

## FACILITY ASSESSMENTS- ADDITIONAL SERVICE SCOPE OF WORK

SURVEYOR CRITICAL PROJECT INFORMATION:			
<b>Project Fee:</b>	In Quickbase		
<b>Turnaround Time Frame:</b>	In Quickbase		
Project Contacts:			
<b>Project Manager:</b>	Project Manager	<b>Project Coordination:</b>	TBD Branded Group
<b>Project Manager Phone:</b>	303-355-7274	<b>Project Coordination Phone:</b>	TBD Branded Group
<b>Project Manager Email:</b>	Project Manager's Email	<b>Project coordination Email:</b>	TBD Branded Group

### ADDITIONAL SERVICES SOW:

The following items are required to be delivered to FSU:

#### I. PLUMBING SCOPE OF WORK

<b>Plumbing</b>	<ul style="list-style-type: none"> <li>○ Provide camera inspection/sewer video inspection of existing sewer system from building to city connection               <ul style="list-style-type: none"> <li>▪ If no clean out is located, please remove and reinstall a toilet or other plumbing fixture as needed to perform the work</li> </ul> </li> <li>○ Existing sewer invert elevations               <ul style="list-style-type: none"> <li>▪ The purpose of this is to ensure adequate slope of the waste lines for possible rests room addition or relocation</li> </ul> </li> </ul>
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#### II. ELECTRICAL SCOPE OF WORK

<b>Electrical</b>	<ul style="list-style-type: none"> <li>○ Electrical load for equipment in lab area               <ul style="list-style-type: none"> <li>▪ Test all existing circuits in the lab area to insure adequate amps available so that additional equipment requiring 3.8 amps may be installed without overloading the current circuits</li> </ul> </li> <li>○ Electrical load for equipment in X-Ray area (may be in multiple locations)               <ul style="list-style-type: none"> <li>▪ Test all existing circuits in the X-Ray area to insure adequate amps available so that additional equipment requiring 10.8 amps may be installed without overloading the current circuits</li> </ul> </li> <li>○ Note: if the lab area circuit is not dedicated to the lab area please indicate that a new dedicated circuit is required.</li> </ul>
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# Affordable Care Facility Assessment

## Additional Services

### Electrical/Plumbing Assessment

#### PROJECT DETAILS

Site Number:	XXXXX
Project Type:	Affordable Care Facility Assessment
Site Address:	Address
Site Total SF:	SF

#### SUMMARY

Electrical Assessment	Description
Plumbing Assessment	Description