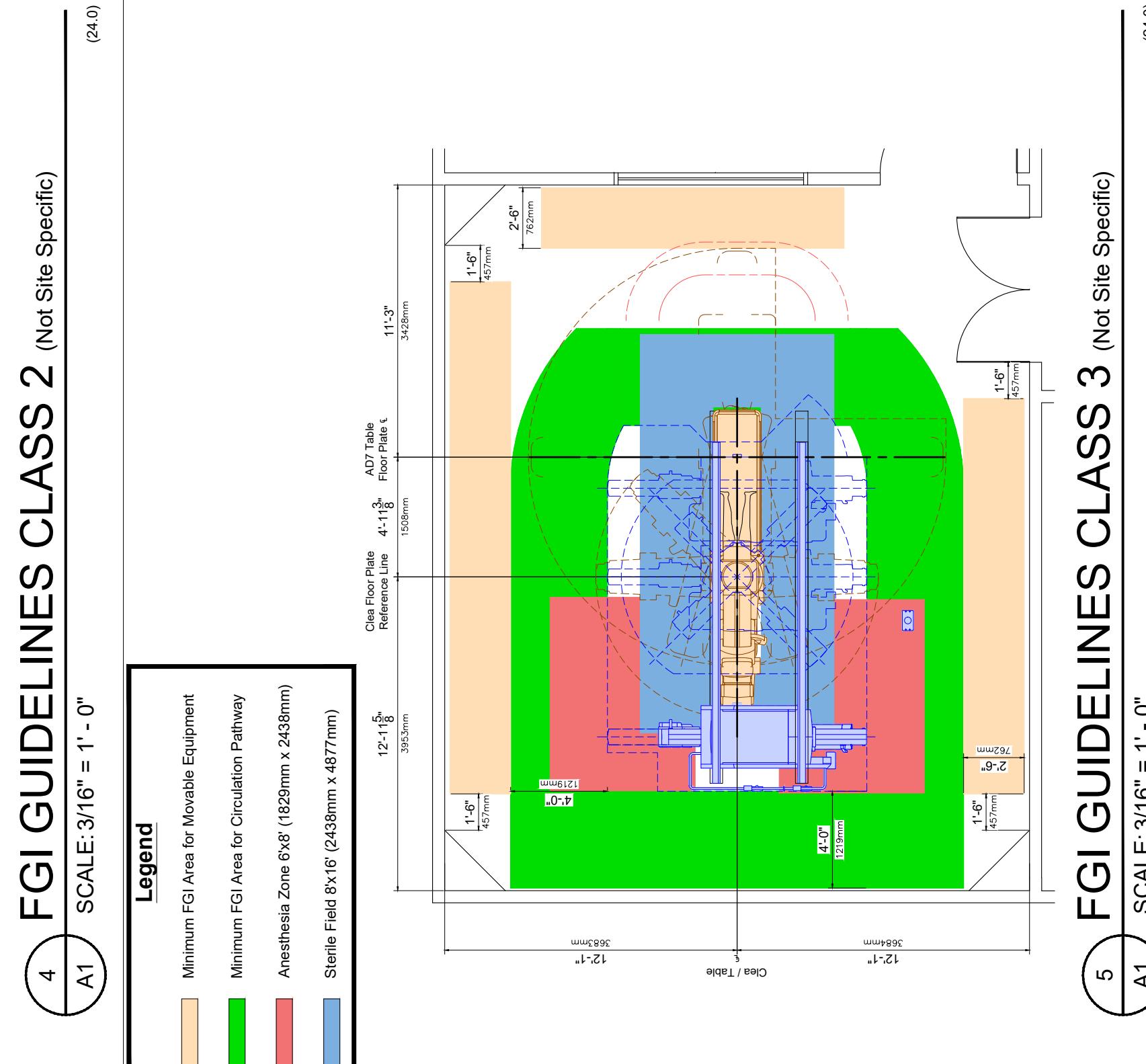
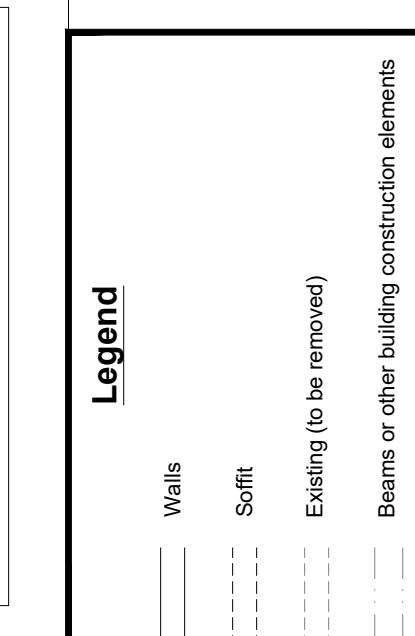
- Rooms:** UPS (Uninterruptible Power Supply), MB (Medical Bed), MA (Medical Area), ZME (Zimmer Medical Equipment), ME (Medical Equipment), Iso Center (Isolation Center), and a room containing a sink and a chair.
- Equipment:** LN (Liquid Nitrogen), CF (Central Fume Hood), TV2 (Television), AD7, MAV, and SBO (Suction Box).
- Dimensions:** The main entrance is 16'-3" [4954mm] high. Internal dimensions include 10'-7 9/16" [3240mm], 4'-11 3/8" [1508mm], and 3'-6 1/8" [1070mm]. A service area to meet NEC/ESCA requirement is indicated between the MB and MA rooms. A clear table height is marked as 2921mm [9'-7 1/2"].
- Annotations:** Labels like "Customer's Physio (PHY) Coordinate final location with customer" and "AUX1, CY, CR1, HI, AUX4, AUX2, AUX3, FVXL" are present, along with a note about the "Clea / Table".

# EQUIPMENT LAYOUT

---

2 A1 SCALE: 1/4" = 1' - 0"

**Required Univistrut Height:** 9' - 9 $\frac{3}{8}$ " + $\frac{1}{8}$ " (2981mm, +3mm) Univistrut height measured from finished floor to bottom of Univistrut.



END OF DOCUMENT

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