



DASNY

ANDREW M. CUOMO
Governor

ALFONSO L. CARNEY, JR.
Chair

REUBEN R. MCDANIEL, III
President & CEO

SECTION A

ALBANY (HEADQUARTERS): 515 Broadway, Albany, NY 12207 | 518-257-3000

NEW YORK CITY: One Penn Plaza, 52nd Floor, New York, NY 10119 | 212-273-5000

BUFFALO: 539 Franklin Street, Buffalo, NY 14202 | 716-566-4400

ROCHESTER: 3495 Winton Place, Building C, Suite 1, Rochester, NY 14623 | 585-461-8400

DORMITORY AUTHORITY STATE OF NEW YORK

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NEW YORK'S FUTURE.**

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DASNY

<u>BID NO.:</u> 699	<u>PROJECT NAME & LOCATION:</u> Broome Developmental Center 249 Glenwood Rd. Binghamton, NY
<u>Description:</u> Furnish and Deliver A-Dec Dental Equipment	
<u>Bid Open Location:</u> DASNY 515 Broadway, Albany, NY 12207	
<u>Bid Open Date:</u> July 29 2021	<u>Contact:</u> Theresa Graffeo
<u>Bid Open Time:</u> 2:30 p.m.	

NOTICE TO BIDDERS

MAIL BIDS EARLY

Sealed bids will be received by DASNY at the above address for the items listed in the attached Bid Breakdown and Schedule. When submitting your bid you must:

1. Prepare your bid on the attached Bid Breakdown and Schedule. Return one signed original of the Bid Breakdown and Schedule
2. If your bid deviates from Specifications, explain such deviations or qualifications on your letterhead, setting forth therein such explanations, and attach them to the Bid Breakdown and Schedule.
3. Submission of a bid constitutes full knowledge and acceptance of all provisions of the Notice to Bidders, all information referenced in the Purchasing General Conditions, Supplemental and Detailed Specifications, the Bid Submission and any Supplemental General Requirements contained herein, as well as any addenda issued in relation to the Invitation for Bids.
4. Each bid shall bear on the outside of the envelope the name of the bidder, address, telephone number and designated as a bid for the following:

DASNY Bid No. 699
Bid Opening Date: July 29, 2021 @ 2:30PM
Return to:
DASNY
Attn: Purchasing Unit
515 Broadway
Albany, NY 12207-2964



Bid No.: 699

When a sealed bid is placed inside another delivery jacket, the bid delivery jacket must be clearly marked on the outside “**BID ENCLOSED**” and “**ATTENTION: PURCHASING UNIT**”. The Dormitory Authority will not be responsible for receipt of bids which do not comply with these instructions.

5. Mail bid responses early in order for them to be received before the time of the bid opening. **Late bids will be automatically rejected.** Individuals submitting bids in person or by private delivery services should allow sufficient time for processing through building security to assure that the bids are received prior to the deadline for submitting bids. All individuals who plan to attend bid openings will be required to present government-issued picture identification to building security officials and obtain a visitor’s pass prior to attending the bid opening.

6. In accordance with State Finance Law § 139-j and 139-k, this solicitation includes and imposes certain restrictions on communications between Dormitory Authority personnel and an Offerer during this procurement process. Designated contact for this solicitation is: Theresa Graffeo , at Dormitory Authority – State of New York, 515 Broadway, Albany, NY 12207, 518-257-3583. Contacts made to other Dormitory Authority Personnel regarding this procurement may disqualify the Offerer and affect future procurements with governmental entities in the State of New York. Please refer to the Authority’s website www.dasny.org for Authority policy and procedures regarding this law, or the NYS office of General Services website www.ogs.ny.gov/BU/PC/ for more information about this law.



Bid No.: 699

If you are not submitting a bid it is requested that you complete and return the lower portion of this form

(Please check all that apply and provide comments in the space provided, if necessary)

- We are not Submitting a bid.
- We Request removal of our name from the mailing list.
- Location of the job site.
- Commodity is not carried by our company.
- Scope is too large.

Other/Additional Explanation: _____

NAME OF BIDDER: _____

ADDRESS _____

:

Street
Telephone

City

State

Zip

Signature of Bidder

Official Title

CLAUSES PURSUANT TO THE OMNIBUS PROCUREMENT ACT OF 1992

It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and woman-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York subcontractors and supplies is available from:

Empire State Development
Small Business Division
30 South Pearl Street, 7th Floor
Albany, NY 12207
Phone: (800) 782-8369

A directory of minority and woman-owned business enterprises is available from:

Empire State Development
Division of Minority and Women Business Development
30 South Pearl Street
Albany, NY 12207
Phone: (518) 292-5250

Online Directory: <https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp>

DASNY maintains a directory of minority and women-owned business enterprises:
<http://www.dasny.org/construc/mwsbereg/index.php>

The contractor acknowledges notice that New York State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

DASNY encourages the use of recycled Materials in the manufacturing process. To that end, the recycled product must meet the same codes, specifications and standards the non-recycled materials do, including requirements for cost, installation, aesthetics, availability and maintenance.

The Omnibus Procurement Act of 1992 and § 2879 of the NYS Public Authorities Law require that by signing this bid, contractors certify that whenever the total bid amount is greater than \$1 million:

1. The contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and Subcontractors on this project, and has retained the documentation of these efforts to be provided upon request to the State. If the contractor determines that NYS business enterprises are not available to participate on the contract as subcontractors or suppliers, the contractor shall provide a statement indicating the method by which such determination was made. If the contractor does not intend to use subcontractors, contractor shall provide a statement verifying such;
2. The contractor has complied with the Federal Equal Opportunity Act of 1972 (PL 92-261), as amended; and
3. The contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The contractor agrees to document these efforts and to provide said documentation to the State upon request.

DASNY is required by law to notify the NYS Department of Economic Development of any procurement contract for one million dollars or more that is to be awarded to an out-of-state vendor. This notice must be done simultaneous to the notification of award provided to the vendor. A purchase order or contract cannot be issued until fifteen (15) days after such notification is provided.



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GENERAL SPECIFICATIONS

- (1) The enclosed Purchasing General Conditions are hereby incorporated by reference. Submission of a bid response shall constitute acceptance of such conditions. Any exceptions/clarifications/qualifications to these conditions or other specifications and/or requirements contained herein must be clearly stated in the bid response and, depending upon the nature of such, may be grounds for rejection of your bid.
- (2) Bids must be submitted in the bidder's full legal name, or the bidder's full legal name plus a registered assumed name, if any.
- (3) All NYS bidders are required to be registered to do business with the NYS Department of State or their local County Clerk, whichever is applicable.
- (4) All out-of-state bidders will be required to provide proof of registration to do business in their state. All out-of-state bidders that "do business in New York State" **MUST BE REGISTERED WITH THE NYS DEPARTMENT OF STATE**. Please contact the NYS Department of State at (518) 473-2492. Information is available at the DOS website: www.dos.ny.gov
- (5) DASNY is required by law to notify the Empire State Development of any procurement contract for one million dollars or more that is to be awarded to an out-of-state vendor. This notice must be done simultaneous to the notification of award provided to the vendor. A purchase order or contract cannot be issued until fifteen (15) days after such notification is provided.
- (6) Empire State Development is required by law to identify states and other jurisdictions that impose preferences or other penalties against New York bidders. DASNY is precluded from soliciting bids or entering into procurement contracts with companies that have their principal place of business located in one of the listed jurisdictions, unless the procurement is for a product that is substantially manufactured in New York State or the services are to be performed in New York State. Currently, this list of jurisdictions includes the states of Alaska, Hawaii, Louisiana, South Carolina, West Virginia and Wyoming.
- (7) Unless otherwise indicated, any reference to brands or model numbers is intended to establish a standard. Items of all manufacturers will be considered, provided the item is determined to meet or exceed the required specification. DASNY's decision as to whether a substitute item meets specification will be final. Your attention is directed to Article II-7, Page 5 of the General Conditions. In order to evaluate substitute items, detailed specifications must be submitted for any product that is other than the one(s) specified in the bid.



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GENERAL SPECIFICATIONS CONTINUED

- (8) Unless otherwise noted, guarantee on all items is to be one year as detailed in Article XVI of the General Conditions
- (9) All upholstered furniture and drapery panels and lining must meet strict flammability requirements. Standards applicable to this bid, if any, will be delineated in the Detailed Specifications.
- (10) LABOR/TRADES - Any labor, materials or means whose employment, or utilization during the course of this contract, shall not in any way cause or result in strike, work stoppages, delays, suspension of work; or similar troubles by workers employed by this contractor or his subcontractors, or by any of the trades working in or about the buildings and premises where work is being performed. Any violation by the contractor of this requirement may in the sole judgment of DASNY be considered as proper and sufficient cause for declaring the contractor to be in default, and for the owner to take action against him as set forth in the Purchasing General Conditions, Article VIII, "Termination", or such other action as DASNY may deem proper.
- (11) Bid results are available on the DASNY website (www.DASNY.org). Bid results will not be given over the phone.
- (12) If you are a NYS Certified Minority or Women Owned Business, please include a copy of your certification with the bid.



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SUPPLEMENTAL SPECIFICATIONS

The following items are attached for informational purposes. Referenced documents need not be returned with the proposal. These documents are only applicable to the successful bidder and the ensuing procurement contract. Documents are only applicable to the successful bidder and the ensuing procurement contract. Documents applicable to the procurement that will result from this Invitation for Bids are designated by a check box (☒). Unless otherwise indicated, the referenced documents are located at the end of this Invitation for Bids.

- Purchasing General Conditions** – The DASNY Purchasing General Conditions contains terms and conditions of purchases made by DASNY. It is recommended that this document be reviewed fully.
- M/WBE Utilization Plan and Request for Waiver** - Minority and Women-Owned Business Enterprise (M/WBE) goals for this project are 0% and 0%, respectively. The successful bidder shall be required to complete a Utilization Plan or Request for Waiver, to be approved by DASNY’s Opportunity Programs Group. Reference Purchasing General Conditions, Article XIX, Affirmative Action for Contracts Mr. Michael Clay, DASNY Opportunity Programs Group at (518) 257-3464, is available to assist all bidders in attaining these goals. *Reference the enclosed “Good Faith Efforts Guidelines”.*
- Supplemental General Requirements** – Attached (if applicable) are the Supplemental General Requirements (SGRs) which provide important logistical information and additional conditions which govern this procurement. Please read these SGRs carefully.
- Form of DASNY Contract** – The procurement resulting from the Invitation for Bids will be executed through a DASNY purchase order and a related contract. The contract executed with the successful bidder will be in the same substantial form as the attached “Form of Contract”. Note that this Invitation for Bids and any response to such will be annexed as binding terms of the purchase agreement.
- Certificate of Insurance** (*sample enclosed*) – The successful bidder will be required to provide a Certificate of Insurance pursuant to Article XIV of the enclosed Purchasing General Conditions. The certificate shall name DASNY and other designated parties as additional insureds.

SUPPLEMENTAL SPECIFICATIONS CONTINUED

- Worker’s Compensation / Disability Insurance** – The successful proposer will be required to provide specific documentation with respect to Worker’s Compensation and Disability Insurance pursuant to Article XIV of the enclosed Purchasing General Conditions. Requirements are detailed in the enclosed “Workers’ Compensation and Disability Benefits Requirements” document.

- Prevailing Wage Schedule** – NYS Labor Law requires all wages paid by contractors and subcontractors on public work projects be paid at the prevailing wage rates. Enclosed is the current rate schedule for the appropriate county. Contractors and Subcontractors are responsible for obtaining current rates throughout the course of the project. The NYS Department of Labor (NYS DOL) updates these rates on July 1st of each year. Current rates can be obtained on the NYS DOL website (www.labor.state.ny.us) or by fax at (518) 485-1870. Note that an executed Contractor and Subcontractor Certification and certified payrolls, which include the hours and days worked by each workman, laborer or mechanic, the occupation at which he worked, the hourly wage rate paid and the supplements paid or provided, must be submitted with each and every payment requisition. **DASNY will not process an invoice without this information.** Forms are available on the DASNY website:
<http://www.dasny.org/construc/forms2/vendors.php>

- Labor and Material Payment Bond** – The successful bidder must be prepared to provide surety bonds prior to award in accordance with Article XIV of the DASNY Purchasing General Conditions. The costs of these bonds are to be separately stated in the total bid price as indicated on the Bid Breakdown and Schedule.

- Performance Bond** – The Successful bidder must be prepared to provide surety bonds prior to award in accordance with Article XIV of DASNY Purchasing General Conditions. The costs of these bonds are to be separately stated in the total bid price as indicated on the Bid Breakdown and Schedule.

- Standard Vendor Responsibility Questionnaire (SVRQ)** – The successful proposer, in accordance with Article XXII of DASNY Purchasing General Conditions, will be required to complete the enclosed SVRQ. The award of a contract will be subject to a review of the information contained in these forms.



SUPPLEMENTAL SPECIFICATIONS CONTINUED

- NYS Uniform Contracting Questionnaire (UCQ)** – The successful proposer will be required to complete the enclosed UCQ. The award of a contract will be subject to a review of the information contained in these forms.

- DASNY Contractor and Consultant Questionnaire (CCQ)** – The successful proposer will be required to complete the enclosed CCQ. The award of a contract will be subject to a review of the information contained in these



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Supplemental General Requirements

All questions pertaining to Bid No. 699 – Furnish and Deliver A-Dec Dental Equipment are due no later than 4:00 p.m. Jul 21, 2021 to tgraffeo@dasny.org. RFI Responses will be posted via Addenda to DASNY's Website in the Attachments Section of the Bid Opportunity Page for Bid No. 699.

ALBANY (HEADQUARTERS): 515 Broadway, Albany, NY 12207 | 518-257-3000
NEW YORK CITY: One Penn Plaza, 52nd Floor, New York, NY 10119 | 212-273-5000
BUFFALO: 539 Franklin Street, Buffalo, NY 14202 | 716-884-9780
ROCHESTER: 3495 Winton Place, Building C, Suite 1, Rochester, NY 14623 | 585-461-8400

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Detailed Specifications and Scope of Work



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Scope of Work:

Furnish and deliver A-Dec Dental equipment items for Broome DDSO as provided in the Detailed Specifications below. Provide inside delivery of all equipment items including unpackaging, uncrating and removal of all debris. Electrical connections shall be completed by others.



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Detailed Specifications

<u>Manufacturer No.</u>	<u>Description</u>	<u>QTY</u>
411	DENTAL CHAIR: Chair with seamless upholstery	1
332	TRADITIONAL RADIUS DELIVERY SYSTEM Delivery unit includes: 6 pin fiber optic, 4 hole tubings and a built in cavitron unit	1
551	REAR-MOUNT ADJUSTABLE ARM: Assistant's Instrumentation with 2 HVE	1
28.1925.00	LED LIGHT UPGRADE - SURF: Ceiling Light Retrofit to LED, Specifications not applicable	1
576L	CEILING MOUNT LED LIGHT, Specifications not applicable	2
5590	PREFERENCE ICC MODULE Sterilization Center	1
UPHOLSET	UPHOLSTERY REPLACEMENT SET, Specifications not applicable	1
STOOLUPHOL	STOOL UPHOLSTERY: 1601 Dr Replacement Upholstery, Specifications not applicable	1
STOOLUPHOL	STOOL UPHOLSTERY: 1622 Assistant Stool Replacement Upholstery, Specifications not applicable	1



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2671	CASCADE 2671 DUO CART W/SINGLE HVE: Carts Includes: 6 pin Fiber Optics, 4 Hole Tubings and Additional HVE	2
421	DOCTOR'S STOOL	2
422	ASSISTANT'S STOOL	2



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Drawings/Plans

See attached

NOT IN CONTRACT - FOR REFERENCE ONLY

Sheet List	
Sheet Number	Sheet Name
DA001	GENERAL NOTES
DA111	LVL 1 FLOOR PLAN
DA113	LVL 1 BACKING PLAN
DA310	LVL 1 DENTAL ELEVATIONS
DB110	LVL 1 DENTAL UTILITIES UNDERFLOOR
DE110	LVL 1 ELECTRICAL & LOW VOLTAGE
DP110	LVL 1 PLUMBING



THE DENTAL EQUIPMENT PROVIDER:

THE DENTAL EQUIPMENT PROVIDER'S RESPONSIBILITIES WILL INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING:

1. THE DENTAL EQUIPMENT PROVIDER WILL PROVIDE A SET OF DENTAL SPECIFIC SHOP DRAWINGS TO AID THE CONTRACTOR AND/OR ARCHITECT OF THE OWNER'S CHOOSING IN THE CONSTRUCTION OF THE OWNER'S DENTAL OFFICE. THESE DRAWINGS WILL PROVIDE CRITICAL DENTAL LOCATIONS OF ALL DENTAL EQUIPMENT. WRITTEN DIMENSIONS WILL TAKE PRECEDENCE OVER SCALED DIMENSIONS.
2. THE DENTAL EQUIPMENT PROVIDER WILL ASSUME NO RESPONSIBILITY FOR DEVIATIONS FROM THE DENTAL DRAWINGS AND SPECIFICATIONS WITHOUT PRIOR WRITTEN ENDORSEMENT.
3. THE DENTAL EQUIPMENT PROVIDER'S REPRESENTATIVES WILL PROVIDE ASSISTANCE AS NEEDED TO THE CONTRACTOR AND/OR ARCHITECT WITH PROPER ADVANCE NOTICE.
4. A PRE-CONSTRUCTION MEETING BETWEEN THE DENTAL EQUIPMENT PROVIDER'S REPRESENTATIVES AND THE CONTRACTOR, ARCHITECT, AND SUB-CONTRACTORS TO INCLUDE MECHANICAL, PLUMBING, AND ELECTRICAL IS REQUIRED. DENTAL SPECIFIC TEMPLATES AND SPECIFIC CONSTRUCTION REQUIREMENTS WILL BE PROVIDED DURING THIS MEETING.
5. THE DENTAL EQUIPMENT PROVIDER'S REPRESENTATIVES WILL MAKE PERIODIC VISITS TO THE JOB SITE AT CRITICAL POINTS IN THE CONSTRUCTION PROCESS. **THE CONTRACTOR IS REQUIRED TO INFORM THE DENTAL EQUIPMENT PROVIDER WHEN INSPECTIONS OF PLUMBING, WIRING, AND BACKING IN THE WALLS CAN BE PERFORMED PRIOR TO BACKFILLING TRENCHES, POURING OF THE SLAB, SEALING PARTITIONS AND INSTALLING CEILINGS.**
6. THE DENTAL EQUIPMENT PROVIDER'S REPRESENTATIVES WILL COORDINATE WITH THE CONTRACTOR TO INSTALL THE DENTAL EQUIPMENT AS LAID OUT IN THE INSTALLATION GUIDELINES AT A DATE AGREED UPON BY THE CONTRACTOR AND THE DENTAL EQUIPMENT PROVIDER. A FINAL INSPECTION PRIOR TO THE INSTALLATION OF THE DENTAL EQUIPMENT WILL BE PERFORMED TO ENSURE THAT ALL PLUMBING, ELECTRICAL AND MECHANICAL CONSTRUCTION IS COMPLETE. ALL FLOORING, PAINTING AND CEILING WORK MUST BE COMPLETED PRIOR TO EQUIPMENT INSTALLATION.
7. THE CONTRACTOR AND SUB-CONTRACTORS ARE TO PROVIDE FINAL HOOK UP TO ALL DENTAL EQUIPMENT AS SET FORTH THE INSTALLATION GUIDELINES.

BUILDING CONTRACTOR:

1. THE BUILDING CONTRACTOR WHO HAS ENTERED INTO A CONSTRUCTION CONTRACT WITH THE OWNER IS RESPONSIBLE FOR ALL WORK DEFINED BY THAT CONTRACT. IF THE PROJECT IS LET UNDER SEPARATE CONTRACTS TO MORE THAN ONE CONTRACTOR, THE RESPONSIBILITIES LISTED BELOW APPLY TO EACH CONTRACTOR.
2. THE CONTRACTOR IS RESPONSIBLE FOR THE COMPLETION OF THE PROJECT IN THE TRUE INTENT OF THE DRAWINGS AND SPECIFICATIONS. THE CONTRACTOR IS TO FURNISH ALL MATERIALS AND LABOR REQUIRED TO COMPLETE THE PROJECT, THAT IS NOT SPECIFICALLY PROVIDED BY THE DENTAL EQUIPMENT PROVIDER, WHETHER OR NOT EACH AND EVERY ITEM IS SPECIFICALLY MENTIONED.
3. THE CONTRACTOR SHALL ADVISE THE OWNER OF ANY CONFLICT BETWEEN THESE DRAWINGS AND THE FIELD CONDITIONS BEFORE PROCEEDING WITH THE JOB. THE CONTRACTOR SHALL ASSUME ALL RESPONSIBILITY FOR THE ACCURACY OF FIELD MEASUREMENTS AND CONDITIONS AND SHALL BE RESPONSIBLE FOR THE PROPER MODIFICATIONS TO ANY EXISTING WORK, PREVIOUSLY INSTALLED WORK, AND/OR OTHER TRADES. WRITTEN APPROVAL MUST BE OBTAINED FROM THE DENTAL EQUIPMENT PROVIDER'S EQUIPMENT SPECIALIST ASSIGNED TO THE PROJECT BEFORE ANY CHANGES AND/OR DEVIATIONS FROM THE DRAWINGS AND SPECIFICATIONS ARE MADE. THE CONTRACTOR SHALL ASSUME FULL RESPONSIBILITY FOR THE EXECUTION OF HIS/HER WORK AND FOR ANY CHANGES AND/OR DEVIATIONS FROM THE DRAWINGS OR SPECIFICATIONS MADE WITHOUT PRIOR WRITTEN APPROVAL FROM THE OWNER AND/OR THE DENTAL EQUIPMENT PROVIDER'S EQUIPMENT SPECIALIST. ANY COSTS RESULTING FROM CHANGES AND/OR DEVIATIONS SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR.
4. A COMPLETE SET OF DRAWINGS MUST BE KEPT AT THE JOB SITE AT ALL TIMES AND ANY CHANGES MUST BE NOTED THEREON AND INITIALED AT THE TIME THE CHANGE OR DEVIATION IS PERFORMED.
5. THE GENERAL CONTRACTOR SHALL DO ALL PATCHING TO CONFORM TO MATERIAL, TEXTURE AND SURFACE ALIGNMENT WITH THE ADJOINING SURFACE AND FINAL TOUCH UP/APPEARANCE OF ALL FINISHED SURFACES. THE CONTRACTOR SHALL ENSURE THE PROTECTION OF ALL EQUIPMENT FURNISHED UNDER HIS/HER CONTRACT AND BY OTHERS PRESENT AT THE JOB SITE.
6. THE CONTRACTOR SHALL REMOVE DEBRIS AND MAINTAIN THE PREMISES BROOM CLEAN AT ALL TIMES. DEBRIS IS TO INCLUDE, BUT NOT LIMITED TO SHIPPING CARTONS, BOXES, ETC., RESULTING FROM THE INSTALLATION OF DENTAL AND OTHER EQUIPMENT BY CONTRACTORS CONCURRENTLY ENGAGED.
7. THE CONTRACTOR SHALL PARTICIPATE AT ALL JOB COORDINATION MEETINGS WITH THE DENTAL EQUIPMENT PROVIDER AND ENSURE THE ATTENDANCE OF APPLICABLE TRADES.
8. THE CONTRACTOR IS REQUIRED TO INFORM THE DENTAL EQUIPMENT PROVIDER'S REPRESENTATIVES OF KEY EVENTS IN THE CONSTRUCTION PROCESS WITH REASONABLE ADVANCE NOTICE, TO FACILITATE THE INSPECTION OF SAID EVENTS, I.E. BACKFILLING TRENCHES, CLOSING WALLS, POURING CONCRETE TO BURY PLUMBING AND ELECTRICAL WORK IN FLOORS AND INSTALLING CEILING TILES.
9. THE CONTRACTOR SHALL AFFORD THE OWNER AND SEPARATE CONTRACTORS REASONABLE OPPORTUNITY FOR THE INTRODUCTION AND/OR STORAGE OF THEIR MATERIALS AND EQUIPMENT AND EXECUTION OF THEIR WORK.

GENERAL NOTES:

1. THE ITEMS LISTED HERE IN THE GENERAL NOTES ARE INTENDED TO CLARIFY OVERALL GENERAL CONDITIONS FOR A SMOOTH TRANSITION BETWEEN ALL SUB-CONTRACTORS, THE GENERAL CONTRACTOR, EQUIPMENT INSTALLERS, THE DENTAL EQUIPMENT PROVIDER AND THE OWNER FOR FINAL APPROVAL OF ALL WORK PERFORMED BY THE RESPECTIVE TRADES. THROUGHOUT THESE PLANS ARE VARIOUS DETAILS, REQUIREMENTS AND SPECIFICATIONS TO AID IN THIS PROCESS. IT IS THE RESPONSIBILITY OF EACH TRADE, CONTRACTOR AND THE OWNER TO READ ALL NOTES AND ILLUSTRATIONS THAT PERTAIN TO THEIR SPECIFIC TASK IN THE PROCESS.
2. MOST OF THE DENTAL UTILITY AND SPECIFICATION REQUIREMENTS ARE OUTLINED IN THE TEMPLATES AND DOCUMENTATION THAT THE DENTAL EQUIPMENT PROVIDER WILL PROVIDE TO THE CONTRACTOR. QUESTIONS WILL ARISE ON THE JOB SITE AND MOST CAN BE ANSWERED BY TELEPHONE. THE CONTRACTOR WILL BE PROVIDED CONTACT NUMBERS FOR THE DENTAL EQUIPMENT PROVIDER'S REPRESENTATIVES TO FACILITATE TIMELY ANSWERS TO THOSE QUESTIONS. IN SOME CASES IT WILL BE NECESSARY FOR THE DENTAL EQUIPMENT PROVIDER'S REPRESENTATIVE TO BE PRESENT AT THE JOB SITE TO ANSWER QUESTIONS OR SPOT LOCATIONS FOR DENTAL SPECIFIC ITEMS. IN THESE CASES AN APPOINTMENT WILL BE REQUIRED WITH REASONABLE ADEQUATE NOTIFICATION.
3. IF A JOB SITE APPOINTMENT IS REQUIRED, ALL TRADES SHOULD BE NOTIFIED OF THE APPOINTMENT SO THE OPTION OF BEING PRESENT WITH ANY QUESTIONS CONCERNING THEIR PORTION OF THE JOB CAN BE ADMINISTERED AT THAT APPOINTMENT. THE DENTAL EQUIPMENT PROVIDER'S REPRESENTATIVE SHOULD BE INFORMED AS TO THE MAGNITUDE OF THE APPOINTMENT PRIOR TO ARRIVAL ON THE JOB SITE IN ORDER TO ALLOW ENOUGH TIME IN THE APPOINTMENT.
4. THE GENERAL CONTRACTOR MUST SIGN THIS SHEET STIPULATING THAT THEY UNDERSTAND AND WILL COMPLY WITH ALL SPECIFICATIONS BEFORE ANY WORK WILL COMMENCE. A SIGNED COPY OF THE PLANS ARE TO BE RETURNED TO THE DENTAL EQUIPMENT PROVIDER AND A SECOND SIGNED COPY KEPT ON THE JOB SITE AT ALL TIMES.
5. THE DENTAL EQUIPMENT PROVIDER'S REPRESENTATIVE SHALL GIVE INSTRUCTIONS TO THE GENERAL CONTRACTOR ONLY. ALL COMMUNICATIONS AND COORDINATION WITH TRADESMEN SHALL BE THE RESPONSIBILITY OF THE GENERAL CONTRACTOR UNLESS PREDETERMINED TO BE OTHERWISE.
6. ALL ELECTRICAL, MECHANICAL AND PLUMBING CONNECTIONS TO DENTAL EQUIPMENT WILL BE PERFORMED BY THE APPLICABLE TRADE RESPONSIBLE. INSTALLATION PERMITS, IF REQUIRED, WILL BE OBTAINED BY THE TRADES THAT PROVIDE THAT SERVICE.
7. IF NECESSARY, THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROCURING A MED GAS CERTIFIED PLUMBING SUB-CONTRACTOR FOR ANY LEVEL 3 NITROUS-OXYGEN CONSCIOUS SEDATION SYSTEM DETAILED IN THESE PLANS. ANY NITROUS OXIDE SYSTEM DESIGN SHOWN ON THESE PLANS IS TO BE USED AS AN ILLUSTRATION ONLY FOR THE PURPOSE OF LOCATING END USER OUTLET STATIONS, CYLINDER ROOM MANIFOLD AND ALARM PANEL. THE FINAL TRUNK SYSTEM INSTALLATION SHALL STRICTLY ADHERE TO ONLY MECHANICALLY ENGINEERED DRAWINGS, IF SUPPLIED.
8. THE PLUMBING SUB-CONTRACTOR SHALL PROVIDE MED GAS CERTIFICATION IN ACCORDANCE WITH ANY REQUESTS BY THE OWNER, CONTRACTOR, BUILDING DEPARTMENT OR THE DENTAL EQUIPMENT PROVIDER PRIOR TO COMMENCING WORK ON ANY TYPE OF CUSTOMER INSTALLED NITROUS OXIDE SYSTEM BEING USED IN THE CONSTRUCTION PROJECT.
9. ALL PLUMBING AND ELECTRICAL LINES TO BE CONCEALED UNLESS OTHERWISE SPECIFIED.
10. ALL LABOR AND MATERIALS NECESSARY FOR CHANGES IN EXISTING PLUMBING, CARPENTRY, AND ELECTRICAL WORK MUST BE DONE AND SUPPLIED BY THE CONTRACTOR AND IS NOT INCLUDED IN THE COST OF THE DENTAL EQUIPMENT.
11. THE CONTRACTOR SHALL REMOVE ALL RUBBISH AND DO ALL PATCHING AFTER ROUGHING IN IS COMPLETED.
12. ALL ROUGH IN AND FINISH WORK FOR DENTAL EQUIPMENT IS TO BE ACCORDING TO TEMPLATES FURNISHED BY THE MANUFACTURERS OF THE EQUIPMENT BEING INSTALLED. A REPRESENTATIVE OF THE DENTAL EQUIPMENT PROVIDER WILL POSITION THE TEMPLATES IN THEIR PROPER LOCATIONS, AT WHICH TIME ALL SPECIFICATIONS ON THE PLANS WILL BE EXPLAINED TO THE CONTRACTOR OR SUB-CONTRACTOR(S). ALL SPECIFIED SIZES OF PIPES, TUBING, AND/OR FITTINGS, ETC., MUST BE RIGIDLY FOLLOWED AS WELL AS PROPER HEIGHTS MARKED. ANY INFRACTIONS ON SIZES OR HEIGHTS OF PIPES, TUBING AND/OR FITTINGS WILL HAVE TO BE CORRECTED BEFORE THE EQUIPMENT CAN BE INSTALLED AND SUCH EXTRA EXPENSE WILL BE THE RESPONSIBILITY OF THE CONTRACTOR AND/OR SUB-CONTRACTOR.
13. THE DOCTOR/OWNER SHALL DESIGNATE RESPONSIBILITY FOR PROVIDING AND INSTALLING CABINETS AND COUNTERTOPS (OTHER THAN THOSE SPECIFIED AND/OR CONTRACTED BY THE DENTAL EQUIPMENT PROVIDER).
14. THE DOCTOR SHALL MAKE ARRANGEMENTS FOR INSTALLATION OF NON-DENTAL SYSTEMS BEFORE WALLS ARE CLOSED.
15. THE DENTAL EQUIPMENT PROVIDER SHALL NOT BE HELD RESPONSIBLE FOR MULTIMEDIA SYSTEMS SUCH AS ENTERTAINMENT TVS, MONITORS, NETWORK COMPUTER SYSTEMS OR ANY ITEMS NOT SHOWN ON THESE PLANS.
16. GC MUST CONFIRM ALL MEASUREMENTS OF SPACE CONDITIONS PRIOR TO STARTING DEMOLITION.
17. GC SHOULD NOTIFY THE DENTAL EQUIPMENT PROVIDER'S SPECIALIST 1(ONE GC MUST CONFIRM ALL MEASUREMENTS OF SPACE CONDITIONS PRIOR TO STARTING DEMOLITION) WEEK PRIOR TO CLOSING OF ALL WALLS, CEILINGS, FLOORS TO ALLOW FINAL INSPECTION OF INSTALLATION.
18. GC IS RESPONSIBLE FOR CONFIRMING ALL UTILITIES FOR EXISTING EQ BEING MOVED FROM EXISTING LOCATION OR EQUIPMENT NOT SUPPLIED BY THE DENTAL EQUIPMENT PROVIDER
19. GC IS RESPONSIBLE FOR CONFIRMING ALL UTILITIES FOR EXISTING EQ BEING MOVED FROM EXISTING LOCATION OR EQUIPMENT NOT SUPPLIED BY THE DENTAL EQUIPMENT PROVIDER
20. **RADIATION PROTECTION: THE DOCTOR'S ARCHITECT/GC ARE REQUIRED TO REVIEW ALL LOCAL AND NATIONAL RADIATION AND XRAY SHIELDING REQUIREMENTS AND SUBMIT AN APPLICATION FOR REGISTRATION OF IONIZING RADIATION SOURCES. PLANS MUST BE SUBMITTED TO RADIATION CONTROL PROGRAM, IF APPLICABLE, ALONG WITH OTHER INFORMATION THEY WILL PROVIDE A LETTER OF ACCEPTABLE X-RAY PROTECTION OR ADVISE OTHERWISE. THIS APPLICATION AND PLAN SHOULD BE SUBMITTED PRIOR TO WALLS GOING UP. COPY OF APPROVAL LETTER FROM LOCAL GOVERNING BODY MUST BE PROVIDED TO THE DENTAL EQUIPMENT PROVIDER'S SPECIALIST AND SERVICE TECHNICIAN. NOTE: IF EXISTING X-RAYS TO BE REPLACED WITH NEW AND EXISTING SHIELDING IS TO BE REUSED ARCHITECT/GC MUST VERIFY NEEDS WITH LOCAL CODE OFFICER.**



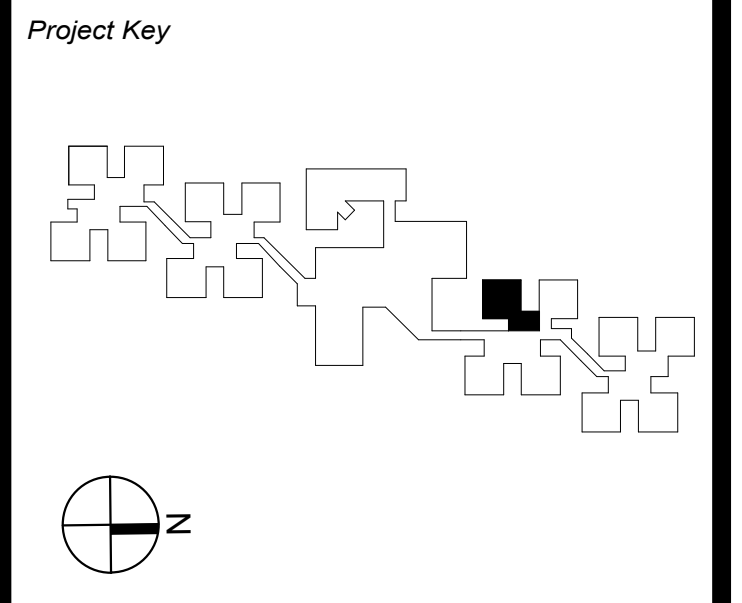
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Vanderweil Engineers
1001 6th Avenue
21st Floor
New York, NY 10018
212-921-4142



REVISIONS

Description	Date:

Project Title

NEW YORK STATE OF OPPORTUNITY | Office for People With Developmental Disabilities

BROOME DDSO BUILDING 4 DENTAL CLINIC

249 Glenwood Rd, Binghamton, NY 13905

Phase

BID DOCUMENTS

DENTAL GENERAL NOTES

Drawn By: _____ Checked By: _____ Date: **02.12.2021**

Seal & Signature _____ DASNY Project No: **360130**

Consultant Project No: **600.22**

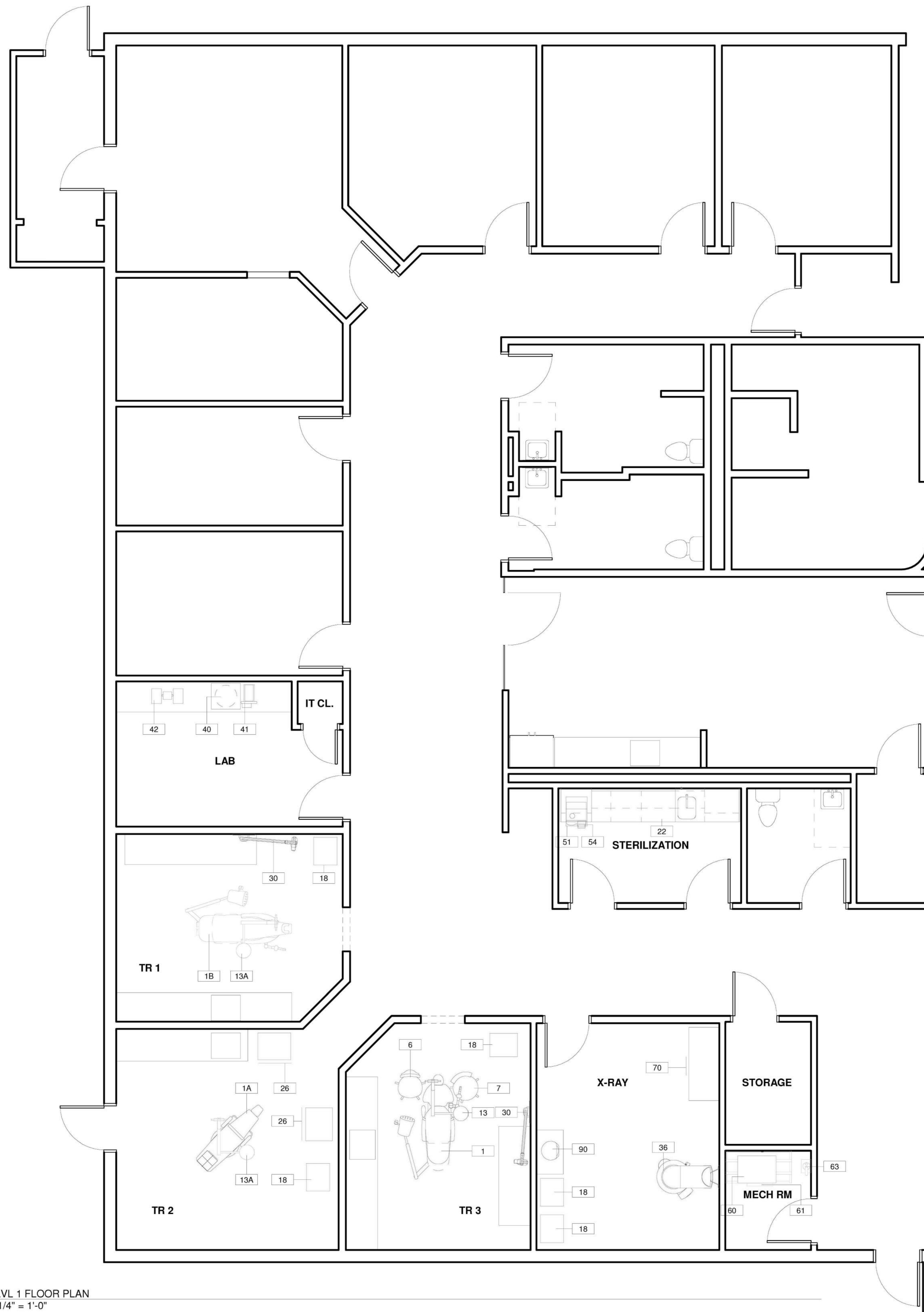
Drawing Number **DE-101**

NOT IN CONTRACT - FOR REFERENCE ONLY

EQUIPMENT SCHEDULE						
EQUIPMENT INFO						
QTY	ITEM #	DESCRIPTION	STATUS	MANUFACTURER	MODEL	EQUIPMENT REMARKS
LAB						
1	40	PLASTER TRAP	NW	VFY	VFY	
1	41	MODEL TRIMMER	NW	HANDLER MFG CO	31-SV	
1	42	LATHE	NW	VFY	VFY	
MECH						
1	60	COMPRESSOR	NW	AIR TECHNIQUES	AS30	
1	61	VACUUM	ER	RAMVAC	BULLDOG QT 1	
1	63	AMALGAM SEPARATOR	ER	SOLMETEX	HG5	
1	100	UTILITY STACKING RACK	ER	AIR TECHNIQUES	56650	
STERILIZATION						
1	22	STERILIZATION CABINET	NW	A-DEC	5590	
1	51	STERILIZER	NW	MIDMARK	M11-020	
1	54	STATIM	NW	SCIGAN	STATIM G4	
TREATMENT						
1	1	DENTAL CHAIR	NW	A-DEC	A-DEC 411	
1	1A	DENTAL CHAIR	NW	ROYAL	R16	
1	1B	DENTAL CHAIR	ER	ADEC	CASCADE CHAIR	
1	6	STOOL DENTIST	NW	A-DEC	1601	
1	7	STOOL ASSISTANT	NW	A-DEC	1622	
1	13	DENTAL CEILING LIGHT (LED)	NW	A-DEC	A-DEC LIGHT CEILING MOUNT	
2	13A	DENTAL CEILING LIGHT (LED)	ER	A-DEC	EXISTING LIGHT W NEW LED HEAD	
3	18	ALABAMA CART	NW	MCC	ALABAMA (NO UTILITY)	
2	26	DELIVERY CART	NW	ADEC	CASCADE 2671- W UNIT	UTILITIES THRU WALL & UMBILICAL
2	30	INTRAOURAL X-RAY	NW	PROGENY	P7017G	
X-RAY						
2	18	ALABAMA CART	NW	MCC	ALABAMA (NO UTILITY)	
1	36	PAN 3D	NW	SIRONA DENTAL INC.	XG3	
1	70	IMAGING COMPUTER	NW	BY OTHER	BY OTHER	

PLAN SYMBOLS

- DENTAL FURNITURE & EQUIPMENT
- - - DENTAL FURNITURE & EQUIPMENT EXISTING RELOCATED
- - - DENTAL FURNITURE & EQUIPMENT FUTURE
- 12 EQUIPMENT NUMBER TAG (NUMBERS ARE RANDOM)



① LVL 1 FLOOR PLAN
1/4" = 1'-0"

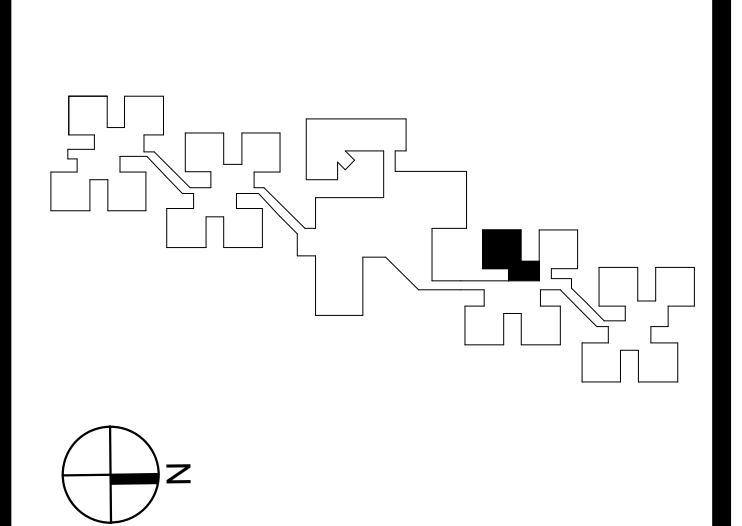
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 212-921-4142

Project Key



REVISIONS

Description	Date:

Project Title

NEW YORK STATE OF OPPORTUNITY. **Office for People With Developmental Disabilities**
BROOME DDSO BUILDING 4 DENTAL CLINIC
 249 Glenwood Rd, Binghamton, NY 13905

Phase
BID DOCUMENTS

DENTAL EQUIPMENT PLAN

Drawn By: _____ Checked By: _____ Date: **02.12.2021**
 Seal & Signature _____ DASNY Project No: **360130**
 Consultant Project No: **600.22**
 Drawing Number **DE-102**

NOT IN CONTRACT - FOR REFERENCE ONLY

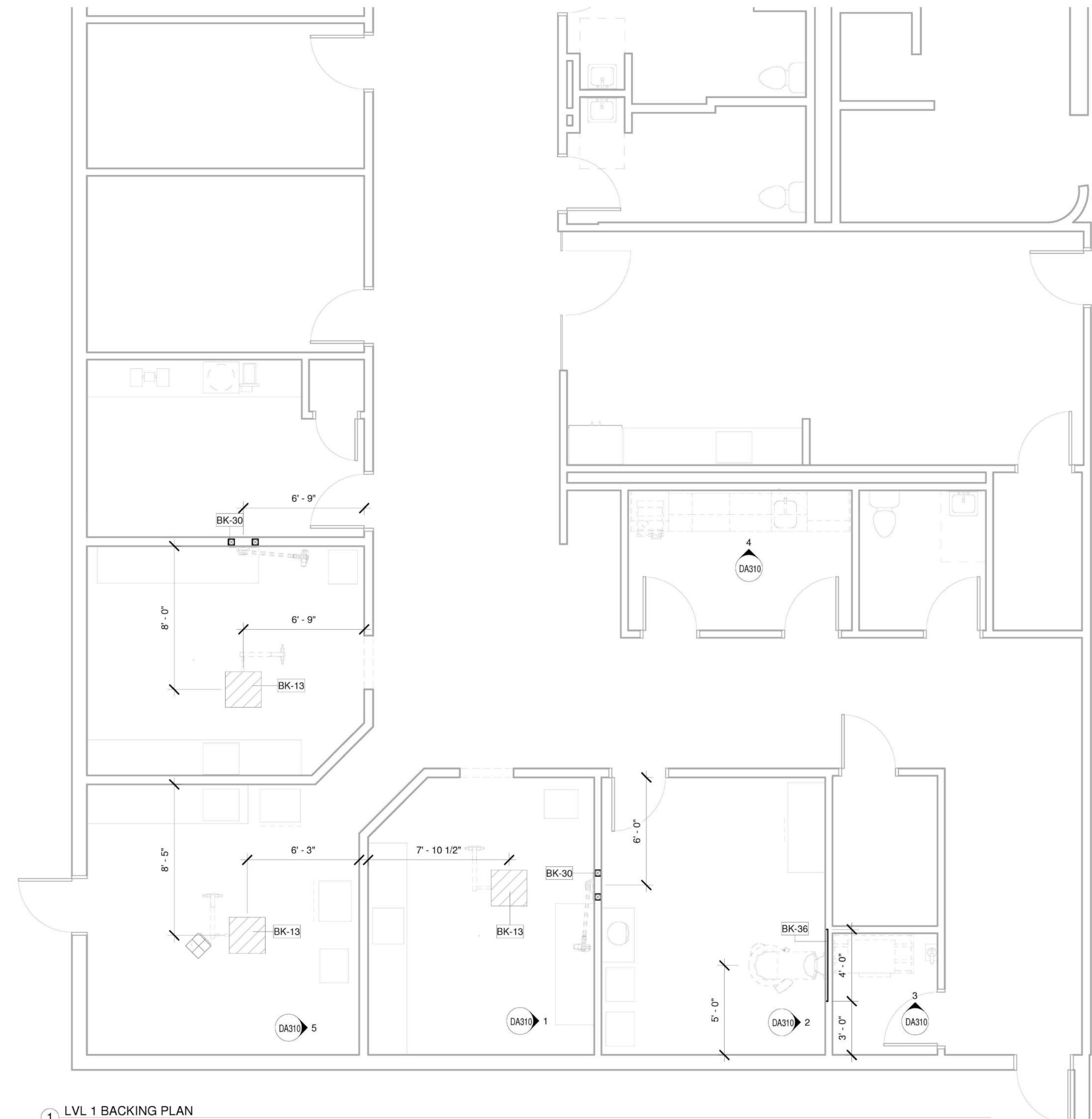
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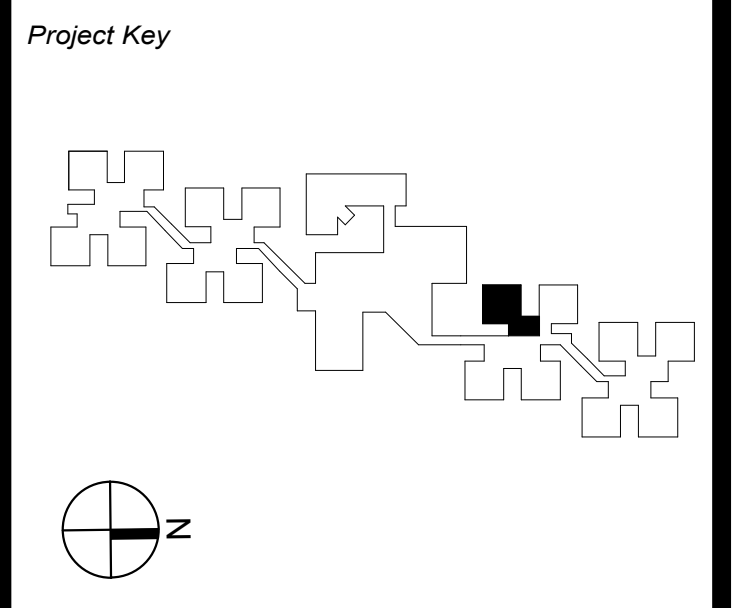
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① LVL 1 BACKING PLAN
1/4" = 1'-0"



REVISIONS

Description	Date:

Project Title

NEW YORK STATE OF OPPORTUNITY. **Office for People With Developmental Disabilities**

BROOME DDSO BUILDING 4 DENTAL CLINIC

249 Glenwood Rd, Binghamton, NY 13905

Phase

BID DOCUMENTS

DENTAL BACKING PLAN

Drawn By: _____ Checked By: _____ Date: **02.12.2021**

Seal & Signature _____ DASNY Project No: **360130**

Consultant Project No: **600.22**

Drawing Number **DE-103**

EQUIPMENT BACKING SCHEDULE

NOTE: ALL DBL PLYWOOD BACKING IS TO BE GLUED AND SCREWED

QTY	ITEM #	EQUIPMENT DESCRIPTION	BACKING NUMBER	WALL				CEILING		OTHER	BACKING REMARKS
				SGL 4" X 4" FLOOR TO STRUCTURE ABOVE	DBL 4" X 4" FLOOR TO STRUCTURE ABOVE	DBL 2" X 12" FLOOR TO STRUCTURE ABOVE	DBL .3/4" PLYWOOD (GLUED & SCREWED)	SGL .3/4" PLYWOOD	SGL 2" X 8" TOP OF BASE CABINET		
1	13	DENTAL CEILING LIGHT (LED)	BK-13								24" x 24"
2	13A	DENTAL CEILING LIGHT (LED)	BK-13								24" x 24"
2	30	INTRACORAL X-RAY	BK-30								
1	36	PAN 3D	BK-36								

NOT IN CONTRACT - FOR REFERENCE ONLY

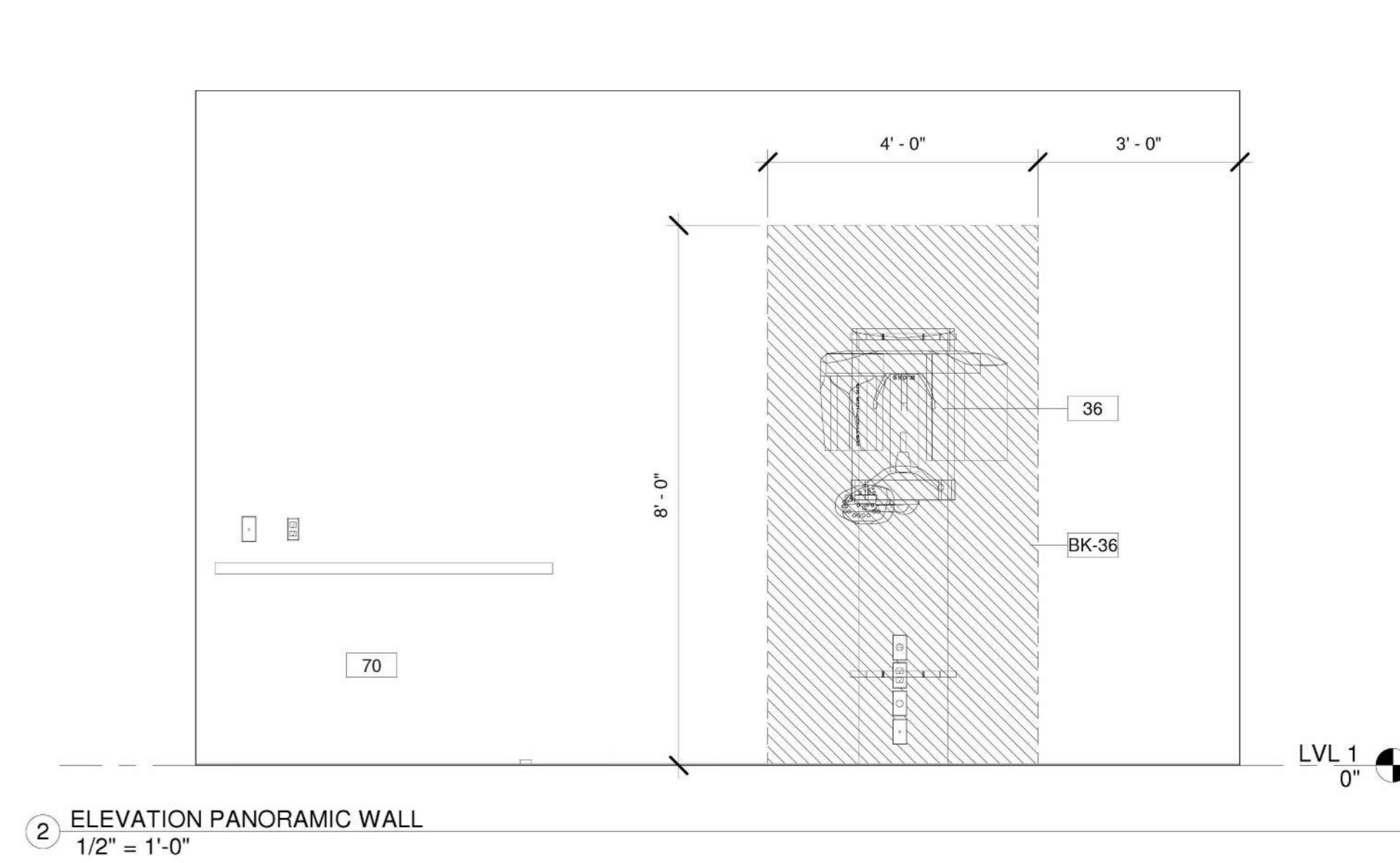
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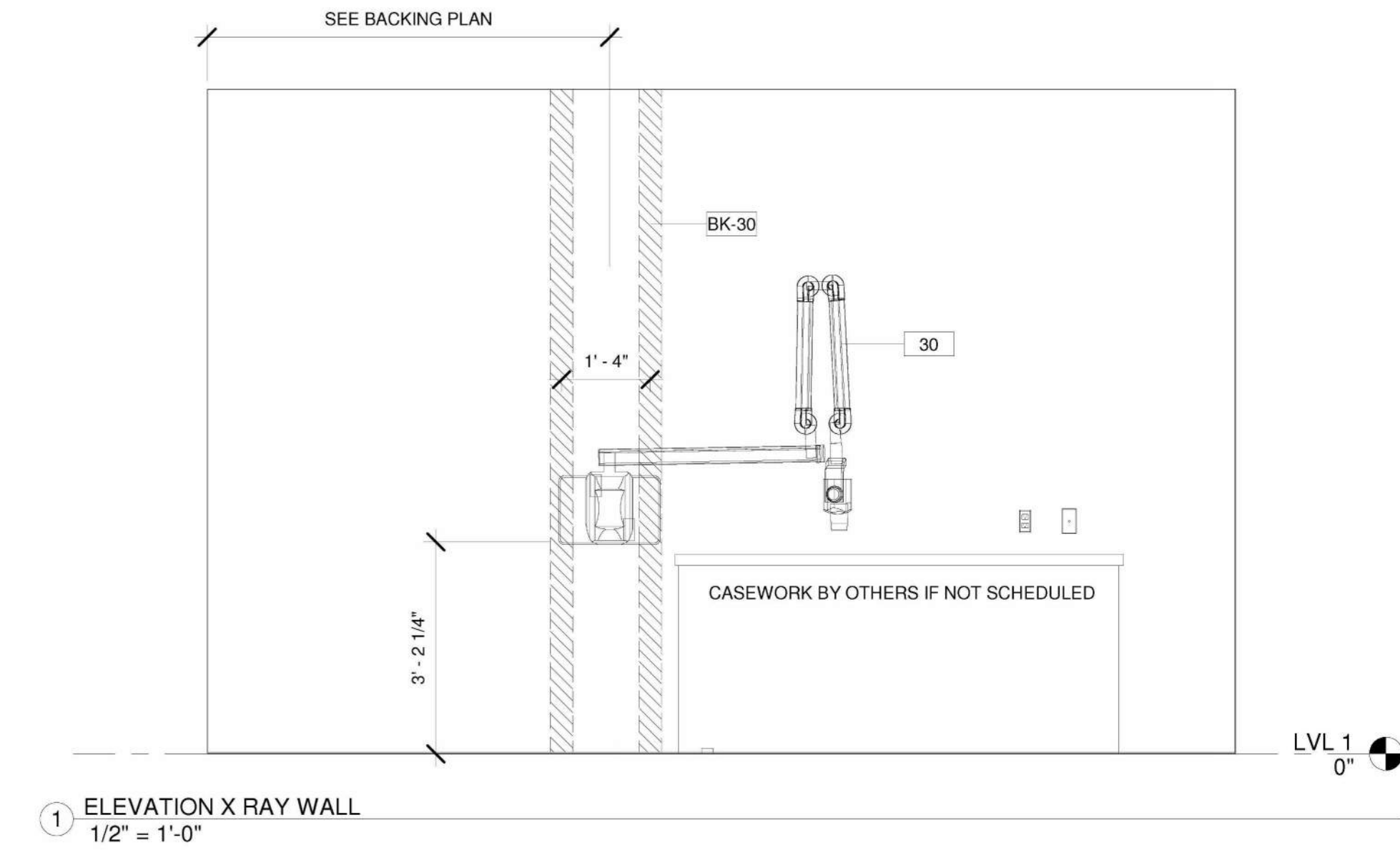
Consultants:

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Buffalo, New York 14202
716-883-5566 716-883-5569 fax

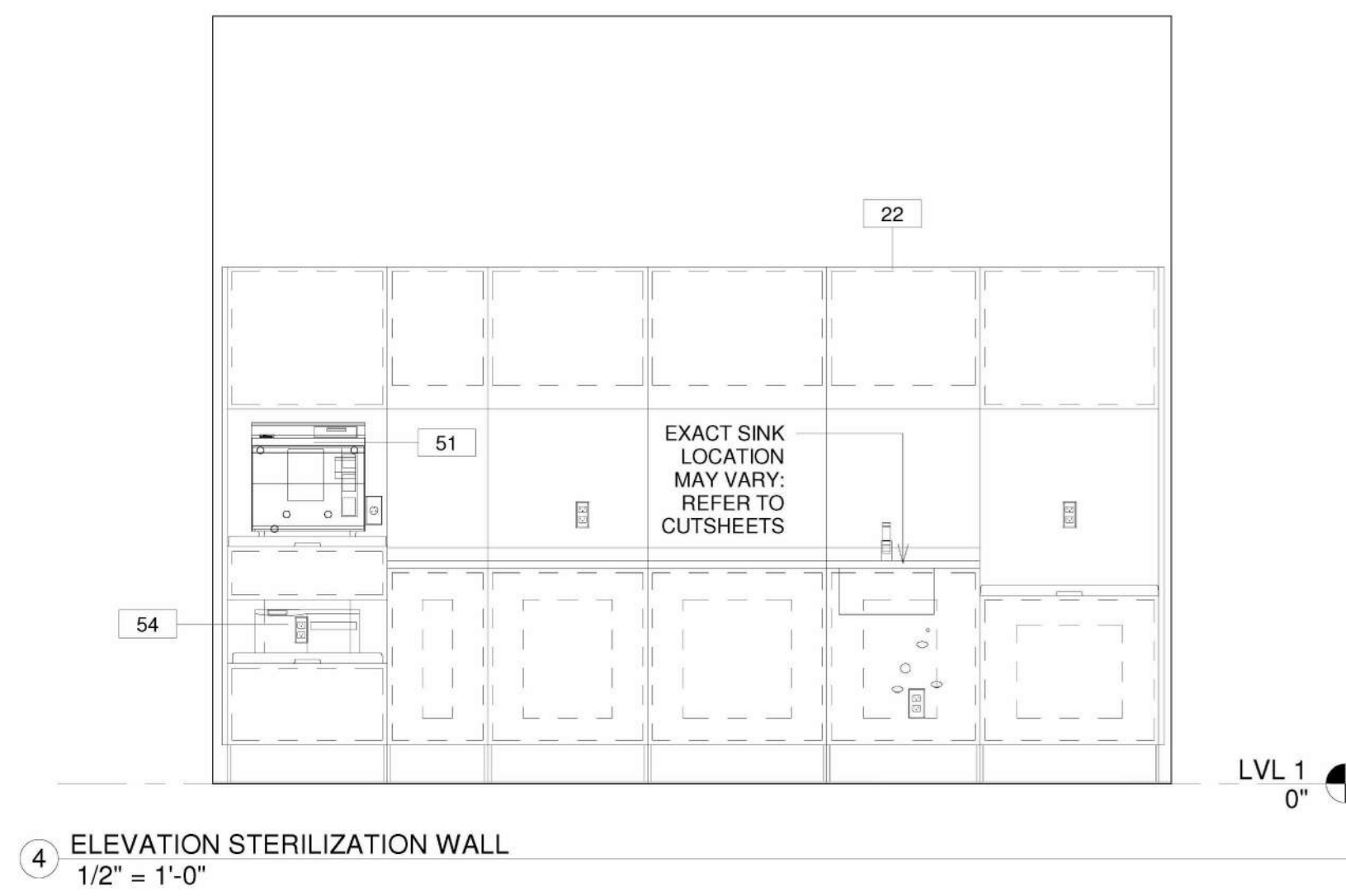
Vanderweil Engineers
1001 6th Avenue
21st Floor
New York, NY 10018
212-921-4142



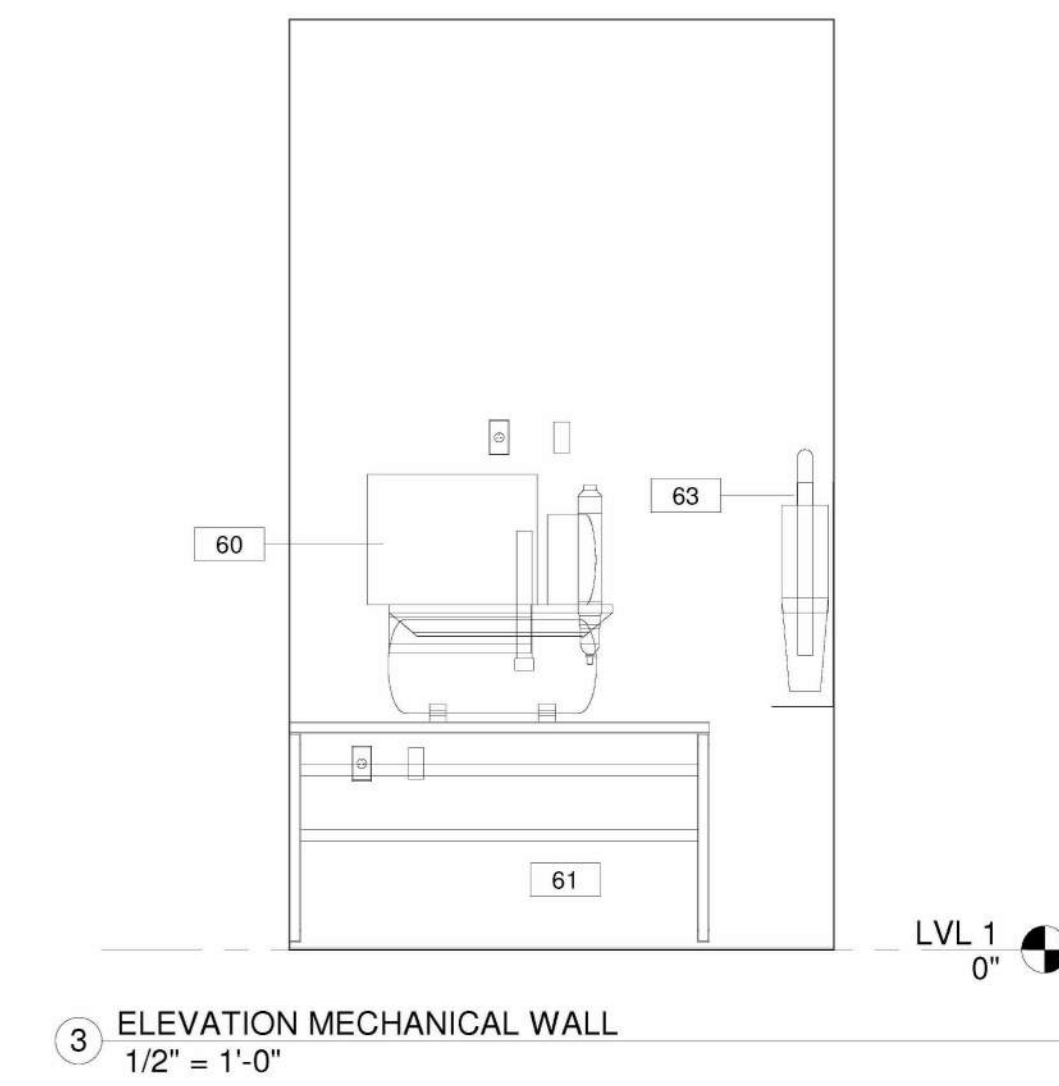
2 ELEVATION PANORAMIC WALL
1/2" = 1'-0"



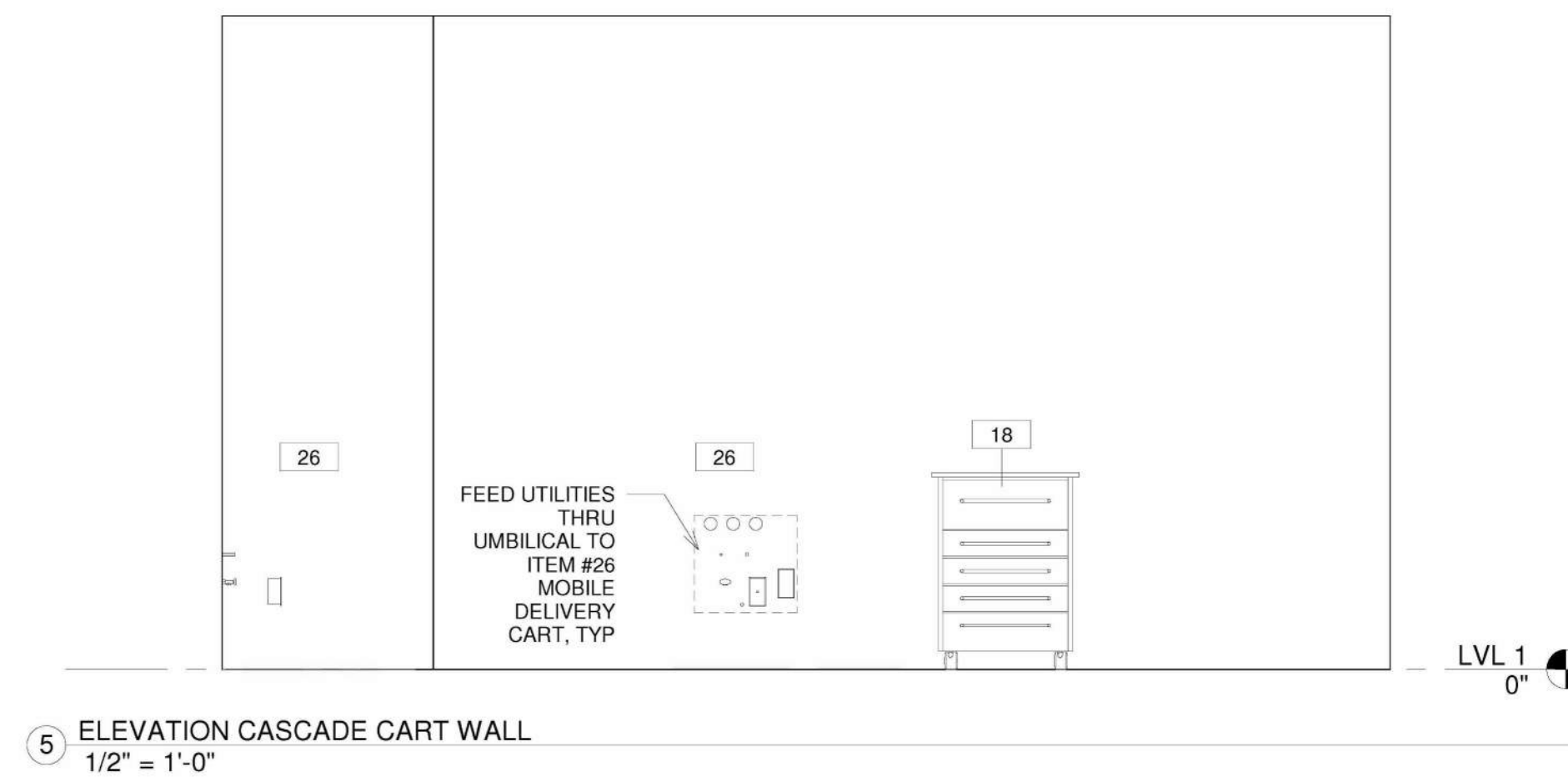
1 ELEVATION X RAY WALL
1/2" = 1'-0"



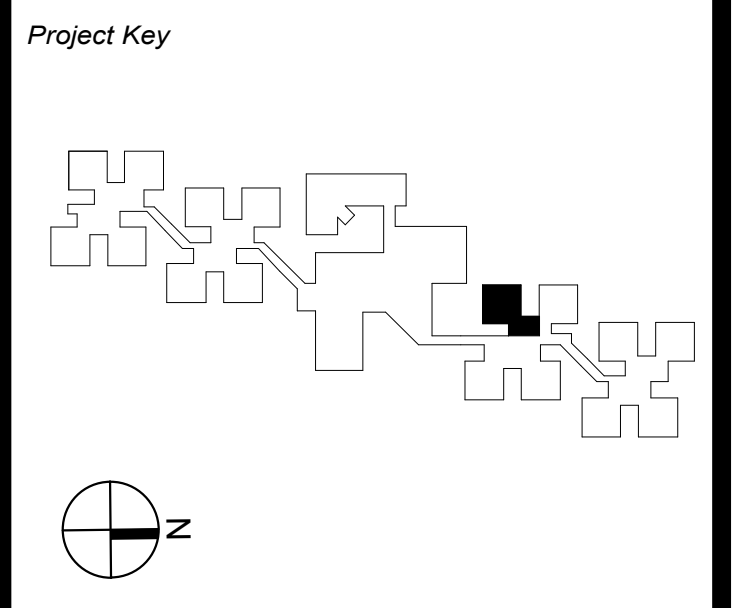
4 ELEVATION STERILIZATION WALL
1/2" = 1'-0"



3 ELEVATION MECHANICAL WALL
1/2" = 1'-0"



5 ELEVATION CASCADE CART WALL
1/2" = 1'-0"



REVISIONS

Description	Date:

Project Title

NEW YORK STATE OF OPPORTUNITY. **Office for People With Developmental Disabilities**

BROOME DDSO BUILDING 4 DENTAL CLINIC

249 Glenwood Rd, Binghamton, NY 13905

Phase

BID DOCUMENTS

DENTAL ELEVATIONS

Drawn By: _____ Checked By: _____ Date: **02.12.2021**

Seal & Signature _____ DASNY Project No: **360130**

Consultant Project No: **600.22**

Drawing Number **DE-104**

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ELECTRICAL LEGEND

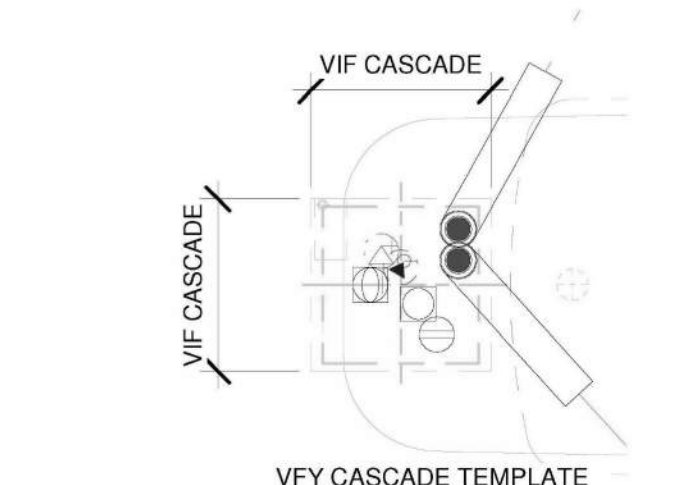
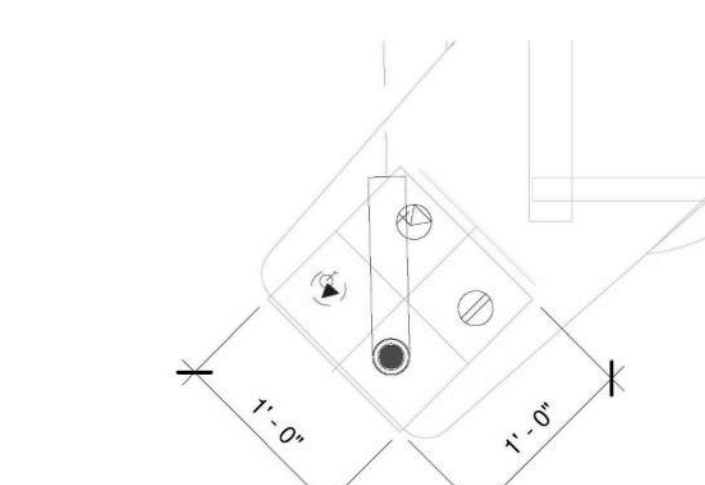
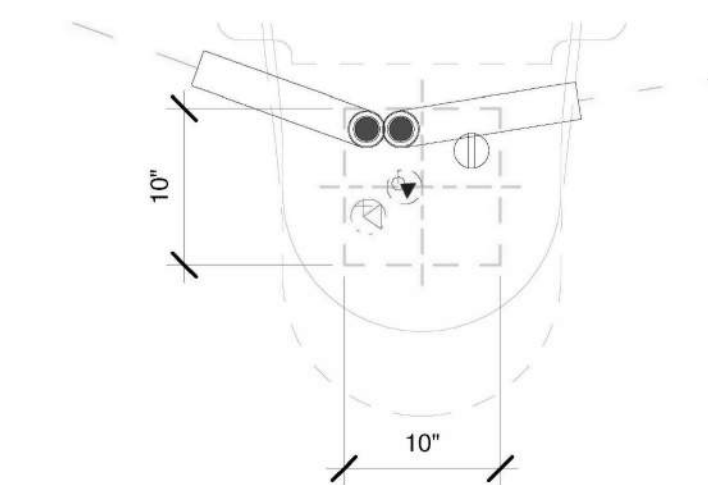
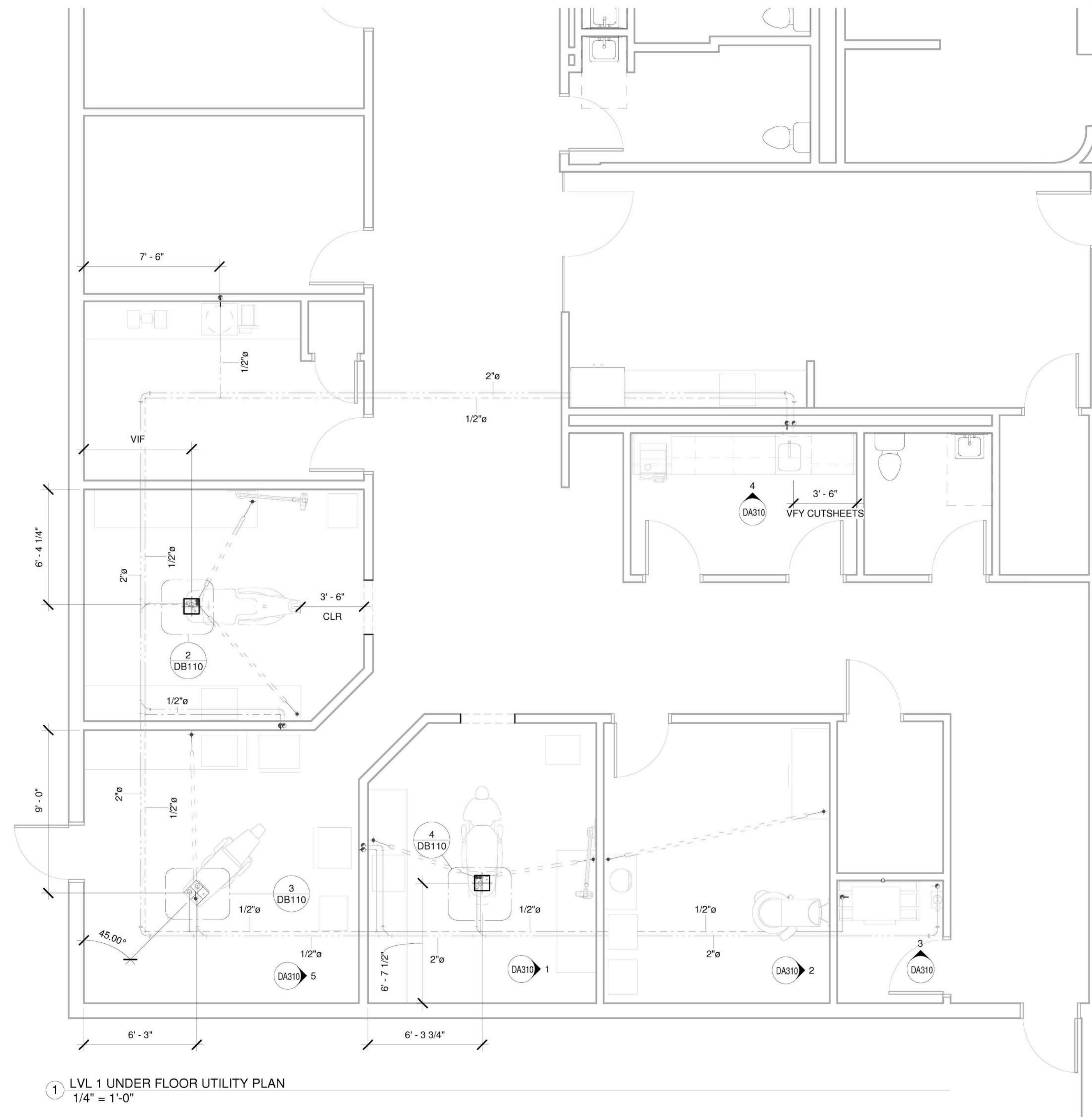
ALL DEVICES SHALL BE INSTALLED PER STATE AND LOCAL CODE.
ALL LOCATIONS SHOULD BE VERIFIED WITH THE DENTAL EQUIPMENT
PROVIDER'S REP OR OWNER PRIOR TO PLACEMENT

+42"	INDICATES HEIGHT +/- FINISHED FLOOR, IF TAG IS NOT PRESENT, HEIGHT TO CENTER OF DEVICE UNLESS OTHERWISE NOTED
○	CONDUIT WALL STUB OUT, IF TAG NOT PRESENT HEIGHT IS 3" A.F.F.
○	CONDUIT FLOOR STUB OUT, IF TAG NOT PRESENT HEIGHT IS 1" A.F.F.
▲	DATA DEVICE FLOOR, IF TAG IS NOT PRESENT HEIGHT IS 1" A.F.F.
▲	DATA DEVICE WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.
●	J-BOX WALL LOW VOLTAGE, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.
●	TV/MONITOR DEVICE WALL, IF TAG NOT PRESENT HEIGHT IS 72" A.F.F.
●	REMOTE X-RAY SWITCH IN CABINET, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F.
●	REMOTE X-RAY SWITCH WALL, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F.
●	REMOTE PAN SWITCH IN WALL, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F.
○	J-BOX CLG. IF TAG NOT PRESENT HEIGHT IS 6" ABOVE FINISHED CEILING
○	J-BOX FLOOR, IF TAG NOT PRESENT HEIGHT IS 1" A.F.F.
○	J-BOX WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.
○	120v DUPLEX OUTLET FLOOR, IF TAG NOT PRESENT HEIGHT IS 1" A.F.F. TO BOTTOM OF DEVICE
○	120v DUPLEX OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
○	120v DUPLEX DEDICATED OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
○	220v SINGLE OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
○	120v QUAD OUTLET FLOOR, MOUNTED ON FLOOR
○	120v QUAD OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
○	MASTER SWITCH WALL, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F. TO CENTER
●	ELECTRONIC INTERLOCK DOOR SWITCH, LOCATED BETWEEN DOOR PANEL AND FRAME
○	DUAL REMOTE X-RAY SWITCH / JBOX IN CABINET, 30" MIN SEPARATION, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F.
○	DUAL REMOTE X-RAY SWITCH / JBOX WALL, 30" MIN SEPARATION, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F.
---	18/3 WIRE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
---	18/4 WIRE, WIRES RUN IN WALLS OR ABOVE FINISHED CEILING
---	CAT5e OR BETTER CABLE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
---	MANUFACTURER CABLE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
==	ELECTRICAL CONDUIT UNDER FLOOR, SIZE AS INDICATED ON PLAN
=====	ELECTRICAL CONDUIT ABOVE CEILING, SIZE AS INDICATED ON PLAN

PLUMBING LEGEND

ALL DEVICES SHALL BE INSTALLED PER STATE AND LOCAL CODES.
ALL LOCATIONS SHOULD BE VERIFIED WITH THE DENTAL EQUIPMENT
PROVIDER'S REP OR OWNER PRIOR TO PLACEMENT

+42"	INDICATES HEIGHT +/- FINISHED FLOOR, IF TAG IS NOT PRESENT, HEIGHT TO CENTER OF DEVICE UNLESS OTHERWISE NOTED
▼	1/2" OD. TO 3/8" OD. SHUT OFF AIR CONNECTION WALL, HEIGHT 3" A.F.F. TO CENTER IF TAG NOT PRESENT
▼	1/2" OD. TO 3/8" OD. SHUT OFF AIR CONNECTION FLOOR HEIGHT 3" A.F.F. TO CENTER UNLESS OTHERWISE NOTED
⊠	FLOOR DRAIN FLUSH WITH FLOOR
⊠	DIRECT DRAIN FLOOR
⊠	HUB DRAIN FLOOR
●	DIRECT DRAIN WALL
○	VACUUM PIPE CONNECTION FLOOR
○	VACUUM PIPE CONNECTION WALL
○	FRESH AIR IN MANIFOLD WALL
○	SHUT OFF VALVE COLD WATER WALL
○	SHUT OFF VALVE COLD WATER FLOOR
○	SHUT OFF VALVE HOT WATER WALL
○	SHUT OFF VALVE HOT WATER FLOOR
○	WATER SHUT OFF
○	WATER SHUT OFF W/FILTER
○	BACKFLOW PREVENTER
○	1/2" OD. NITROGEN OUTLET WALL, HEIGHT 18" A.F.F. TO CENTER IF NOT OTHERWISE NOTED
---	VACUUM LINE
---	DRIVE GAS (AIR)
---	FILTERED CW
---	NITROGEN



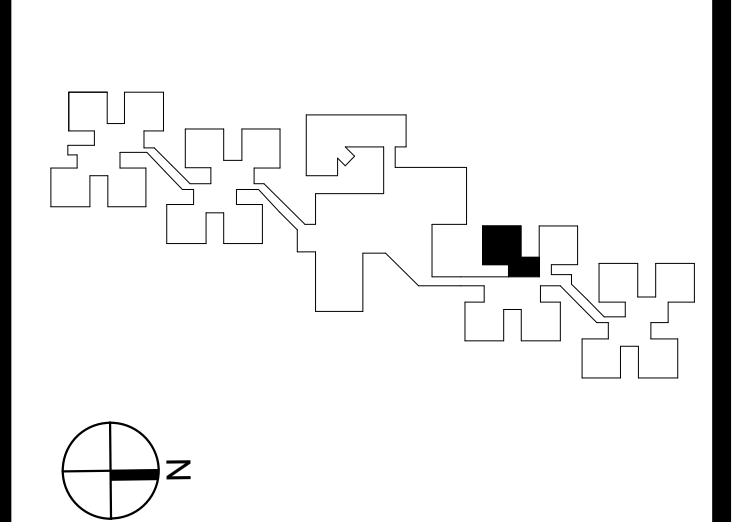
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21st Floor
New York, NY 10018
212-921-4142

Project Key



REVISIONS

Description	Date:

Project Title

NEW YORK STATE OF OPPORTUNITY. **Office for People With Developmental Disabilities**

BROOME DDSO BUILDING 4 DENTAL CLINIC

249 Glenwood Rd, Binghamton, NY 13905

Phase

BID DOCUMENTS
DENTAL UTILITY PLAN

Drawn By: _____ Checked By: _____ Date: **02.12.2021**

Seal & Signature _____
DASNY Project No: **360130**
Consultant Project No: **600.22**
Drawing Number

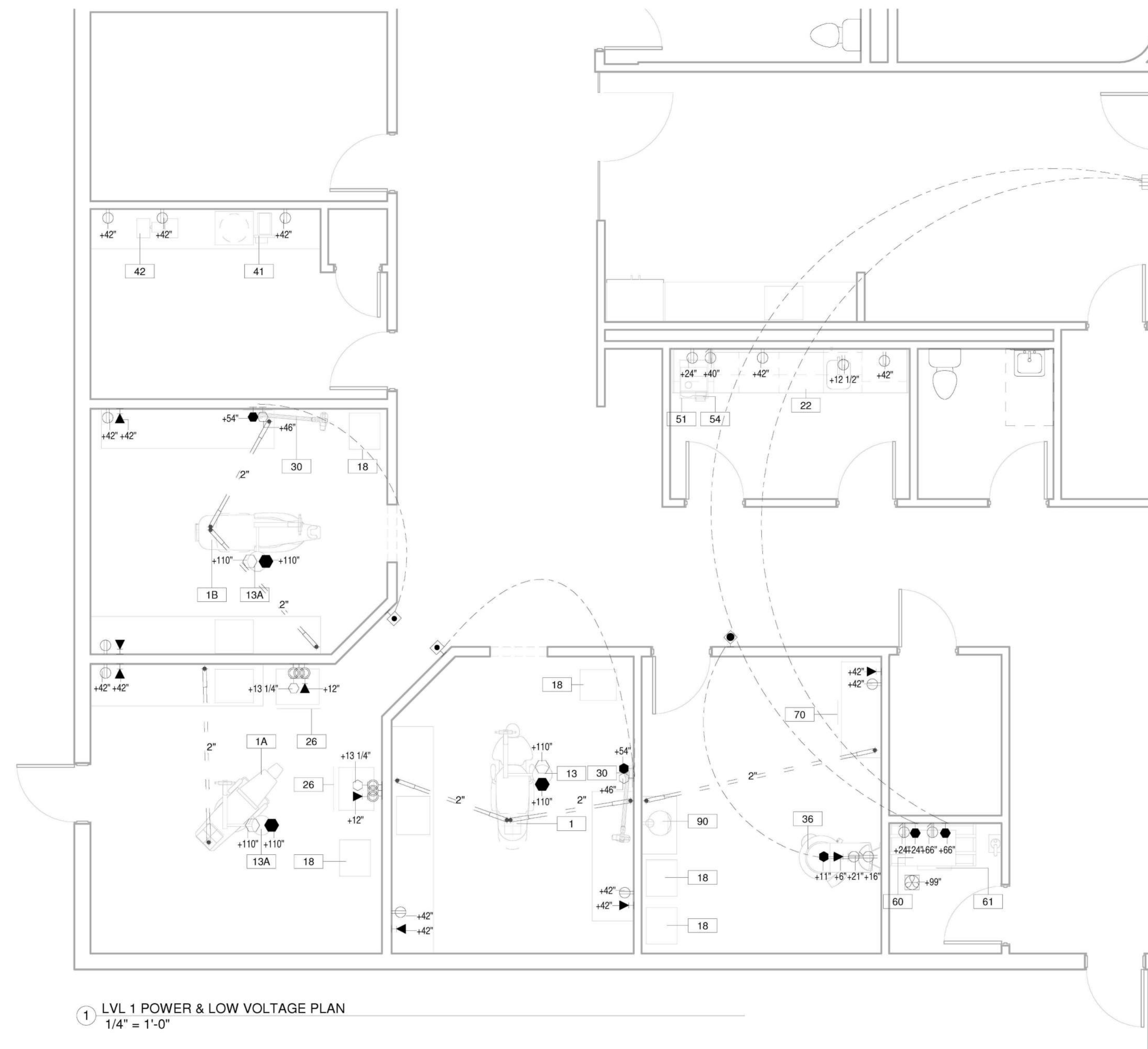
DE-105

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ELECTRICAL LEGEND

ALL DEVICES SHALL BE INSTALLED PER STATE AND LOCAL CODE.
ALL LOCATIONS SHOULD BE VERIFIED WITH THE DENTAL EQUIPMENT PROVIDER'S REP OR OWNER PRIOR TO PLACEMENT

+42"	INDICATES HEIGHT +/- FINISHED FLOOR, IF TAG IS NOT PRESENT, HEIGHT TO CENTER OF DEVICE UNLESS OTHERWISE NOTED
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○	CONDUIT FLOOR STUB OUT, IF TAG NOT PRESENT HEIGHT IS 1" A.F.F.
▲	DATA DEVICE FLOOR, IF TAG IS NOT PRESENT HEIGHT IS 1" A.F.F.
▲	DATA DEVICE WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.
●	J-BOX WALL, LOW VOLTAGE, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.
●	TV/MONITOR DEVICE WALL, IF TAG NOT PRESENT HEIGHT IS 72" A.F.F.
●	REMOTE X-RAY SWITCH IN CABINET, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F.
●	REMOTE X-RAY SWITCH WALL, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F.
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○	J-BOX CLG, IF TAG NOT PRESENT HEIGHT IS 6" ABOVE FINISHED CEILING
○	J-BOX FLOOR, IF TAG NOT PRESENT HEIGHT IS 1" A.F.F.
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⊕	120v DUPLEX OUTLET FLOOR, IF TAG NOT PRESENT HEIGHT IS 1" A.F.F. TO BOTTOM OF DEVICE
⊕	120v DUPLEX OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
⊕	120v DUPLEX DEDICATED OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
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●	ELECTRONIC INTERLOCK DOOR SWITCH, LOCATED BETWEEN DOOR PANEL AND FRAME
○	DUAL REMOTE X-RAY SWITCH / JBOX IN CABINET, 30" MIN SEPARATION, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F.
○	DUAL REMOTE X-RAY SWITCH / JBOX WALL, 30" MIN SEPARATION, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F.
---	18/3 WIRE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
---	18/4 WIRE, WIRES RUN IN WALLS OR ABOVE FINISHED CEILING
---	CAT5e OR BETTER CABLE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
---	MANUFACTURER CABLE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
==	ELECTRICAL CONDUIT UNDER FLOOR, SIZE AS INDICATED ON PLAN
====	ELECTRICAL CONDUIT ABOVE CEILING, SIZE AS INDICATED ON PLAN



EQUIPMENT POWER & LOW VOLTAGE SCHEDULE																					
GENERAL NOTES				ELECTRICAL INFO										LOW VOLTAGE INFO							
ALL DEVICES ARE TO BE INSTALLED PER STATE AND LOCAL CODES.																					
QTY	ITEM #	DESCRIPTION	STATUS	EQUIPMENT INFO				ELECTRICAL INFO				LOW VOLTAGE INFO									
				POWER	CONNECTION TYPE	CONNECTION BY	ELECTRICAL REMARKS	LV CONNECTION BY	LV REMARKS												
				VOLTS	AMPS	SINGLE OUTLET	DUPLEX OUTLET	QUAD OUTLET	DIRECT WIRE	DEDICATED POWER	JBOX	2" EMPTY CONDUIT	3/4" EMPTY CONDUIT	1" EMPTY CONDUIT	18/3 WIRE	18/4 WIRE	JBOX LV	CAT5e OR BETTER	MFG CABLE	MONITOR CABLE	
1	1	DENTAL CHAIR	NW	EC	120v	7.0						EC									
1	1A	DENTAL CHAIR	NW	EC	120v	7.0						EC									
1	1B	DENTAL CHAIR	ER	EC	120v	7.0						EC									
1	13	DENTAL CEILING LIGHT (LED)	NW	EC	120v	3						EC									
2	13A	DENTAL CEILING LIGHT (LED)	ER	EC	120v	3						EC									
1	22	STERILIZATION CABINET	NW	EC	120v	20.0						EC									
2	26	DELIVERY CART	NW	EC	120v	20.0						EC									
2	30	INTRACORAL X-RAY	NW	EC	120	20.0						EC									
1	36	PAN 3D	NW	EC	220/120	20.0						EC									
1	41	MODEL TRIMMER	NW	EC	120	10.0						EC									
1	42	LATHE	NW	EC	120	5.0						EC									
1	51	STERILIZER	NW	EC	120v	12.0						EC									
1	54	STATIM	NW	EC	120v	11.0						EC									
1	60	COMPRESSOR	NW	EC	220V	20.0						EC									
1	61	VACUUM	ER	EC	220v	20.0						EC									
1	70	IMAGING COMPUTER	NW	EC	120v	10						EC									

NEW YORK STATE OF OPPORTUNITY | **DASNY**

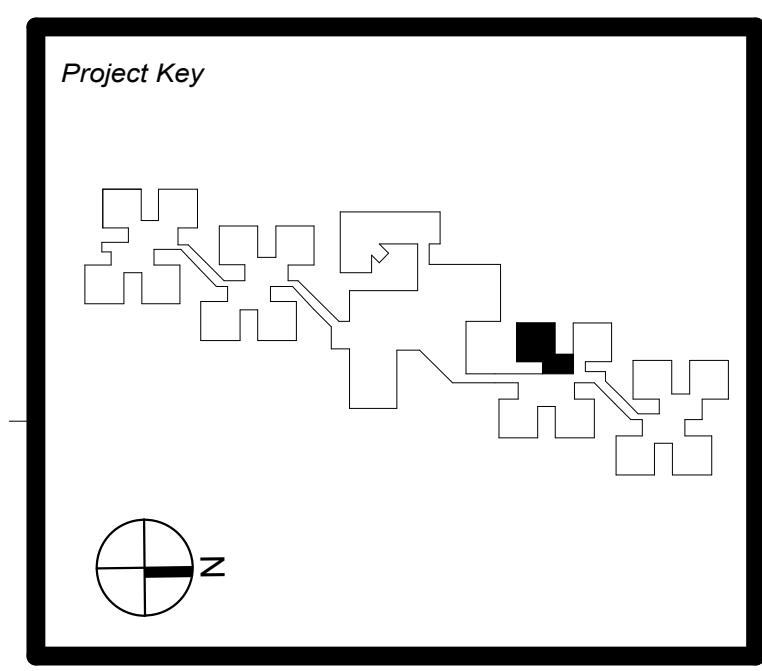
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Consultants:

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505 Franklin Street
Buffalo, New York 14202
716-883-5566 716-883-5569 fax

Vanderweil Engineers
1001 6th Avenue
21st Floor
New York, NY 10018
212-921-4142



REVISIONS

Description	Date:

Project Title

NEW YORK STATE OF OPPORTUNITY | **Office for People With Developmental Disabilities**

BROOME DDSO BUILDING 4 DENTAL CLINIC

249 Glenwood Rd, Binghamton, NY 13905

Phase

BID DOCUMENTS

DENTAL POWER & LOW VOLTAGE PLAN

Drawn By: _____ Checked By: _____ Date: **02.12.2021**

Seal & Signature: _____ DASNY Project No: **360130**
Consultant Project No: **600.22**
Drawing Number: **DE-106**

NOT IN CONTRACT - FOR REFERENCE ONLY

PLUMBING LEGEND

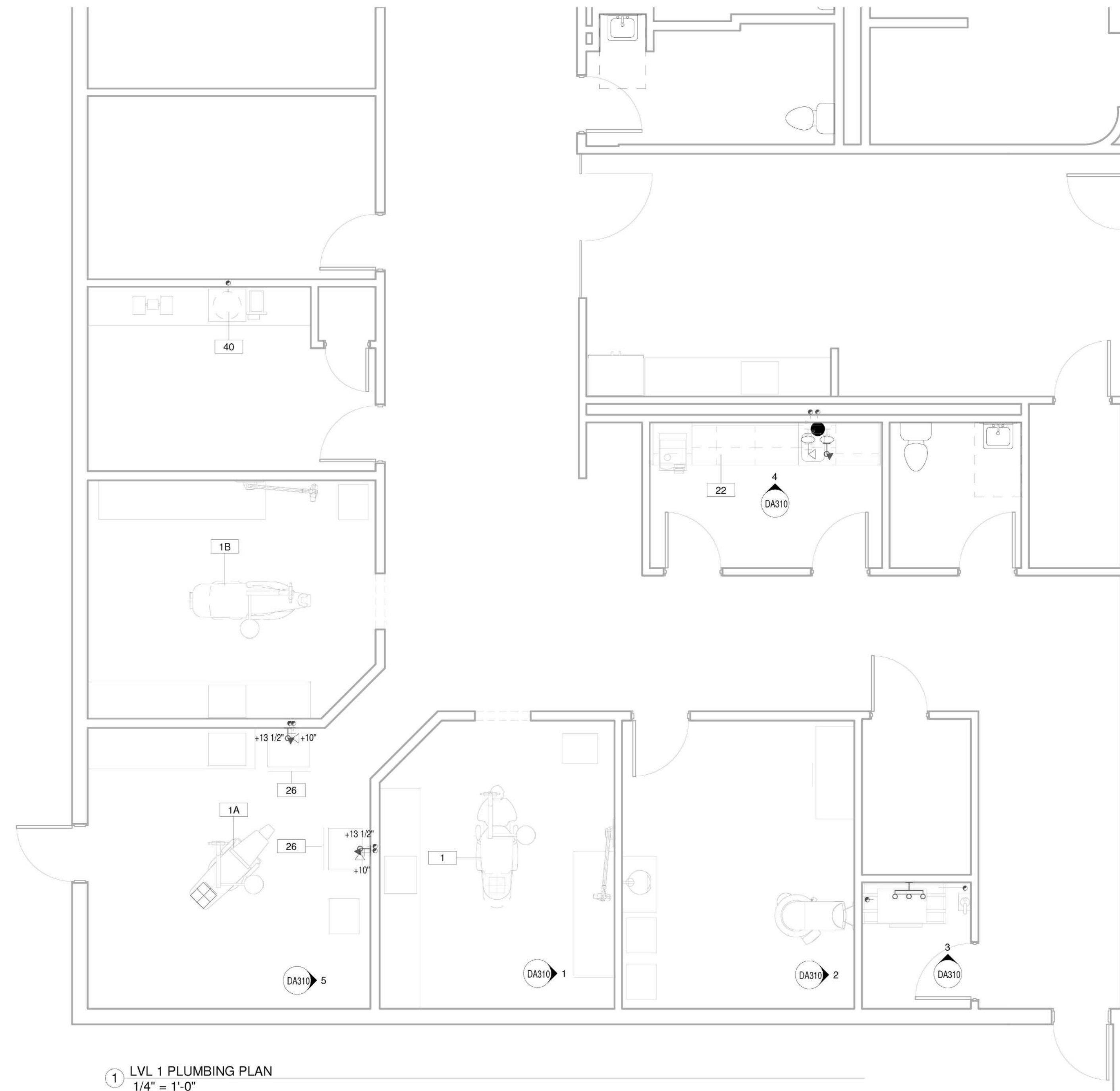
ALL DEVICES SHALL BE INSTALLED PER STATE AND LOCAL CODES. ALL LOCATIONS SHOULD BE VERIFIED WITH THE DENTAL EQUIPMENT PROVIDER'S REP OR OWNER PRIOR TO PLACEMENT

+42"	INDICATES HEIGHT +/- FINISHED FLOOR, IF TAG IS NOT PRESENT, HEIGHT TO CENTER OF DEVICE UNLESS OTHERWISE NOTED
▼	1/2" OD. TO 3/8" OD. SHUT OFF AIR CONNECTION WALL, HEIGHT 3" A.F.F. TO CENTER IF TAG NOT PRESENT
▼	1/2" OD. TO 3/8" OD. SHUT OFF AIR CONNECTION FLOOR HEIGHT 3" A.F.F. TO CENTER UNLESS OTHERWISE NOTED
⊕	FLOOR DRAIN FLUSH WITH FLOOR
□	DIRECT DRAIN FLOOR
⊕	HUB DRAIN FLOOR
●	DIRECT DRAIN WALL
⊕	VACUUM PIPE CONNECTION FLOOR
⊕	VACUUM PIPE CONNECTION WALL
⊕	FRESH AIR IN MANIFOLD WALL
⊕	SHUT OFF VALVE COLD WATER WALL
⊕	SHUT OFF VALVE COLD WATER FLOOR
⊕	SHUT OFF VALVE HOT WATER WALL
⊕	SHUT OFF VALVE HOT WATER FLOOR
⊕	WATER SHUT OFF
⊕	WATER SHUT OFF W/FILTER
⊕	BACKFLOW PREVENTER
⊕	1/2" OD. NITROGEN OUTLET WALL, HEIGHT 18" A.F.F. TO CENTER IF NOT OTHERWISE NOTED
---	VACUUM LINE
---	DRIVE GAS (AIR)
---	FILTERED CW
---	NITROGEN

EQUIPMENT EXHAUST SCHEDULE

GENERAL NOTES:
 ALL ITEMS IDENTIFIED AS "FT" WILL BE INSTALLED AT A FUTURE DATE. ALL UTILITIES NEED TO BE CAP AND CONCEALED FOR FUTURE USE.
 ALL ITEMS WILL BE INSTALLED PER STATE AND LOCAL CODES.

QTY	ITEM #	DESCRIPTION	STATUS	VENT EXHAUST REMARKS
1	60	COMPRESSOR	NW	REQS FRESH AIR INTAKE FROM OUTSIDE BLDG
1	61	VACUUM	ER	2" PVC SCHEDULE 80 FRESH AIR VENT REQUIRED TO OUTSIDE. / ROOM TEMP MUST NOT BE BELOW 35° OR ABOVE 100° / SEE DETAIL AN INDICATED ON PLAN



① LVL 1 PLUMBING PLAN
1/4" = 1'-0"

EQUIPMENT PLUMBING-DENTAL COMPRESSED AIR-VAC SCHEDULE

GENERAL NOTES:
 ALL ITEMS TO BE INSTALLED PER STATE AND LOCAL CODES.

QTY	ITEM #	DESCRIPTION	STATUS	PLUMBING							PLUMBING INFO				VAC INFO				DENTAL COMPRESSED AIR			
				PLUMBING CONNECTION BY	SUPPLY	SANITARY	PLUMBING REMARKS	RISERS	MAIN & BRANCHES	VAC REMARKS	COMPRESSED AIR REMARKS											
1	1	DENTAL CHAIR	NW	PC	1/4" COLD WATER FLEX TUBING	1/2" COLD WATER COPPER	1/2" HOT WATER COPPER	3/4" COLD WATER COPPER	3/4" HOT WATER COPPER	1" COLD WATER COPPER	3/4" COPPER TYPE M	1-1/2" PVC WASTE SCHEDULE 40	DRAIN DIRECT	DRAIN INDIRECT	DRAIN STAND PIPE	1/2" PVC SCHEDULE 40	5/8" PVC SCHEDULE 40	3/4" PVC SCHEDULE 40	1-1/2" PVC SCHEDULE 40	3" PVC SCHEDULE 40	1/2" COPPER TYPE L OR K	5/8" COPPER TYPE M
1	1A	DENTAL CHAIR	NW	PC																		
1	1B	DENTAL CHAIR	ER	PC																		
1	22	STERILIZATION CABINET	NW	PC																		
2	26	DELIVERY CART	NW	PC																		
1	40	PLASTER TRAP	NW	PC																		
1	41	MODEL TRIMMER	NW																			
1	60	COMPRESSOR	NW	PC																		
1	61	VACUUM	ER	PC																		
1	63	AMALGAM SEPARATOR	ER	PC																		

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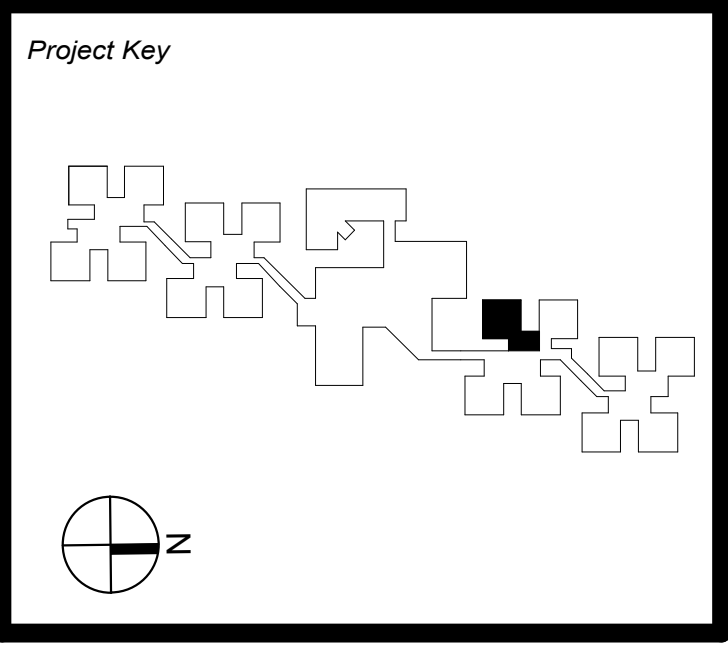
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BID DOCUMENTS

DENTAL PLUMBING PLAN

Drawn By: _____ Checked By: _____ Date: **02.12.2021**

Seal & Signature _____

DASNY Project No: **360130**
 Consultant Project No: **600.22**
 Drawing Number **DE-107**