

6.2 Appendix 02 - Deliverables - Detailed Design Submission

Deliverables for Detailed Submission

Guidance on how to deliver your submission

The purpose of this document

- This document provides information on all the deliverables required for a Detailed Submission. It specifies what the deliverables are, their quantity, format, size, scale and content.
- This document also is to be used as a Checklist for the applicant, to verify the submission is complete. To ensure a complete and compliant submission is presented to Department of Health the applicant is to check all the boxes in the green field. Although Department of Health encourages the applicant to
- The DOH officer will use this document to verify the submission is complete and compliant by checking all the boxes in the yellow field.

Key to the spreadsheet below

Part For soft copies - All items with identical numbers are to be filed together in a folder
 Size The document is to be submitted in the prescribed size
 Scale The document is to be submitted using the prescribed scale
 T Template - The applicant is to use a Template for this specific deliverable. All Templates are provided in Part A
 S Sample - The applicant is to refer to a Sample for this specific deliverable. All Samples are provided in Part A. The Sample will give an indication on the format/content of the deliverable
 PDF An "x" in this column indicates 1 PDF copy is to be provided, to scale and in colour where required. File naming should allow easy identification of each document

General

All dimensions, levels and areas to be metric
 All documents produced by the applicant to be in English

APPLICANT SELF CHECK

OFFICER CHECK

1. Documents and Approvals by Other Authorities and Service Providers, Non-Compliance Report

No	Item	Part	Size	T/S	PDF	Comments
1.1	Deliverables for Detailed Submission	1	A3	T	x	To be submitted with the submission.
1.2	Approval in Principal - Schematic	1	A4		x	Authority/supplier name, purpose of document and approval date mentioned in the file name
1.3	Design Review Report	1	A4	S	x	The Excel Design review Report as issued by DOH when issuing the AIP-S is to be completed and updated as required
1.4	All other authority and utility suppliers approvals and NOC's received to date	1	A4		x	Authority/supplier name, purpose of document and approval date mentioned in the file name
1.5	Non-Compliance Report - Deliverables	1	A4	T	x	Where the submission is not fully compliant (not all boxes ticked in the applicant self check field), all non-compliances are to be listed in a separate report explaining the reasons for the non-compliance. The missing item is to be identified by the corresponding reference number on this sheet
1.6	Non-Compliance Report - Design	1	A4	T	x	Where the design is not fully compliant with the Standards and Guidelines, all non-compliances are to be listed in a separate report, explaining the reasons for the non-compliance

APPLICANT SELF CHECK

OFFICER CHECK

2. Architectural Reports, Schedules and Calculations

2.1 Architectural Reports

No	Item	Part	Size	T/S	PDF	Comments
2.1.1	Project Synopsis	2	A3/A4		x	General description of the facility, 10 to 20 pages maximum * Type and purpose of the facility * Overall design philosophy * Need and benefits * Complete list of all FPU's (Departments) including their gross floor area and proposed RDL * Explain FPU's (Departments) functional relations (explain adjacencies) * Key planning figures such as number of beds - operating rooms - birthing rooms - ICU bays/rooms - etc.
2.1.2	Role Delineation Level (RDL) Matrix	2	A4	T	x	Declare the intended level of service for every FPU within the facility. Note this should match what was declared when Registering (Step 1) the Health Facility

APPLICANT SELF CHECK

OFFICER CHECK

2.2 Schedules and Calculations

No	Item	Part	Size	T/S	PDF	Comments
2.2.1	Schedule of Accommodation	3	A4	T	x	Room names in line with HFG nomenclature Room number & its metric floor area No. of rooms per type, per FPU (Department) Total circulation within the department Departmental totals - net, circulation, gross Total circulation outside the departments Total engineering space & plant rooms Floor level totals - net, circulation, gross Facility totals - net, circulation, gross State which area measurement method was used, internal dimensions or no-gap method GFA should be listed per floor & per use (offices, clinical, etc.)

APPLICANT SELF CHECK

OFFICER CHECK

3. Architectural Drawings

3.1 Architectural and Health Planning Drawings

No	Item	Part	Scale	T/S	PDF	Showing
3.1.1	Site Plan	4	1/500 1/1000		x	Ground floor layout of the facility with overhanging roofs & canopies dashed On grade car parking, including traffic directions & markings. Indicate the numbers of each type of car park - standard, accessible, accessible van, etc. Use the Building Regulation & Facilities for the Disabled United Arab Emirates Code calculation method and design for accessible parking Car Parking calculation as per Abu Dhabi Municipality Where the number, type, size of car parking spaces is not matching other authority's requirements, the most onerous shall be followed Pedestrian crossings & walkways Loading bays with clean/dirty separation shown Landscaped areas Access points to public transport Vehicle and pedestrian ramps & External steps and stairs Ambulance access & parking Drop off zones Helipads if provided North arrow Site boundary Surrounding streets & access points Total land area, ground floor footprint area & total building area
3.1.2	Architectural Floor Plans	5	1/100	S	x	Room names in line with HFG nomenclature Room number & its metric floor area FPU (Department) names in line with HFG nomenclature Total FPU (Department) area written within each FPU Dimensions (between walls) for all rooms, including corridors Dimensions between grid lines All built in joinery, sanitary fittings & large furniture/equipment All floor wastes & shower drains, including floor falls Where storage rooms/alcoves are shown, specify the exact use in line with the nomenclature as described in the HFG Indicate the exact use of each lift - patients - visitors - staff - goods - maintenance and internal size of each lift cabin/car Key plan indicating what portion of the facility is shown on the sheet

APPLICANT SELF CHECK

OFFICER CHECK

3.1 Architectural and Health Planning Drawings- continued						
3.1.3	Architectural Sections	6	1/100		x	Dimensions of floor to floor heights Dimensions of clear ceiling heights Key plan indicating where the section is taken
3.1.4	Reflected ceiling plans	7	1/100		x	Room names in line with HFG nomenclature Room number Ceiling height All built in joinery going up to the ceiling All ceiling mounted equipment & fixtures Type/material of ceiling Key plan indicating what portion of the facility is shown on the sheet
3.1.5	Architectural Elevations Exterior	8	1/100		x	Dimensions of floor to floor heights Key plan indicating where the elevation is taken Operable windows & external vents/intakes clearly labelled
3.1.6	Room Layouts & Elevations of all Typical Rooms	9	1/20 1/50		x	Room names in line with HFG nomenclature Room number & its metric floor area Dimensions (between walls) Dimensions for door openings (clear opening) All fixtures, fittings, joinery, sanitary fittings & equipment Where sinks & basins are shown, visually identify which are for clinical use, for disposal of body fluids, for cleaning & for hand washing All floor wastes & shower drains, including floor falls All MEP outlets (electrical, data, gas) Reference indicating where this room is located on the 1:100 drawings
3.1.7	Room Layouts & Elevations of all Non-Typical Critical Rooms	9	1/20 1/50		x	As above

4. Engineering Reports, Schedules and Calculations

4.1 Engineering Reports and Specifications

No	Item	Part	Size	T/S	PDF	Comments
4.1.1	MEP Design Report	12	A4		x	Explain design Intent Parameters & consideration Design criteria, summary of as designed illumination levels, summary of electrical socket outlets quantity for each patient location types
4.1.2	Major HVAC Sequence of Operations in Relation with Healthcare Operator Requirement	13	A4		x	Major Equipment, Valves & Control Sequence of Operation
4.1.3	Major Public Health Sequence of Operations in Relation with Healthcare Operator Requirement	14	A4		x	Major Equipment, Valves & Control Sequence of Operation
4.1.4	Major Medical Gas Sequence of Operations in Relation with Healthcare Operator Requirement	15	A4		x	Major Equipment, Valves & Control Sequence of Operation

4.2 Engineering Calculations

No	Item	Part	Size	T/S	PDF	Comments
4.2.1	HVAC Airflow Spreadsheet Summary	16	A4		x	Heat Load and ACH comparison
4.2.2	Water & Drainage Demand Load Summary	16	A4		x	
4.2.3	Medical Gas Total Flow Summary	16	A4		x	
4.2.4	Electrical load schedules (MDB, SMD8, IPS)	16	A4		x	

5. Engineering Drawings

5.1 HVAC Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.1.1	HVAC Equipment Schedules	17	NTS		x	Equipment Description & Tags (Abbreviation) Equipment Locations Detailed Equipment Capacity (Flow rate, Power, Voltage, Frequency, Head, etc.)
5.1.2	HVAC System Riser Diagrams	17	NTS		x	Equipment and Duct/Pipe Description & Tags (Abbreviation) Detailed Duct Routing & Sizes Piping Routes & Sizes Major Valves, Dampers, Controls, Meters, etc.
5.1.3	Building Management System Diagrams	17	NTS		x	BMS Interface to Mechanical Equipment Signal/Alarm Monitor & Control Philosophy

5.2 Public Health Design Drawings (Plumbing, LPG and Drainage)

No	Item	Part	Size	T/S	PDF	Comments
5.2.1	Public Health System Riser Diagrams including Treatment/Filtration & Solar Heating (if any)	18	NTS		x	Equipment & Pipe Description & Tags (Abbreviation) Optimized Pipe Routing & Sizes Major Valves, Controls, Meters, WHA, etc. Riser Numbers (Description)

5.3 Fire Fighting Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.3.1	Fire Fighting Equipment Schedules	19	NTS		x	Equipment & Tanks Description & Tags (Abbreviation) Equipment & Tanks Locations Fire Water Tank Capacity
5.3.2	Fire Fighting System Riser Diagrams	19	NTS		x	Equipment & Pipe Description & Tags (Abbreviation) Detailed Pipe Routing & Sizes Major Valves, Controls, FHC, FHR, Hydrants, etc. Detailed Equipment Quantities (Pumps, tanks, FHC, Hydrants) following Design Drawings

5.4 Medical Gas Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.4.1	Medical Gas Equipment Schedules	20	NTS		x	Medical Equipment & Cylinder Description & Tags (Abbreviation) Medical Equipment & Cylinder Locations Optimized Medical Equipment Capacity (Flow Rate, Power, Voltage, Frequency, Head, etc.)
5.4.2	Medical Gas System Riser Diagrams	20	NTS		x	Equipment & Pipe Description & Tags (Abbreviation) Pipe Routing & Sizes Major Valves, Controls, Alarms, Terminal Units, Remote Switch, Alarm Switch, etc. Exact Equipment Quantities (Gas Cylinders, Vacuum, etc.) as per Design Drawings

5. Engineering Drawings- Continued

5.5 Fuel System Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.5.1	Fuel System Equipment Schedules	21	NTS		x	Equipment Description & Tags (Abbreviation) Equipment & Cylinder Locations Final Optimized Fuel System Equipment Capacity (Flow Rate, Power Requirements, etc.)
5.5.2	Fuel System Riser Diagrams	21	NTS		x	Equipment & Pipe Description & Tags (Abbreviation) Pipe Routing & Sizes Major Valves, Controls, Alarms, Terminal Units, Remote Switch, Alarm Switch, etc. Exact Equipment Quantities as per Design Drawings

5.6 Electrical Power Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.6.1	Single Line Diagrams	22	NTS		x	MDB's, SMDB's, DB's & Cables/Busbars Description & Tags (Abbreviation) All Cables, Busbar & Breaker Sizes MCC's & Control Panel Descriptions UPS, IPS, Generators, Symbols and Legend Distribution schematic diagram/s including details of resilient power supply arrangement for critical care areas.
5.6.2	Major Electrical Distribution Equipment Location Plan	22	1/20 1/50		x	Layouts indicating locations of main electrical distribution equipment Generators, UPSs and IPSs and fuel storage, Small power layouts

5.7 Electrical Lighting Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.7.1	Luminaire Schedule	23	NTS		x	Luminaire Types, Location of use, IP Rating, Colour Rendering Index Lighting Control Philosophy
5.7.2	Emergency Lighting Schematic Diagrams	23	NTS		x	Central Battery System Topology, Locations, Tags (Abbreviation)

5.8 Electrical - ELV Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.8.1	ELV Riser Diagrams	24	NTS		x	CCTV System Drawings Access Control System Drawings Master Clock System Drawings SMATV/CATV System Drawings, Other ELV Systems

5.9 Telecommunication Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.9.1	Telecom Riser Diagrams	25	NTS		x	Structured Cabling Details with Telecom Room Details (sizes & locations) Server Room Size and Location

5.10 Fire Alarm (FA) and Voice Evacuation (VE) Design Drawings

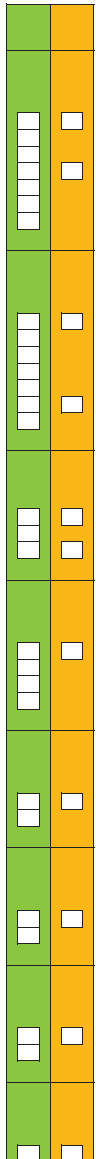
No	Item	Part	Size	T/S	PDF	Comments
5.10	FA & VE Riser Diagrams	26	NTS		x	Detectors, Sounders & Speakers Description & Tags (Abbreviation) Control Panel Details & Locations

5.11 Lightning Protection Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.11	Lightning Protection Riser Diagrams	27	NTS		x	Down Conductor and air termination network layout Conductor Sizing & Routing

5.12 Nurse Call

No	Item	Part	Size	T/S	PDF	Comments
5.12	Nurse Call Systems Schematic Diagram	28	NTS		x	System topology, Components with Descriptions & Locations



6. Compliance Declaration

We, the undersigned, have compiled the Detailed Submission and we confirm the submission is complete and matches DOH's requirements as set out above. We also confirm the design is in compliance with the Standards and Guidelines. Where compliance with the submission requirements and/or

Standards and Guidelines for the Detailed Submission

DOH Health Facility Guideline - Part A to D
 The Building Regulation & Facilities for the Disabled United Arab Emirates Code
 ESTIDAMA
 UAE Fire and Life Safety Code of Practice 2017

We, the undersigned, further confirm the following design aspects were specifically verified against compliance with the Health Facility Guidelines. We confirm they are in compliance:

Infection Control
 Specifications of Finishes

Architect of Record

Signed:

Organisation
 Prequalification number
 Name
 Position
 Date

Specialist Health Facility Planner

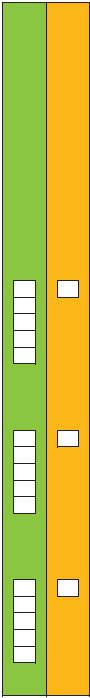
Signed:

Organisation
 Prequalification number
 Name
 Position
 Date

Engineer of Record

Signed:

Organisation
 Prequalification number
 Name
 Position
 Date



For DOH use only:

Signed:

Department of Health confirms the Detailed Submission was received and verified. In terms of completeness and formatting,

the submission was found to be:

Accepted (1)

Accepted with comments (2)

Rejected with comments

Comments:

Stamp:

Name DOH Officer:
 Date:

- Notes
- (1) Although DOH may accept the submission, while testing the submission against the HFG, additional information may be requested to allow the process to continue. The applicant is to provide this within a set time frame, as determined by DOH.
 - (2) If minor discrepancies are picked up when submitting, at the DOH officers discretion, DOH may accept the submission but will list a request for additional information. The applicant is to provide this within a set time frame, as determined by DOH.