



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
Box 75 Powell Hall  
4103 Powell Hall  
Minneapolis, Minnesota 55455  
(612) 373-8981

*FILE*

January 5, 1977

TO: Don Brown  
FROM: Paul Maupin *Paul*  
SUBJECT: Unit B/C Completion

In response to your letter dated December 16, 1976, we submit the attached report for your reference for floors 1, 2 and 9 of Unit B/C shell space scheduled to be finished either by change order or separate bidding. The anticipated cost figures that we currently have from the architects are extremely rough and should not be considered as hard figures. The architects have indicated as estimated \$785,000 project cost for change orders to finish floors 1 and 2. They have also estimated a cost of \$1.5 million for completion of the 9th floor. If you require any additional information, please don't hesitate to contact us.

PJM:rm


cc: Clinton Hewitt



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Health Sciences Planning Office  
Physical Planning  
Box 75 Powell Hall  
4103 Powell Hall  
Minneapolis, Minnesota 55455  
(612) 373-8981

January 5, 1976

TO: Paul Maupin  
FROM: Robert Swanson   
SUBJECT: Unit B/C  
Square Footage

- Total gross square footage in Building B/C Phase I & II 570,960 square feet
- Total gross square footage of finished space in Building B/C - Phase I (not including Diehl Hall - floors 1 & 2) 366,629 square feet or 64% of the building total
- Total gross square footage of shell space in Building B/C - Phase I (not including Diehl Hall - floors 1 & 2) 204,331 square feet or 36% of the building total
- As of January 5, 1977, the following B/C shell space areas are expected to be completed either by change order or bid.

a. Change order items to the Phase I contracts:

	<u>Room No.</u>	<u>Gross Square Feet</u>
Floor 1 - Medical Records	1-101	3,858
	1-102	<u>612</u>
		4,470
Floor 2 - Medical Records	2-107	6,197
Business Office	2-160	12,601
Admissions, Accounting, Nutrition & Outpatient Admin.		<u>18,798</u>
Total Floors 1 & 2	=	<u>23,268</u> square feet

	<u>Room No.</u>	<u>Gross Square Feet</u>
b. Bid Item:		
Floor 9 - Ophthalmology Department	9-186	2,912
	9-187	<u>9,552</u>
Total Floor 9	=	<u>12,464</u>

- SUMMARY:

a. Change Orders            Total Gross Square Footage to be completed is 23,268 square feet or 11.4% of the total Phase I shell space of 204,331 square feet.

The 23,268 square feet represents 4.1% of the total building structure of 570,960 square feet.

b. Bids                        Total Gross Square Footage to be completed is 12,464 square feet or 6.1% of the total Phase I shell space of 204,331 square feet.

The 12,464 square feet represents 2.2% of the total building structure of 570,960 square feet.

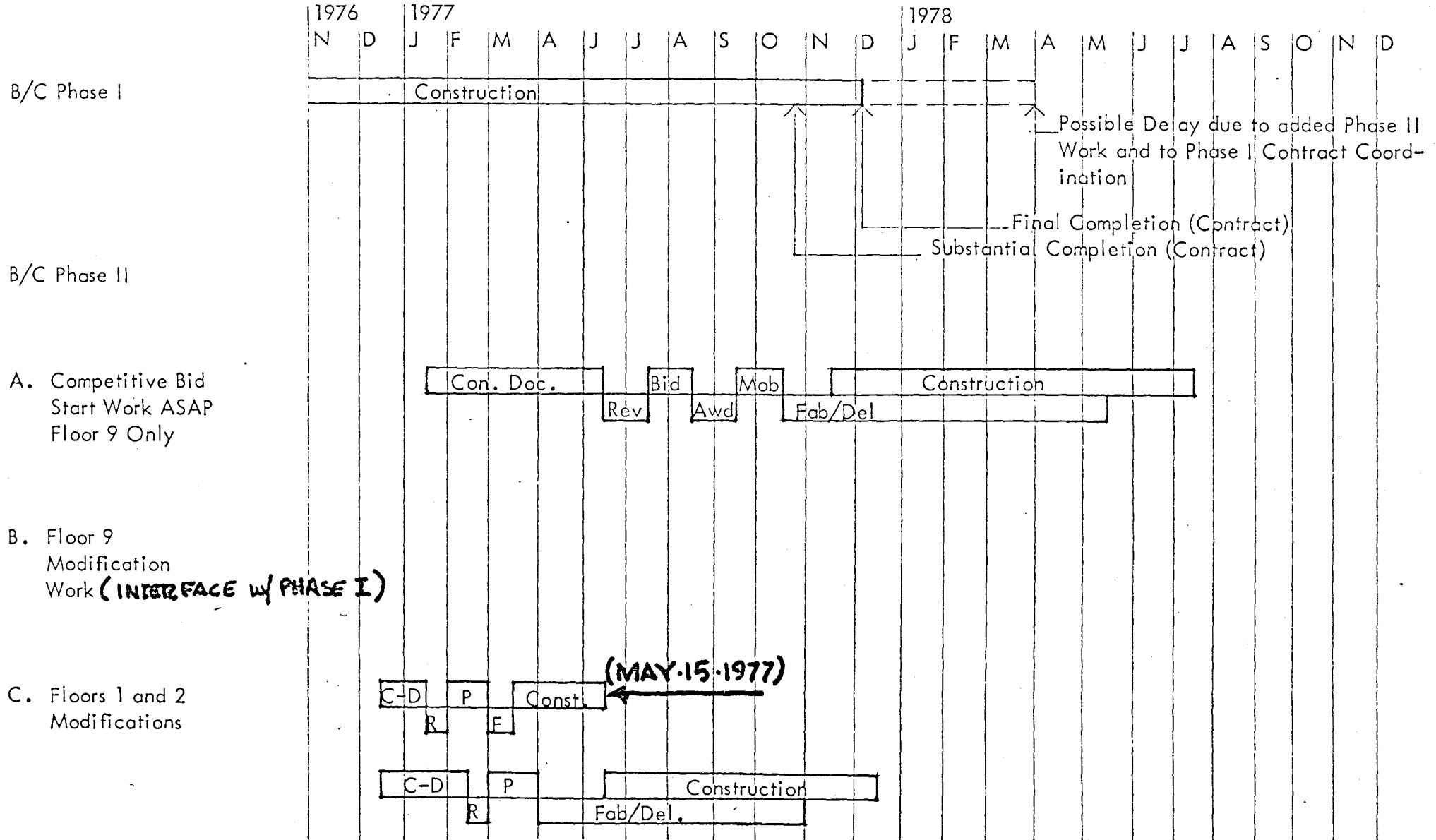
c. Total of items a & b above:    Combining Floors 1, 2 & 9  
35,732 square feet to be finished equals 17.5% of the total Phase I shell space of 204,331 square feet or 6.3% of the total building structure.

RMS:rm

UNIVERSITY OF MINNESOTA - HEALTH SCIENCES  
 UNIT B/C PHASE II - FLOORS 1, 2, and 9

SCHEDULE OF BID OPTIONS

27 December 1976



## UNIT B/C

FLOOR AREA - PHASE II FINISHING

Floor	Dept. #	Title of Dept.	Est. Cost	Area	Est. Finish Date
Bsmt.	4.3	Medicine	185,000	1311	1978
	4.5	OB/GYN	160,000	469	1978
	4.16	Gen. Surgery	860,000	6854	1978
B West	4.15 & 9.3	Animal Hospital	760,000	7650	1978
1st	8.8	Medical Records	785,000	3472	1977
	Assoc.			608	
2nd	12.11	Nutrition		378	
	8.1	Medical Records		7022	
	12.1 & 8.1	OPD Administration		1928	
	8.3	Business Office		9231	
Assoc.		1900			
2nd West	9.13	Food Service	560,000	5350	1977
	Assoc.			1283	1977
4th	4.4	Dermatology	170,000	2819	1979
	4.8	Pediatrics	70,000	989	1979
	12.2	Dermatology	470,000	4485	1979
5th	9.13	Food Service	400,000	3648	1977
	12.2	Neurology	410,000	5016	1980
	12.2	Neurosurgery	460,000	5624	1980
	Assoc.		200,000	2127	1980
6th	12.2	Psychiatry	400,000	5016	1980
	12.2	Psychology	400,000	5168	1980
	Assoc.		200,000	1824	1980
7th	8.7	Hosp. Dental Clinic	3,200,000	24605	1980
8th	4.7	Otolaryngology	1,200,000	11704	1978
	Assoc.		130,000	1292	1978
9th	4.6	Ophthalmology	1,500,000	12388	1977
13th	4.8	Pediatrics	2,600,000	24335	1978
14th	4.3	Medicine	2,700,000	24335	1978
15th	9.13	Motel or other	2,100,000	21500	1978
Subtotal			19,920,000	204331	
Group II Equipment			<u>5,000,000</u>		
TOTAL			24,920,000		

MEETING NOTES

RECEIVED

DATE: 5 May 77

MAY 9 1977

PRESENT: Dickler, Kopietz, Maupin, Hewitt, Swanson, Campbell, Scott, Zeller,  
Patterson, Blanchard

HEALTH SCIENCE  
PLANNING OFFICE

PLACE: Morrill Hall

SUBJECT: Occupancy of B/C Phase I prior to Completion of B/C Phase II.

---

The meeting was called to followup the 21 April 1977 meeting concerning Hospital concerns regarding occupancy of B/C Phase I prior to completion of B/C Phase II. The subject of the meeting was to report on the probable date of Hospital occupancy, having taken into account all University move-in work (equipment, telephone, intercom, paging, furnishings, graphics, etc).

Campbell had produced a new schedule on 2 May 77, incorporating information on the University work. There appeared to be a number of questions regarding the durations of the activities included, whether all activities were accounted for, and whether the sequences were correct. There was also a concern as to whether the major modifications would influence the completion of the project, in particular the first interface modification and the Admission/Cashiering modification. Campbell said 17 days was allowed for the interface, with start of work assumed immediately. Prices have just been received and are under review.

Scott said the Architect needs the following schedule information:

1. The dates of completion for areas needed by Phase II Contractors.
2. The date of possible Owner-Occupancy of Phase I, assuming move-in upon completion of Phase I construction. This is necessary to establish the progress of Phase II and evaluate the Hospital concerns.

Maupin said Floors 1, 2, and 3 are indicated to be occupied on 6 February 1978 in Campbell's Schedule. Furnishings are expected to be delivered on 30 January 1978. There was doubt expressed that proper durations had been allowed for moveable equipment installation.

Dickler said the Schedule calls for floor by floor turnover by the Contractor for installation of University purchased new equipment. However, this requires use of union labor for installation. If the equipment is not installed until after substantial completion of the project, University labor, which is non-union and less costly, can be used. This alternative must be studied. Another consideration is whether occupancy occurs before or after completion of Phase II.

Maupin said University equipment will be brought in via Unit A dock and Unit A freight elevator to the 7th Floor of B/C for staging and storage.

Scott strongly suggested the University must investigate and plan the procedure. The problems are more complex than Unit A because the welfare of patients is involved. Decisions must be made on the readiness of equipment, mechanical systems, operating procedures, etc.

Dickler said his off-the-cuff estimate was that it would take approximately two months to move-in existing Hospital equipment. The actual physical closing of present facilities and shift to B/C of personnel would be accomplished in 4 - 5 days. He said he must discuss this further with moving companies to fix the time.

It was decided that more work was needed on this schedule and a followup meeting would be set for two weeks to discuss progress.

Dickler raised two other items:

1. The critical area of Phase II finishing is Medical Records on Floors 1 and 2. TAC said the finishing work in this area makes it likely that an early completion date could be established. This will be studied.
2. The costs submitted for modifications are significant concern. If they continue to come in high, the Hospital may not be able to fund them.

It was agreed that the University construction coordinator was in the position to deal with the contractors. The Architect could only advise the University, it is the University who must require the Contractors to justify their prices. The base of high cost of a substitute VAT for the pedestrian concourse was discussed as an example.

Scott pointed out that the University is considering finishing food service on Floor 2. Plumbing drains required to service the area should be installed prior to 1st Floor plaster ceiling in Animal Areas being completed under Phase I. Maupin said food service equipment layout is complete and work should start. Scott said there is a need to work out an agreement for professional services.

Zeller said discussion this week with Westinghouse was productive. They indicated that permanent elevator equipment could be installed in Shaft No. 1 for hoisting of B/C Phase II materials. They said it would be possible to install the equipment, which would serve all floors of B/C, by mid-October 1977 if contract was let during May 1977. The cost was estimated at about \$100,000. Westinghouse will prepare a letter this week.

cc: All present



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Physical Planning  
340 Morrill Hall  
100 Church Street S.E.  
Minneapolis, Minnesota 55455

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MAY 11 1977

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

May 11, 1977

TO: Paul Maupin

FROM: Clint Hewitt

*Handwritten notes:*  
and  
B/S

At our Unit B/C occupancy meeting on May 5, 1977 in Morrill Hall, John Scott emphasized the importance of their receiving the Group II Equipment List implying that a prolonged delay could require revising the working drawings for some of the areas. I would like to know if the consultants have been given this information so that we can avoid any unnecessary delays. Are we experiencing any unusual problems in assembling the Group II Equipment List?

I also want to reemphasize the importance of preparing a plan and set of procedures for occupancy of the building. Perhaps a logic diagram or a pert chart should be developed identifying the dates and tasks of the various units involved in the move-in. I realize that you had good experience on Unit A and Unit K/E, however, in my judgment, the occupancy of Unit B/C either before the completion of Phase I or after Phase II with the continuing remodeling of the balance of spaces will be uniquely difficult.

CNH/kh



# Unit B/C - Target Dates



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals  
Minneapolis, Minnesota 55455

**RECEIVED**

May 17, 1977

MAY 24 1977

**UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE**

TO: Clint Hewitt  
Assistant Vice President, Physical Planning

FROM: Robert M. Dickler  
Associate Director, University Hospitals and Clinics

SUBJECT: Relocation of Hospital Functions to Unit B/C

In accord with your request of May 5, 1977, a tentative list of tasks, which will require completion prior to the Hospitals relocation to Unit B/C, has been developed and is attached to this memo.

This list should be viewed as adjunct to our discussions relating to the progress of construction and an attempt to develop dates when the Hospital may occupy Phase I and/or Phase II portions of Unit B/C. No attempt has been made to include the issues and tasks related to the construction schedule discussions. In addition, the task list is extremely general and only attempts to identify areas of required activity and not the depth or scope of that activity.

While the Hospitals have already begun initial efforts and discussions in relation to many of these tasks, it is our desire to as quickly as possible, develop a critical path or PERT chart analysis to guide activities until actual relocation occurs. Such an effort, of course, requires a firm decision on what portions of Unit B/C will be occupied, at what time, to avoid the development of endless permutations. In addition, we are assuming that key parties, such as the professional movers, will be contracted with shortly to provide assistance and guidance of many elements of the relocation.

Please feel free to contact us if you have questions, and we look forward to our continuing discussions on this matter.

RMD:jam

cc: Mr. Maupin            Mr. Kopietz  
      Mr. Scott            Mr. Kogl  
      Mr. Blanchard        Mr. Campbell

Tentative Task List  
University H&C Relocation to Unit B/C

- I. Development of overall operational plans after relocation to Unit B/C
  - A. Space allocation - Departments and Clinics
  - B. Departmental Functions
  - C. Departmental Budgets
    - 1. Staffing
    - 2. Supply and expense
    - 3. Indirect
  - D. Financing strategies - Departmental and Hospital
  
- II. Systems Modification and relocation  
(note: for all systems both soft and hard aspects of system must be modified and relocated)
  - A. Information
    - 1. Computer systems - includes majority of Hospital computer systems to at least minor degree
    - 2. Paper systems - i.e. medical records, radiology reports, financial information, etc.
  - B. Materials and supplies movement
  - C. Patient transport and movement
  - D. Communications - i.e. phone, intercom, P.A., etc.
  - E. Traffic - Internal and external (includes graphics)
  - F. Miscellaneous - mail, financial, fire, disaster, Mr. Blue, etc.
  
- III. Physical Relocation
  - A. Relocation of present equipment, supplies, and files
    - 1. Role of movers
    - 2. Role of Hospital staff
  - B. Purchase, delivery, and installation of new equipment
  - C. Orientation of personnel, public, patients, etc. to building

1. Tours
  2. Orientation sessions
  3. Written information
  4. Internal and external P.R.
- D. Definition of order and timing of relocation
  - E. Modification of appointments and care schedules - development of intercom care plans (E.R.)
  - F. Recruitment, training, and orientation of new personnel
    1. Union and Civil Service implication
    2. Development of new job classes
    3. Definition of tasks during move
  - G. Preparation (i.e. painting, reupholstering, etc.) of equipment for move
  - H. Building cleaning and implementation of infection control measures
  - I. Development of intercom security plans
  - J. Formal opening ceremonies and plans

#### IV. Miscellaneous concerns

- A. Form, phone directory, etc. modifications
- B. Identification of legal/liability concerns
- C. Identification of insurance issues
- D. Necessary inspections of facilities - internal and external
- E. Utilization of vacated areas

*Unit B/C - Target Dates*



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals  
Minneapolis, Minnesota 55455

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JUL 22 1977

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

July 12, 1977

TO: Clint Hewitt  
Assistant Vice President  
Physical Planning

FROM: Robert M. Dickler *RD*  
Associate Director  
University Hospitals and Clinics

SUBJECT: Schedule for Opening Unit B/C

This is in response to your request for additional information on Hospital requirements for preparation time prior to the opening of Unit B/C.

Attached you will find a memo which was distributed to all Hospital departments regarding time requirements for relocating to Unit B/C. While we have not received responses from all parties at this time, the responses have developed a pattern which I believe provides sufficient information for our immediate needs - namely:

1. The majority of departments estimate the need for a 2-5 day preparation period.
2. Several departments, such as Radiology and Computer Services, estimate a period of 30-45 days for testing and operationalizing equipment.
3. Phase II departments, if they relocate at the same time, would fall into the above time patterns.

Based upon the above information, we would suggest at this time utilizing a time period of 45 days for hospital relocation to Unit B/C after contractor and University activity is completed.

I should stress that these figures still depend upon the guidance

from professional movers as well as the delivery date of equipment. In addition, as of this time, we have received no further information on the schedules of either Phase I or II.

I will be on vacation the last two weeks of July but, since I will be in town, please do not hesitate to contact me if you require any additional information.

RMD:jam

cc: ✓Mr. Paul Maupin  
Mr. Tom Jones  
Mr. Greg Kujawa



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals  
Minneapolis, Minnesota 55455

June 10, 1977

TO: All University Hospital Departments moving to  
Unit B/C, and

All non-moving Departments providing services to  
Unit B/C

- . Clinical Labs - Donna Weib
- . Radiology - Tom Stone, Daryl Reynolds,  
Howard Beam
- . Social Services - Bob Spano
- . Ambulatory Surgery (PAR)  
Treatment - Marilyn Lande, Vicky Norberg,  
Bev Dorsey
- . EKG - Dr. Tuna
- . Medical Records - Al Dees
- . Admissions/Cashiers/  
Fiscal Services - Dan Rode
- . Accounting - Nels Larson
- . Outpatient Administration - Nancy Omundson, Bev Dorsey
- . Nutrition - Virginia Schauss
- . Pharmacy - Andy Roberts
- . Materials Dispensing - Harold Sawyer
- . OAD - Power Relay - Bill Herrick
- . Information Desk - Phyllis Johnson
- . Custodial Services - Joseph Leveroni
- . Outpatient Clinics - Nancy Omundson, Bev Dorsey
  - .. Colon/Rectal
  - .. OB/Gyn
  - .. Ortho/NSG
  - .. Derm/Surgery
  - .. Medicine
  - .. Family Practice/  
Neuro/Psychiatry
  - .. Pediatrics
  - .. Audiology/Clinical  
Psychology/ENT/  
Psychiatry
  - .. Eye

- . Central Sterile Supply - Myron Karki
- . Environmental Services - Lee Schultz
- . Engineers - Wally Petrykowski
- . Material Services - Lou Vietti
- . Operations Analysis - Harry Brekhus
- . Patient Relations - Kathy Countryman
- . Personnel - Elisabeth White
- . Protection Services - Stephen Carlton
- . Public Relations - Susan Stuart-Otto
- . Volunteers - Lynn Abrahamsen

FROM: Greg Kujawa

SUBJECT: Time Requirements for Completion of Certain Departmental and Building Related Activities - Immediately prior to the opening of Unit B/C

The operational date for University Hospital Departments to be serving patients in Unit B/C has not been determined. In order to help establish this operational date, University Hospitals Departments located in Unit B/C and other Departments who will be providing services in Unit B/C are requested to provide time factors for certain activities that must be completed immediately prior to the opening of the facility.

As you determine what activities to consider and the related time to accomplish them, assume that the following tasks have been completed and that you need not include these items in your analysis:

- . Cleaning of areas completed (ready for move-in)
- . Installation of Group I and II new equipment completed
- . Packing and moving of existing equipment has been totally planned - but the move has not yet taken place
- . Installation of all communications systems (telephone, intercom, public address, nurse call) completed
- . Rekeying of door locks completed
- . Installation of Graphics completed
- . Revised telephone directory completed
- . Patient and employee handouts completed
- . New and temporary additional employees hired

---

Given the preceding data, please prepare an activity list (for all items to be accomplished immediately before the operational date) and an estimated number of hours to complete each activity. (Please use the attached form.)

Some activities that you may want to consider include - but are certainly not limited to - the following:

- . Placement of supplies
- . Employee orientation sessions (to Department, to facility)
- . Employee training sessions (to new internal Department procedures/systems, to new inter-Departmental procedures/systems)
- . Testing of "new" Group I and II equipment

In order to help establish the operation date for Unit B/C as soon as possible - for both Hospital and campus analysis - please complete and return this listing to me by Wednesday, June 22, 1977. I know that this is a very short period of time, however, due to the complexity of the issue this information must be available almost immediately. I wish to thank you for your cooperation.

If you have any questions or comments, please contact me (3-9077, if no answer: 3-8959) or Lindy Anderson (6-1019).

GK:jam



TO: Greg Kujawa  
Box 606, Mayo Hospital

FROM: Department name: \_\_\_\_\_

Individual preparing form: \_\_\_\_\_

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

SUBJECT: Activity list and length of time to complete each activity - for  
items to be completed immediately before operational date of Unit B/C.

Activity Description	Time to complete activity - in hours
1.	
<b>Total Number of <u>Days</u></b>	


Note: Do not simply use an aggregate of the  
above hours, many activities can be  
developed, worked on and completed  
simultaneously.



UNIVERSITY OF MINNESOTA  
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Health Sciences Planning Office  
Physical Planning  
Box 75 Powell Hall  
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(612) 373-8981

September 7, 1977

TO: Eugene Kogl  
FROM: Robert Swanson   
SUBJECT: Unit B/C - Phase I  
Medical Arts & Photography  
Occupancy Schedule

It is critical that the following list of rooms located in the basement of Building B/C be ready for user occupancy by Monday, December 5, 1977. The above date means that all Group II equipment, furnishings, graphics, carpeting and telephone systems are in place and operational.

Please notify this office as soon as possible if this request cannot be met since the department has had to arrange alternate teaching space in Unit A for the fall quarter.

Basement Sheet: A3-1

Corridor 94

The animal tunnel between Units A, B/C and K/E - (this tunnel will be used to provide access to the department via the Unit A elevators).

Air Lock 93  
Corridor 92  
Corridor 91  
Corridor 90  
Corridor 88

To include Vending 142

Will provide a second means of egress in case of an emergency.

Photography Studio 116  
Toilet/Dressing Room 117  
Camera Equipment Storage 118  
Film Loading Dark Room 119  
T.V. Studio 120  
Student Area 121  
T.V. Control Room 122  
Art Studio 123  
Art-O-Graph 124  
Art Supervisor 125  
Photomic, Room 126  
Reception 127  
Secretary 128  
Director 129  
Conference Room 130  
Photo Supervisor Office 131  
Dark Room 132  
Color Copy 133  
Photo Finishing 134  
Black & White Copy 135  
Dry Room 136  
Process Room 137  
Dark Room 138  
Process Room 139  
Print Dark Room 140  
Project Room 141

RMS:rt

cc: Martin Finch  
Jeff Hagen  
Warren Forslund



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Unit B/C Construction Office  
Health Sciences Expansion  
611 Delaware Street S.E.  
Minneapolis, Minnesota 55414

RECEIVED

September 22, 1977

SEP 23 1977

Robert M. Swanson  
Health Science Planning Office  
4102 Powell Hall  
Minneapolis, Minnesota 55414

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

Dear Bob:

In response to your request for a schedule of clean and punch dates, floor by floor, for Unit B/C, the following list is submitted:

12th floor	-	September 30, 1977	
11th floor	-	November 1, 1977	INCLUDES MOD 94. <i>RS</i>
9th floor	-	October 14, 1977	
8th floor	-	October 25, 1977	
6th floor	-	November 8, 1977	
5th floor	-	October 27, 1977	
4th floor	-	November 17, 1977	
3rd floor	-	January 21, 1978	
2nd floor	-	December 22, 1977	INCLUDES WEST SECTION <i>RS</i>
1st floor	-	January 13, 1978	INCLUDES WEST SECTION <i>RS</i>
Basement (finished areas only)	-	December 5, 1977	

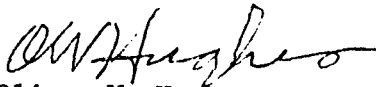
It should be pointed out that these dates refer to the time the contractors' work will be completed to a state of progress warranting a final inspection of the area, with substantial completion. Ordinarily, and in accordance with the specification and the general conditions of the contracts, substantial completion would mean that all of the systems, services and the environmental controls, etc., would be completed and either in operation or capable of being placed in operation at the time of inspection. However, in using the above dates, it should be understood that in order to promote current progress and promote final completion, this office, at the direction of Mr. Kogl is proceeding to inspect the installation of all work of all contractors disregarding the placing into operation of some equipment and some systems and some services. The actual completion and capability of operation of systems is expected to occur at some point approximately half way between the full range of the above schedule of dates.

Further, it should be understood that the above mentioned dates are dates when inspection will take place. Allowance should be made for necessary paper work and for the contractors to perform the corrective work referred to in the punch lists. Depending upon the size or complexity of the work of any given floor,

such an allowance should be from five to ten working days at which time the contractors will inform this office that corrective work has been performed.

It would seem that when this point is reached, other additive work under direction of your office or of the Interior Design Department could proceed with little or no interference or disruption by contractor activity. I am aware that this information does not provide you with anything very conclusive concerning dates of actual user occupancy but we have felt that, all things considered, this course of action will permit continuity and steady progress at this time and that we can anticipate the functional completion of the systems and services to be attained without intolerable delay.

Very truly yours,



Oliver W. Hughes  
Sr. Construction Supt.

cc: Dick Carlson  
E.A. Kogl  
Ken Fick  
John Roettger  
John Bellair  
Jim Culligan  
Roger Joyce  
George Klein  
Ray Anderson  
Files (2)


*Unit B/C - Target Dates*



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
Box 75 Powell Hall  
4103 Powell Hall  
Minneapolis, Minnesota 55455  
(612) 373-8981

October 18, 1977

TO: Oliver Hughes  
FROM: Robert Swanson   
SUBJECT: Unit B/C - Phase I  
Completion Schedule

Upon reviewing your September 22, 1977 letter regarding my request for clean and punch dates relating to the completion of Building B/C - Phase I, I notice that the dates indicated for floors 9, 11 and 12 have gone by, and we are still looking forward to yet another punch list prior to a final inspection. In terms of my being able to schedule owner related activities such as the installation of carpeting, graphics, Group II equipment/furnishings, the clean and punch dates are relatively meaningless. Therefore, Paul and I feel your office must re-evaluate the completion of Building B/C and submit in writing to this office your projections by floor as to the acceptance of each floor. Then we will be able to schedule occupancy with some relative accuracy.

RMS:rt



UNIVERSITY OF MINNESOTA  
TWIN CITIES

*Unit B/C - Target Dates*

Health Sciences Planning Office  
Physical Planning  
Box 75 Powell Hall  
4103 Powell Hall  
Minneapolis, Minnesota 55455  
(612) 373-8981

November 2, 1977

TO: Robert Mackey  
Bill Bowen  
Lee Meyer  
Bill Wik  
Warren Forslund  
Greg Kujawa

FROM: Robert Swanson *RS*

SUBJECT: Unit B/C - Phase I  
Completion Schedule

Attached please find one copy of Oliver Hughes' letter dated October 28, 1977, indicating the expected acceptance date of each floor within Unit B/C - Phase I. Since owner related activities can begin upon University acceptance of a given floor, I must ask each of you to submit in writing by November 18, 1977, an updated schedule indicating the following items which are applicable to your individual areas.

- Expected delivery schedule of any piece of equipment or furnishing purchased by University personnel that will require connection to the building systems by Physical Plant.
- Schedule and the location of any existing Group II equipment items to be relocated in Building B/C that will require Physical Plant's assistance in connecting the given item to the building systems.
- Start and completion dates by floor for the installation of the following items:
  - a. New Group II movable equipment
  - b. New Group II furnishings
  - c. Telephone equipment installation in each individual department



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Unit B/C Construction Office  
Health Sciences Expansion  
611 Delaware Street S.E.  
Minneapolis, Minnesota 55414

October 28, 1977

RECEIVED

OCT 28 1977

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

Mr. Robert Swanson  
Health Sciences Planning Office  
4102 Powell Hall  
Minneapolis, Minnesota 55414

Subject: Unit B/C Completion Schedule by Floors

Dear Bob:

In reply to your memorandum dated October 18, 1977 in which you request a projection from this office indicating the dates by floors when acceptance is expected, I submit the following estimate:

12th floor	November 18, 1977
11th floor	November 18, 1977
9th floor	November 30, 1977
8th floor	December 9, 1977
7th floor	October 10, 1977
6th floor	December 16, 1977
5th floor	December 1, 1977
4th floor	December 16, 1977
3rd floor	January 27, 1978
2nd floor	January 16, 1978
1st floor	January 9, 1978
Basement	December 16, 1977

The dates shown above are to be interpreted as the time at which the University will be able to assume full control of the area and no bulk contractor work should be unfinished.

It should be pointed out that some features of environmental, fire, annunciation and other controls, as well as some services, will not be completed until some time during the latter part of the range of dates listed. However, this type of work should be limited substantially if not entirely to the mechanical areas of the building.

Very truly yours,

Oliver W. Hughes  
Sr. Construction Supt.



# Unit B/C - Occupancy

THE ARCHITECTS COLLABORATIVE, INC.  
HEALTH SCIENCES ARCHITECTS AND ENGINEERS, INC.

UNIVERSITY OF MINNESOTA  
HEALTH SCIENCES EXPANSION

## MEMORANDUM

MEMO BY: John Patterson  
DATE: November 29, 1977  
SUBJECT: B/C Phase I Occupancy/ B/C Phase II Construction

Now that the occupancy date for Unit B/C Phase I has been established as July 11, 1978 and the Unit B/C Phase II Project has gone out to bid, it is possible to respond in detail to the concerns expressed by the Hospital in their April 18, 1977 memorandum as to how B/C Phase II construction will impact the occupancy of B/C Phase I. This is a response to Part I of the "Hospital's Concerns"; Part II of those concerns appears to be beyond TAC's involvement.

### Occupancy of Phase I prior to Phase II Completion

- A. Reasonable best estimates of potential occupancy dates have been established at:
1. Phase I - July 11, 1978
  2. Phase II - ~~July~~ <sup>JUNE</sup> 30, 1978\*  
(Medical Records, Ophthalmology Offices)  
January 27, 1978-79  
(Remaining Areas)
- B. Site access and storage areas have been fully covered in the Phase II Contract Documents: Drawing A-1a and Specifications Section 01500. To our knowledge, they have been resolved to the satisfaction of all concerned.
- C. The elevator constraints have been dealt with through Modification to B/C Phase I which provides Elevator #1 for contractors use and in the B/C Phase II Specifications Section 01500.
- D & E The impact of noise and vibration can now be understood and dealt with in the time frames established. Medical Records and the Ophthalmology offices are now scheduled to be complete by June 30, 1977 and will thus not create any problem. We are proposing to control the contractor's activity in the Accounting area north of the Clinic on Floor 2 by allowing only finishing activity to take place after June 30, 1978.

The remaining areas: the Business office and the Ophthalmology Research Area are not adjacent to, below or above any areas of critical activity that will be occupied in Phase I with one exception: the Business Office is above the Surgery OPD Examination Suite. It is possible that the impact of noise in this area will be unavoidable for a period of time. We would suggest that by enlisting the cooperation of the contractor in the scheduling of his work, especially that which impacts the floor slab, this period may be minimized.

- ✓ F. The B/C Phase II contractor is responsible for the installation and maintenance of dust partitions during construction. All of these partitions will be in place prior to June 30, 1978. All mechanical ducts into shell space will be capped by the Phase I contractor. We recommend that the Phase II contractor be required by addendum to provide temporary filters on any open duct in the work area (supply, return or exhaust) until the space is clean and the permanent system operating.
- ✓ G. The duration of system shutdowns will, in all instances, be brief. The contractor is required in each instance to schedule these shutdowns with the University. A list of anticipated shutdowns is attached.
- ✓ H. The B/C II project will have no effect on patient flow. Its effect on staff and student flow will be minimal and have little communication impact as the patterns will exist when the building is first occupied.
- ✓ I. Since Medical Records will be complete prior to occupancy, all MTS stations will be available for use. As the Accounting and Business Office areas may not be completed until January 1979, the viability of using the MTS system may be affected. The Hospital must make this judgement.
- ✓ J. As we have taken great precautions to separate with partitions all construction activity from the building's users, we anticipate no danger to individuals will be created by this project.
- ✓ K. Warranty dates will be unaffected by the phasing of construction. Each item will hold its standard warranty from the date of University acceptance.
- ✓ L. The impact of staged occupancy on construction costs should be simply that of expenditures required for temporary access facilities and the schedule constraints. The occupancy of Phase I should in no other way affect the Phase II costs, since the contractor has been given his own specific domain to operate within.
- ✓ M. It is a requirement of the Phase II contract that all work outside the specific construction areas be completed prior to June 30, 1978, except that in Mechanical Rooms on Floors 10 and 15. If any work outside the areas is required it must be scheduled with the prior approval of the University.
- ✓ N., O. and P. These concerns would be more appropriately answered by HSPO or the Hospital.
- ✓ Q. With the exception of some additional traffic on Delaware Street which is unavoidable, there should be no impact on patient flow in accessing the building. Contractor's parking will have to be controlled by the University during construction.

THE ARCHITECTS COLLABORATIVE, INC.  
HEALTH SCIENCES ARCHITECTS AND ENGINEERS, INC.

UNIVERSITY OF MINNESOTA  
HEALTH SCIENCES EXPANSION

MEMORANDUM

MEMO BY: John Patterson  
DATE: November 30, 1977  
SUBJECT: B/C Phase I Occupancy / B/C Phase II Construction

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Occupancy of Phase I prior to Phase II Completion

- A. Reasonable best estimates of potential occupancy dates have been established at:
1. Phase I - July 11, 1978
  2. Phase II - August 1, 1978  
(Medical Records, Ophthalmology Offices)  
April 1, 1979  
(Remaining Areas)
- B. Site access and storage areas have been fully covered in the Phase II Contract Documents: Drawing A-1a and Specifications Section 01500. To our knowledge, they have been resolved to the satisfaction of all concerned.
- C. The elevator constraints have been dealt with through Modification to B/C Phase I which provides Elevator #1 for contractors use and in the B/C Phase II Specifications Section 01500.
- D & E The impact of noise and vibration can now be understood and dealt with in the time frames established. Medical Records and the Ophthalmology offices are now scheduled to be complete by June 30, 1977 and will thus not create any problem. We are proposing to control the contractor's activity in the Accounting area north of the Clinic on Floor 2 by allowing only finishing activity to take place after June 30, 1978.

The remaining areas: the Business office and the Ophthalmology Research Area are not adjacent to, below or above any areas of critical activity that will be occupied in Phase I with one exception: the Business Office is above the Surgery OPD Examination Suite. It is possible that the impact of noise in this area will be unavoidable for a period of time. We would suggest that by enlisting the cooperation of the contractor in the scheduling of his work, especially that which impacts the floor slab, this period may be minimized.

- F. The B/C Phase II contractor is responsible for the installation and maintenance of dust partitions during construction. All of these partitions will be in place prior to June 30, 1978. All mechanical ducts into shell space will be capped by the Phase I contractor. We recommend that the Phase II contractor be required by addendum to provide temporary filters on any open duct in the work area (supply, return or exhaust) until the space is clean and the permanent system operating.
- G. The duration of system shutdowns will, in all instances, be brief. The contractor is required in each instance to schedule these shutdowns with the University. A list of anticipated shutdowns is attached.
- H. The B/C II project will have no effect on patient flow. Its effect on staff and student flow will be minimal and have little communication impact as the patterns will exist when the building is first occupied.
- I. Since Medical Records will be complete prior to occupancy, all MTS stations will be available for use. As the Accounting and Business Office areas may not be completed until January 1979, the viability of using the MTS system may be affected. The Hospital must make this judgement.
- J. As we have taken great precautions to separate with partitions all construction activity from the building's users, we anticipate no danger to individuals will be created by this project.
- K. Warranty dates will be unaffected by the phasing of construction. Each item will hold its standard warranty from the date of University acceptance.
- L. The impact of staged occupancy on construction costs should be simply that of expenditures required for temporary access facilities and the schedule constraints. The occupancy of Phase I should in no other way affect the Phase II costs, since the contractor has been given his own specific domain to operate within.
- M. It is a requirement of the Phase II contract that all work outside the specific construction areas be completed prior to June 30, 1978, except that in Mechanical Rooms on Floors 10 and 15. If any work outside the areas is required it must be scheduled with the prior approval of the University.
- N., O. and P. These concerns would be more appropriately answered by HSPO or the Hospital.
- Q. With the exception of some additional traffic on Delaware Street which is unavoidable, there should be no impact on patient flow in accessing the building. Contractor's parking will have to be controlled by the University during construction.

cc: Messrs. Hewitt, Kogl, Maupin, Dickler, Nelson, Swanson and Kujawa  
HSAE File  
Tac File

Encl.

## MECHANICAL/PLUMBING SHUTDOWNS FOR B/C PHASE II

### 1st Floor\*

1. Installation of smoke damper at Core 33 requires shut down of Unit S-2 supply air unit. This unit serves third floor SW quadrant as well as the fourth floor SW quadrant and part of the future 5th floor shell space. It may be possible to close the fire damper in this duct and then install the smoke damper and make final connection with little or no down time.
2. Revisions to sprinkler piping at first floor ceiling requires draining of the existing pipes which will cause an alarm condition. Fire protection on this floor will be interrupted for several days to make piping changes and again after ceiling is installed and sprinkler heads are installed.
3. Domestic water piping in first floor area south of Core 30 and animal rooms in west area will be shut down and drained for final connection to be made to the water mains near Core 33.
4. Waste stack in Core 33 must be disconnected while new connection can be made.

### 2nd Floor

1. Connections to reheat piping for new reheat coils will require shut down and draining of the reheat system to accomplish the final connections on the northwest zone. This will take several days to accomplish allowing one week for draining, connections, testing and refilling this zone.
2. Northeast reheat zone does not appear to have any effect on the other systems until it is filled with water. Then allow two days for rebalancing system.
3. The south reheat system on second floor will have to be shut down, drained, new connections made, refilled, tested and balanced; allow two weeks of time that no reheat will be available.\*
4. Ductwork connections in Medical records area may be accomplished by closing off volume dampers in the trunk ducts at the cores. This may upset the air balance in other rooms on this floor and on other floors served by supply air unit S-8C for several days until they can be rebalanced. Fan unit S-8C will have to have blades reset to deliver the new air requirements. This requires close coordination by installing contractors and the balancing contractor to minimize the unusual conditions and the time element.\*
5. Areas served by supply for S-7C on this floor and other floors will have air volumes upset for several weeks while final connections to the trunk duct are made. Fan unit will have to be rebalanced to serve the additional air volume requirements.
6. Return air system RE4C will be upset for several days while final duct connections at Core 28 are made and until rebalanced. The return exhaust fan will have to have blades rest to handle the new air volume.

7. Areas served by supply fan S-5C will be inconvenienced for several days while the revised duct connections are made near Core 26 and while fan unit blades are adjusted and while balancing of system is completed.
8. Shutdown of sprinkler system on 1/2 of this floor for draining system and adding many heads. Allow 10 day interruption of fire protection. Alarms must be silenced and fire watch provided.

7th Floor\*

On partial seventh floor plan: this area is presently occupied and secured by University. The Contractor must obtain approval from U of M to work in this area, the schedule to be arranged well in advance. No shut down of existing facility required.

8th Floor\*

1. New connection to waste stack in Core 21 Unit "A" may require shut down of fixtures in Unit A that are connected to this stack. Contractor to coordinate with U of M.
2. Majority of the new work area on 8th floor is shell space but certain pipe connections will be made in adjacent corridors on 8th floor and will require temporary discontinuance of use of plumbing fixtures on 9th floor.
3. In Core 27, the new connections to steam riser and condensate riser will require shut down of all existing equipment connected to this riser.

9th Floor

1. At Core 21 in Unit A, connection to vent stack may require shutdown of all plumbing fixtures vented to this stack.
2. At Core 25, the connection to the existing oxygen riser will require shut down of the oxygen system on 11th floor. An alarm condition will have to be silenced due to low oxygen pressure. As soon as tee and valve are installed, the system can be back in operation. Allow for 2 hour shut down.
3. At Core 26, a connection to the nitrogen riser requires shut down of the nitrogen systems on 11th floor and basement. An alarm bell will have to be silenced due to low pressure. As soon as valve is installed the system could be put back in operation. Allow for 2 hour shutdown.
4. Areas served by Units S18C and E4C (animal area supply and exhaust systems) will be inconvenienced for several days while connections are made to the existing ducts and when both fan units are rebalanced and the distribution system is balanced.
5. Exhaust fans E1C and E2C will be shut down for a half day while connections are made to the trunk duct in Core 26.
6. Units S16C will require balancing or adjustment of blades to deliver greater volume of air to the ninth floor. It may be possible to close fire dampers in the ducts while final connections are made to the trunk ducts at Core 26;

otherwise, a shut down of Unit S-16 for one or two days to make final connections.

7. Return air fans RE10C and RE13C will require balancing or adjustment of blades after ducts are connected. Allow one or two days of shut down for final connections and balancing.
8. Interruption of reheat piping system while balancing new flows on new extensions. Shut down time negligible.
9. Shut down of sprinkler system on 1/2 of this floor for draining system and adding many heads. Allow 10 days interruption of fire protection on each floor. Alarms must be silenced and fire watch provided.

#### 10th Floor

Minor adjustments required on environmental room condenser cooling systems. No downtime anticipated.

#### 15th Floor

1. Minor shut down on CO<sub>2</sub> system until new connection can be made.
2. Shut down of laboratory water systems for several days while new recirculation connections are made.
3. Shut down of domestic water systems while connected new water heater. Downtime allow four hours.
4. Shut down of steam systems while connection is made to condensate return line. Allow for four hours of down time.

\*These will occur prior to occupancy.

## ELECTRICAL SHUTDOWNS/DISRUPTIONS FOR B/C PHASE II

### All Floors

Trouble signal may sound during fire management connection in existing data gathering panels.

### 1st Floor

No disruptions.

### 2nd Floor

1. Tile in corridor #85, along grid E17 to be removed to accommodate fire management connection.
2. Approximately 2 hour disruption of electric service to Dept. of Medicine during connection\* and disconnection of temporary service to panel #1C2-8.
3. Approximately 3 hour disruption of electric service to Dept. of Medicine during connection of permanent service for branch circuit panels to distribute panel #LDC2-2.

### 6th Floor\*

1. Approximately 7 hour disruption of electric service to panel #LC6-2 during connection for power and lighting in temporary construction offices.

### 8th Floor (Add alternate)

1. Approximately 7 hour disruption of electric service to E.N.T. clinic for connection of branch circuits in panel #LC8-7, HC8-2 and EHC8-1 if alternate is accepted.

### 9th Floor

1. Approximately 4 hour disruption of electric service to panels #LC9-3, LC9-6 for connection\* and disconnection of temporary service.
2. Extended outage for room #153 and 154, 178 and toilet areas for connection of branch circuits in panels LC9-3 and 4, LC9-5 and 6.
3. Approximately 3 hour disruption of electric service to panel LDC9-1 for connection of 100A-3A breaker. Will disrupt west portion of Ophthalmology.
4. Tile in existing corridor #70, elevator lobby 96 to be removed to accommodate electric connection to panel #LDC9-1 and ELC 9-1.
5. Tile in existing corridor #77 to be removed to accommodate F.M. connection and extension from existing supervised gate valve to new valves. 3 hours.

\*These will occur prior to occupancy.



April to May 1  
ready for occup.  
Can go in Feb 1 or  
after

April 18, 1977  
BCC 1/21/77  
500

Unit B/C  
Phase I/Phase II Schedule Interface  
Hospital Concerns

- I. Occupancy of Phase I prior to Phase II completion
  - A. Reasonable best estimates of potential occupancy dates
    - 1. Phase I - December 21, 1977; July 1, 1978; other (MARCH 1, 1978)
    - 2. Phase II - July 1, 1978 (floors 1 and 2); October 1, 1978; (TAC?)  
other probably later - complete 365 days 2nd floor June 1 completion
  - TAC B. Final definition of Site Access and Staging/Storage Areas
  - DONE C. Final definition of elevator constraints - especially as relates to elevator #6 (large elevator)
  - TAC D. Noise conditions by floor and stages of construction - especially adjacent areas
  - TAC E. Vibration conditions by floor and stages of construction - especially adjacent areas
  - TAC F. Dust and Dirt conditions by floor and stages of construction
  - TAC G. Definition of timing and duration of utility and service cut-off periods
  - TAC H. Impact on patient, staff, etc. horizontal and vertical flow
  - TAC I. Impact on and viability of using Materials Transport system
  - TAC J. Potential degree of liability and danger to individuals
  - TAC K. Impact of staging on warranty dates of construction and equipment
  - TAC L. Impact of staged occupancy on Phase I and Phase II construction cost
  - TAC M. Necessity of construction entering Phase I areas for interface
  - ? N. Impact on other Health Sciences projects
  - ? O. Impact on Hospital and University operating costs
  - ? P. Impact on, and cost of, temporary graphics, phone system, security systems, etc.
  - ? Q. External conditions as relate to patient flow, etc.

II. Occupancy of Phases I and II simultaneously

A. Construction conditions at time of occupancy

SHELL  
EXHT

1. Food Service areas
2. 8th floor
3. Diehl Hall
4. Other B/C areas

Relate above to concerns under Section 'I'

- B. Best estimate of potential occupancy dates
- C. Impact on other Health Sciences projects
- D. Responsible party for costs of building maintenance during delay period (as relates to completed areas)
- E. Impact on Ambulatory Care growth, program development, etc.
- F. Impact of delayed occupancy on public and University credibility
- G. Impact on warranty dates of construction and equipment
- H. Impact on costs of equipment storage, later purchasing etc.



UNIVERSITY OF MINNESOTA  
TWIN CITIES

*Unit B/C - Occupancy*

Unit B/C Construction Office  
Health Sciences Expansion  
611 Delaware Street S.E.  
Minneapolis, Minnesota 55414

December 1, 1977

TO: B/C Contractors

FROM: Oliver W. Hughes *OWH*  
Sr. Construction Supt.

SUBJECT: Unit B/C, Health Sciences Expansion  
Requirements for Certificate of Occupancy

At a meeting on November 28, 1977, discussions concerning the completion of the finished areas in the basement gave rise to a question regarding the specific requirements that must be met in order to qualify the area in question for a certificate of occupancy.

When the area is to be occupied, the following conditions for safety and emergency exit must be available and/or in use:

1. There must be no open electrical boxes or panels in the space to be occupied or along the entire exit route.
2. Overhead protection must be furnished at any point along the exit route, such as stairways or corridors, when work is performed. Protection from other potential hazards along the exit route may be needed in addition to the overhead protection.
3. The fire alarm system must be in operation.
4. The fire extinguishing systems must either be in operation or notice must be posted indicating that the systems are not in operation. Fire extinguishers must be placed in the occupied area and along the exit route.
5. Emergency lighting, in occupied areas and along exit route, must be in operation.

Please instruct your personnel not to use the two spaces reserved for the architects in the parking lot.

OWH:jmm

*Unit B/C - Occupancy*



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals and Clinics  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

RECEIVED

December 19, 1977

DEC 27 1977

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

To: Clinton N. Hewitt  
Assistant Vice President for Physical

From: Robert Dickler *RD*  
Associate Director  
University Hospital

Subject: Relocation to Unit B/C

In accord with our discussions over the past several months, the Health Sciences Planning Office, TAC, and University Hospitals have continued to pursue possible relocation dates for the hospital portions within the Unit B/C facility.

Enclosed is a copy of a memorandum from John Patterson which addresses a series of concerns originally identified by University Hospitals in April of 1977. In reviewing this document, I believe it is apparent to all parties that there will be a close juxtaposition of the opening dates for all phase I areas as well as the Medical Records and Ophthalmology office areas within B/C phase II. In pursuing these dates with the Ambulatory Care Management Council of University Hospitals and Clinics, as well as the related Hospital departments, it is our feeling that it would be advisable to defer occupancy of the phase I portions of Unit B/C until the phase II Medical Records and Ophthalmology office areas are completed.

On the basis of the information provided at this time, it would be our judgment that relocation to Unit B/C could occur in late August or early September of 1978 rather than in July of 1978 for phase I areas alone. We would appreciate it if you would advise us whether this timing sequence presents any problems from your perspective or whether we should account for additional factors in our evaluation. It is our intent to watch closely the actual construction progress of the phase II areas and make an adjustment in the occupancy dates of both phase I and phase II, if necessary, in light of any construction delays which may be encountered.

Thank you for your cooperation and I look forward to hearing from you.

cc: ✓ Paul Maupins  
John Westerman  
Lyle French  
David Preston  
Dr. Ebert  
Dr. Harris

# Unit B/C - Occupancy



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
Box 75 Powell Hall  
4103 Powell Hall  
Minneapolis, Minnesota 55455  
(612) 373-8981

January 10, 1978

TO: Clinton Hewitt  
FROM: Robert Swanson *RS.*  
SUBJECT: Unit B/C - Phase I  
Relocation of Hospital  
Outpatient Clinics to  
Unit B/C

In response to your request to develop a draft response to Robert Dickler's letter of December 19, 1977 regarding the relocation of Hospital Outpatient Clinics to Unit B/C, I believe the following information should be provided to Mr. Dickler.

The relocation dates stated in your memo seem reasonable in relation to the Hospitals' concern that the Medical Records portion of Unit B/C - Phase II be occupied in conjunction with the Outpatient Clinic facilities located in Phase I. However, I would like to clarify one major issue. At such time that Unit B/C - Phase I is accepted by the University, the Hospital will be held responsible for all housekeeping, maintenance, security and utility costs associated with your assigned space, regardless of the actual occupancy date established by the Hospital.

I believe this response should satisfy Mr. Dickler, and it is important that he be aware of the responsibilities of the Hospital at the point the University accepts the Phase I areas of Unit B/C.

RMS:rt



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Office of the Assistant Vice President

Physical Planning  
340 Morrill Hall  
100 Church Street S.E.  
Minneapolis, Minnesota 55455

January 12, 1978

RECEIVED

JAN 16 1978

TO: Robert Dickler

FROM: Clint Hewitt

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

This is in response to your memorandum concerning the relocation of Hospital Outpatient Clinics to Unit B/C, Phase I.

The relocation dates stated in your memorandum appear to be reasonable in relation to the Hospitals' concern that the Medical Records portion of Unit B/C, Phase II, be occupied in conjunction with the Outpatient Clinic facilities located in Phase I. However, I want to clarify one of the major issues in the proposed timing sequence. At such time that Unit B/C, Phase I is accepted by the University, the Hospital will be held responsible for all housekeeping, maintenance, security and utility costs associated with your assigned space regardless of the actual occupancy date established by the Hospital.

This is consistent with University procedures on the completion of buildings, unless, of course, the Administration would delay the occupancy of a completed facility for a specific reason. I hope this is a satisfactory response and that it will be useful in making a final determination on the occupancy of the space by the Hospital.

CNH/sf

cc: Vice President Lyle French  
Assoc. Vice President David Preston  
Dr. Richard Ebert  
Dr. John E. Harris  
Mr. John Westerman  
Mr. Paul Maupin  
Mr. Eugene Kogl



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Unit B/C - Occupancy  
RECEIVED

University Hospitals and Clinics  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

FEB 7 1978

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

*FILE!*

January 31, 1978

TO: Clint Hewitt

FROM: Robert Dickler *RD*

SUBJECT: Occupancy of Unit B/C

In reference to your memo of January 12, 1978.

The Hospitals concur that the costs for B/C Phase I building maintenance, housekeeping, security and utility costs in relation to Hospital assigned space should be paid for by the Hospitals from the date of potential occupancy. This concurrence, however, is based upon the following assumptions:

- (1) That Hospital responsibility for the costs delineated above will occur from the date of potential occupancy by the Hospitals and Clinics rather than from University acceptance of the building from the contractors. This is especially important in light of the schedules for equipment and furnishings purchased by Health Sciences Planning Office and Interior Design - both of which project purchase and delivery dates substantially after acceptance of the building from the contractors.
- (2) That some of the costs noted above especially housekeeping and security are in need of further definition and agreement between the appropriate University units (including the Hospitals). Further definition would apply to both the scope of services and percentage of assignable space. As of this date such discussions have occurred in relation to the housekeeping activities.

Please feel free to contact me if you have any questions or concerns.

RMD/sk

cc: Vice President Lyle French  
Assoc. Vice President David Preston  
Dr. Richard Ebert  
Dr. John E. Harris  
Mr. John Westerman  
Mr. Paul Maupin ✓  
Mr. Eugene Kogl  
Mr. Greg Kujawa  
Mr. Greg Hart  
Mr. Dick Pierson



UNIVERSITY OF MINNESOTA  
TWIN CITIES

*Unit B/C - Occupancy*  
Office of the Assistant Vice President

RECEIVED

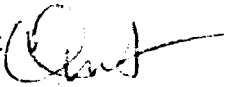
FEB 24 1978

Physical Planning  
340 Morrill Hall  
100 Church Street S.E.  
Minneapolis, Minnesota 55455

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

February 23, 1978

TO: Bob Dickler

FROM: Clint Hewitt 

In reference to your memorandum of January 31, 1978 regarding the occupancy of Unit B/C by the Hospital, I think it would be useful for us to sit down with Paul Maupin and Gene Kogl to discuss this further. Also, at some point, it would be effective for you to review the housekeeping responsibilities with the Physical Plant Department.

As you know, the budget that we prepared for this project does not provide for housekeeping or security during any period after the building is officially turned over to the University by the contractor and the actual occupancy date. I believe you would agree that the schedule for furnishings and equipment relates, in part, to delayed decisions from the Hospital.

I believe it would be more effective to clarify these issues in a meeting, and my secretary will be calling within a few days to set up a date.

CNH/sf

cc: Lyle French  
Gene Kogl  
✓ Paul Maupin  
Dave Preston  
John Westerman



*Unit B/C - Occupancy*



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals and Clinics  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

RECEIVED

FEB 28 1978

UNIV. OF MINN.  
HEALTH SCIENCES  
PLANNING OFFICE

February 24, 1978

TO: Paul Maupin  
Health Science Planning Coordinator

FROM: Robert Dickler *RD*  
Associate Director  
University Hospitals

SUBJECT: Unit B/C Phase I Hospital Relocation Schedule

I was recently provided with copies of the most recent schedules developed by Mr. Forsland in your office and Mr. Hagen in University Interior Designs for their activities relating to Unit B/C Phase I hospital areas. I did want to express my concern to you that these schedules have continually lengthened in their time frame and now indicate completion during August of 1978 or approximately at the same time that the hospital might relocate to the Unit B/C facility.

While these schedules do not indicate any insurmountable problems at this time, I do express the concern that any further expansion of time frames for these activities would possibly jeopardize the present planning time frames which the Hospital is utilizing. I certainly hope that you will continue to monitor through your office these activities to assure that no further extensions are required or requested by these offices. If there is any assistance the Hospital can provide you in this matter, please do not hesitate to contact me.

RD/tr

cc: Greg Kujawa



**Northwestern Bell**

733 Marquette Ave., Room 622  
Minneapolis, Minnesota 55402

March 21, 1978

Mr. Robert Mackey  
University of Minnesota  
Room 200 Shops Building  
Minneapolis, Minnesota 55455

Dear Bob:

The occupancy of Unit B-C is apparently drawing very near. I have been unable to obtain any information regarding firm moving dates.

Installation due dates will have to be negotiated with our Plant Department. Due date intervals will depend upon how many station instruments are to be installed.

I would appreciate any assistance you can give me in obtaining a moving schedule.

Sincerely,

A. W. Meister  
Account Executive



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Physical Plant Maintenance and Operations  
200 Shops Building  
319 15th Avenue S.E.  
Minneapolis, Minnesota 55455

RECEIVED

MAR 28 1978

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

March 24, 1978

TO: Bob Swanson, Health Science Planning  
FROM: Bob Mackey, University Telephone Services  
SUBJECT: Occupancy Dates; Unit B/C

Attached is a note from Al Meister expressing concern about firm dates for some of the upcoming moves into Unit B/C.

Obviously, we must have some dates pretty soon so that we can schedule the work and have the telephones working as each area is occupied.

We should have at least three weeks notice for any given move, at the very least. The more phones to be moved and/or installed during a given period, the more lead time we should have, of course.

Can you help us? Thanks, Bob.

BM:je

cc: Wally Mellum  
✓ Paul Maupin  
A.W. Meister

Unit B/C - Occupancy




UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

March 31, 1978

TO: Robert Mackey  
Al Meister  
Warren Forslund  
Jeff Hagen  
Bill Wik  
Lee Meyer  
Greg Kujawa  
Jim Nelson

FROM: Robert Swanson   
Health Sciences Planning

SUBJECT: Unit B/C - Phase I  
Completion Dates

Attached please find one copy of Mr. Oliver Hughes' anticipated completion schedule for Unit B/C - Phase I. It is my understanding that Mr. Hughes prepared this particular schedule utilizing the latest construction in-put submitted by the Unit B/C prime contractors.

Please note that the attached completion schedule does not account for the completion of the fire management system, which will ultimately establish the occupancy dates for each floor. Barring any unforeseen construction delays, Oliver feels the fire management system will be operational by April 14, 1978; therefore, I would assume floors B, 11 and 12 could be occupied on or about May 1, 1978.



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TWIN CITIES

Boynton Health Service  
410 Church Street S.E.  
Minneapolis, Minnesota 55455

**RECEIVED**

**MAY 11 1978**

**UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE**

May 8, 1978

Memorandum

To: Paul Maupin, Coordinator, Health Science Planning Office, 4104 Powell Hall, East Bank Campus

From: Gus Scheffler, Assistant Director, Department of Environmental Health and Safety, Boynton Health Service

Subject: Early Occupancy of Areas in Health Science Unit B/C

I have been contacted by several persons about occupancy of the 11th and 12th floors of Unit B/C. While there is no objection to moving equipment and furnishings into these areas, no operational activities should be permitted without a pre-occupancy survey and approval for use by the Department of Environmental Health and Safety.

Because of hazards discovered in similar early building occupancy several years ago, it was agreed with Physical Planning that no early occupancy would be allowed without approval by this Department. This requirement for a pre-occupancy safety survey is not related to the University Building Officials approval, but rather is directly related to the responsibility for safety of students, staff and visitors assigned this Department by University Administrative Policy.

The proper procedure is for the University Construction Engineer to request a pre-occupancy survey when he feels areas are ready for occupancy. To date we have not received such requests for floors 11 and 12 of B/C, although I hear occupancy is planned for later this month. It is known that the fire alarm system is not in proper operational mode. The needed gas system has not been checked out and the elevators do not provide full access to the upper floors. Many other items may be found during an actual survey.

We can not approve any operational occupancy of Unit B/C except the section of the basement being used by Medical Arts. To allow any other occupancy is contrary to the previously mentioned agreement and could result in unnecessary hazard to persons using the new facilities. It is requested you terminate any occupancy schedule until a pre-occupancy survey has been requested, completed, and any hazards found corrected.

GLS:teg

cc: Paul Kopietz  
Clinton Hewitt  
Eugene Kogl  
Oliver Hughes  
Richard Hendricks

*Unit B/C - Occupancy*



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Unit B/C Construction Office  
Health Sciences Expansion  
611 Delaware Street S.E.  
Minneapolis, Minnesota 55414

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**MAY 10 1978**

**UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE**

May 9, 1978

TO: Unit B/C Files

FROM: Oliver W. Hughes *OWH*  
Sr. Construction Supt.

SUBJECT: Schedule of Completion and Building Occupancy

On May 8, 1978, a meeting of supervision personnel of the contractors and this office was held with the purpose of establishing dates of completion and acceptance of all remaining uncompleted areas in Phase I work. I will comment on the completion and the dates arrived at for certain key areas in connection with plans that are now being enacted by users for occupancy in the respective areas, as discussed and agreed upon at a meeting of representatives of the various concerned departments of the University held on this date.

1. 1st Floor, West Area - The entire animal area on the first floor must be ready for actual occupancy on June 1, 1978.
2. Mezzanine Floor, West Area - It is acknowledged by the Health Sciences Planning Office that this area will be completed and ready for occupancy approximately June 12, 1978.
3. 1st Floor, Radiology - The Installation of equipment is now firmly scheduled to begin in these rooms on June 1, 1978. All work of the contractors within these rooms must be completed before that date. Occupancy must occur on September 1, 1978.
4. Basement, Lab Medicine Area - Occupancy is expected to take place immediately and it is assumed by this office that no inconvenience will be incurred by the Phase I contractors as a result of these plans.
5. 11th Floor, Unit B (Link) - Occupancy of this area will take place on the 15th of May.
6. 12th Floor, Unit B (Link) - Occupancy of this area will take place on the 15th of May.
7. 12th Floor, Unit C - This area will be occupied during the week of May 22, 1978.

Memo to B/C Files

May 9, 1978

Page Two

8. 11th Floor, Mod. 94 Area will be occupied by the users on the 15th of June.

It does not appear that any of these user move-in dates will be in conflict with the schedule of completion dates set by the contractor and University supervision meeting held on May 8th.

It must be understood that the information referred to above, provided by this office to the Health Sciences departments in the meeting today, must be considered as a firm and final schedule of dates which must be relied upon as substantial completion and acceptance by the University.

cc: E.A. Kogl  
Paul Maupin ✓  
Dick Carlson  
Greg Kujawa  
Jim Coggins  
Jeff Hagen  
Earl Romnes  
Ken Fick  
John Roettger  
Fred Jahnke  
Doug Olson  
George Klein  
Ray Anderson  
Dick Hendricks  
files



UNIVERSITY OF MINNESOTA  
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*Unit B/C - Occupancy*

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

May 11, 1978

TO: Gus Scheffler  
FROM: Paul Maupin *Paul*  
SUBJECT: Early Occupancy of Areas of  
Health Sciences Unit B/C

This letter is in answer to your correspondence of May 8, 1978, regarding the above subject.

Yesterday we sent you a copy of Oliver Hughes' latest area finish schedule for Building B/C - Phase I. We are sure Mr. Hughes will be requesting a pre-occupancy survey and approval for use by the Department of Environmental Health & Safety just as he did for Building B/C - Phase I Medical Arts area.

We appreciate your letter and completely agree with your comments regarding safety of building population. Based upon your letter, we will delay our 12th floor May 15th schedule to move until we hear from you or Mr. Kogl. However, in reference to elevator service to Building B/C, we view Units A and B/C as one structure, and therefore, adequate elevator service is available to the upper floors of Building B/C. It is our understanding from Gene Kogl that the fire management system will be functional by May 15th.

PJM:rt

cc: Paul Kopietz  
Clinton Hewitt  
Eugene Kogl  
Oliver Hughes  
Richard Hendricks





UNIVERSITY OF MINNESOTA  
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Boynton Health Service  
410 Church Street S.E.  
Minneapolis, Minnesota 55455

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MAY 18 1978

May 15, 1978

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

Memorandum

To: Paul Maupin, Coordinator, Health Science Planning Office, 4104 Powell Hall, East Bank Campus

From: Donald Herron, Safety and Health Professional, Department of Environmental Health and Safety, Boynton Health Service

Subject: Occupancy Approval, 11th and 12th Floor Unit B (Link)

An inspection made May 12, 1978, indicates that occupancy approval of the subject space is dependent upon the following conditions and completion of the following requirements.

Understood Conditions

- ✓ 1. One elevator is available to serve the floors, it does return to the third floor upon fire alert. *(use elevator #4)*
- ✓ 2. Most of the stairtower electric locks are operational and will unlock upon fire alert, the few locks which are not operational fail safe.
- ✓ 3. The eye wash fountain and safety showers are functional and will be usable when the area is occupied.
- ✓ 4. The chemical fume hoods which do not meet specifications will be secured against use and the users will be advised of unsuitability for use.
- ✓ 5. A secured key to allow fire department access after hours will not be required until experience dictates otherwise.

Requirements

- ✓ 6. The hold open capability on the elevator lobby door closures must be negated so the doors are kept closed. When the change is made whereupon the doors close when the fire alarm is activated the closures may be readjusted to allow hold open.
- \* 7. A numerical index is required for the entire building so that the point identified by the printer can be found in sequential order within the index. The index must contain at least the floor that the point applies to. Supplemental information is recommended; for example, water flow alarm, smoke detector, duct detector, etc.
- ✓ 8. The exit signs on the 12th floor must be illuminated.
- ✓ 9. The lockable hardware between Unit B and Unit C must be converted to allow free passage at all times to Unit A from Unit C. A break-the-box type hardware is permissible if security is mandatory.

HSPD  
ITEM

5/22/78

*Dick Nordicks  
will remove the  
locks on door 11-254 12-81  
which will meet  
this requirement. B.*

MEMO  
ITEM

(10.) The lockable hardware on the west offices, adjacent to the Unit C laboratories, must be changed to allow free passage from the laboratory at all times.

5/22/78 LOCKS WILL BE REMOVED BY HENDRICKS  
FROM DOORS 12-156B, 12-157B, 12-158B + 12-160B

11. Fire extinguishers are required as specified in an earlier memorandum to Mr. Richard Hendricks.

DH:tg

cc: Oliver Hughes  
Richard Hendricks  
Eugene Kogl  
Paul Kopietz



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Unit B/C Construction Office  
Health Sciences Expansion  
611 Delaware Street S.E.  
Minneapolis, Minnesota 55414

**RECEIVED**

May 15, 1978

**MAY 15 1978**

**UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE**

TO: Bob Swanson

FROM: Oliver W. Hughes *OWH*

SUBJECT: Unit B/C, Health Sciences Expansion  
Completion Schedule

At the meeting held on May 8, 1978 attended by the Contractor and University supervision personnel, the following schedule of completion for the project was projected and scheduled.

West Area 1st Floor - May 26, 1978

West Area Mezzanine Floor - June 15, 1978

Floors 6 through 15 - Completed and ready for occupancy at this time except for compliance with some life safety requirements expected to be met in approximately one week.

Fourth Floor - May 31, 1978

Third Floor - June 15, 1978

Second Floor - June 5, 1978

First Floor - June 9, 1978

It was agreed and understood at the meeting that the dates used in the areas above respectively are intended to indicate final inspection and acceptance by the University has taken place; however, the actual conditions in most areas will vary between substantial completion and final completion. From the standpoint of function completeness, it is possible that on Mezzanine West Area, Rooms 122 and 123 may be incomplete due to a strike by the lathers trade, now in progress. There is also a possibility that the environmental rooms might not be operational if occupation takes place on or about the completion date. However, progress on the environmental rooms is satisfactory at this time.

cc: E.A. Kogl  
Dick Carlson  
John Roettger  
Doug Olson  
Ray Anderson  
files



# SHEEHY CONSTRUCTION COMPANY

P.O. BOX 43570

ST. PAUL, MINNESOTA 55164

PHONE: 612/488-6691

June 6, 1978

**RECEIVED**

**JUN 8 1978**

**UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE**

E. A. Kogl  
611 Delaware St. S.E.  
Minneapolis, MN 55414

Re: Unit B/C

Dear Mr. Kogl:

Since you were not at the regular progress meeting last Thursday, June 1, 1978, you may be unaware that we were under mild attack from your field personnel and the User for not being nearer to completion with the Radiology and Ambulatory Surgery areas on the first floor. Few things could dismay me more!

The owner's procrastination with decisions pertaining to Radiology prevented our doing practically any work in this area from August, 1976 to August, 1977. One year was lost here! = \$

So far as the surgery area is concerned the User stopped us after we had an effective start working here on February 9, 1978. Work would have been completed there by Sander & Company on February 24, 1978. We now anticipate that Sander & Company will finish here June 9, 1978 (other trades who must follow Sander obviously will finish later.) Therefore, the User's interruption of the surgery area has already delayed completion here by eleven weeks! Back in February plenty of tradesmen were available. This spring, however, has turned into a very busy one in construction and Sander, as well as all other contractors including ourselves, has not been able to hire sufficient tradesmen - they simply are not available.

All of the above dates are well recorded in the job records.



UNIVERSITY OF MINNESOTA  
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Unit B/C Construction Office  
Health Sciences Expansion  
611 Delaware Street S.E.  
Minneapolis, Minnesota 55414

*Unit B/C*  
*Scheduling of*  
*Completion*

**RECEIVED**

**JUL 20 1978**

**UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE**

July 14, 1978

TO: Unit B/C Files

FROM: Oliver W. Hughes

SUBJECT: Estimate of Completion Dates

The attached schedule of completion dates, as estimated by this office, should be considered with the following points as significant factors:

1. In number of weeks indicated, we feel that the first week will not be very productive.
2. The number of weeks is with the assumption that at least near maximum manpower is used to speed up the work.
3. With the large volume of work going on in the whole metro area, it is anticipated that contractors, including electrical, will experience difficulty in recruiting help after the strike is settled.
4. Past experience indicates that consideration should be given to serve notice to Premier Electric (Phase I) to provide full manning of project for maximum results in accordance with the Owner's judgement or else take over their work, in default.

UNIT B/C - ESTIMATE OF COMPLETION DATES

<u>PHASE I</u>	<u>ALL WORK SUBSTANTIALLY COMPLETE</u>	<u>STRIKE RESTRAINS COMPLETION BY OTHER CONTRACTORS</u>	<u>BEYOND STRIKE, ALJ CONTRACTORS NEED THIS # OF WEEKS</u>
Basement	yes		
Mezzanine	no	yes	2
1st Floor	no	yes	4
2nd Floor	no	yes	3
3rd Floor	no	yes	3
4th Floor	no (Electrical)	no	2
5th Floor (Mayo)	no	yes	5
6th Floor	no (Electrical)	no	2
7th Floor	yes (Shell)		
8th Floor	yes		
9th Floor	yes		
10th Floor	yes		
11th Floor	yes		
12th Floor	yes		
13th Floor	yes (Shell)		
14th Floor	yes (Shell)		
15th Floor	yes (Shell)		




UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

July 28, 1978

TO: Unit B/C - Phase I Files

FROM: Bob Swanson 

SUBJECT: Confirm the Hospitals September 15, 1978  
Move Date

PRESENT: Paul Maupin  
Gene Kogl  
Oliver Hughes  
Bob Swanson  
Warren Forslund  
Greg Kujawa  
Bob Dickler  
Dick Hendricks  
Jeff Hagen  
Bill Wik  
Bob Mackey  
Don Herron  
Lee Meyers  
Bill Bowen  
Greg Hart  
Karen Ewing Juul  
Lindy Anderson  
Dave Manahan  
Brad Colehouer  
Mary Waugh  
Pat Brickley

Dick Hendricks: - Physical Plant personnel are already in the Unit B/C facility and will not have a problem meeting the proposed September 15, 1978 move date. However, the hospital may experience some minor systems problems during the next couple of years.

- The Fire Management system is scheduled for completion within the next two weeks.

Bill Bowen and  
Jeff Hagen:

- Incomplete furnishings bids have been received, indicating a lesser quality than the furnishings specified.
- Interiors will prepare and issue a new bid with a seven day bid period.
- Furnishings will hold up hospital occupancy of Phase I until at least October 1, 1978.
- Phase II free standing partition systems could hold up the early Phase II areas until November 1, 1978.

Greg Kujawa:

- What ever date we get, we'll move!

Bob Mackey:

- The telephone company can make the September 15, 1978 move date.
- Dickler: A weekend switch over probably will be required and the Hospital agreed to pay the overtime rate.
- Mackey: We'll give Dickler a ballpark figure to switch over the clinic telephones.

Lee Meyers:

- Graphics will be on schedule for the September 15, 1978 move date. The only possible problem will be the delivery of the building directories.
- The graphics contractor would like the project cleaned up prior to their installation.
- Outside graphics should be no problem.

Don Herron:

- It appears we are o.k., hope we make it.

Oliver Hughes:

- Phase I B/C should be complete including the hardware and audiometric rooms by September 1, 1978.
- Kogl: Since the hospital expressed concern that the hardware in all hospital areas within B/C has not been installed as per the specification, Gene indicated that Jim Fallon will be assigned the task of reviewing all of the hardware items installed in the hospital areas of Unit B/C.



July 28, 1978  
Memo to B/C Files  
Page Three

Bill Wik and  
Dave Manahan:

- We cannot give you a date until the first floor final electrical punch date is established.
- Oliver: Use the September 1, 1978 date.
- Dave: His contractor requires two to three weeks to complete his work, it appears that he will be close to the September 1, 1978 completion date.

Warren Forslund:

- We should establish a move date of October 15, 1978 because the new and existing Group II equipment installation in building B/C will require a three to four week installation period upon completion of the building by September 1, 1978.



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals and Clinics  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

RECEIVED

August 8, 1978

AUG 14 1978

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

TO: Bob Swanson

FROM: Robert Dickler *RD*

SUBJECT: Confirmation of Hospital September 15, 1978 Move Date -  
Summary Memo of July 20, 1978

In reference to the above named memo, I would make the following observations:

- of*  
*2/11/78*  
1. In relationship to the comments from Bob Mackey and the discussions regarding telephones I believe that the Hospitals agreed to pay an appropriate overtime rate and that Mr. Mackey agreed to give a ballpark figure so we could determine what the expenditure might be. We also discussed in relationship to telephones the possibility of having the phones in both the new and old locations operating for a certain period of time depending upon the expenditures required for switch-over on a weekend.
- of*  
*2/11/78*  
2. In relationship to the comments made by Bill Wik and Dave Manahan, it was my understanding that the completion date for this work would be two to three weeks following the turnover of an area. I believe that this would suggest that a September 1, 1978 completion date, which is noted in the minutes, may not be accurate.

I hope these comments are helpful. I trust that if you concur with them, you will circulate them to the people who were in attendance at the meeting.

RD/tr

cc: Greg Kujawa  
Greg Hart



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals  
Minneapolis, Minnesota 55455

August 10, 1978

TO: Harold Sawyer  
FROM: Jim Richards  
SUBJECT: Agreements with Health Science Planning

It is a good idea at this point to clarify the understandings which exist between Materials Services and Health Science Planning with respect to certain aspects of equipment receipt for B/C and the coming move of the hospital clinics.

#### Equipment

1. In all cases in which equipment has been shipped for Unit B/C and arrives at the K/E Dock without the prior knowledge of the receiving manager, policies will apply as specified in the May 16, 1978 memo from Lou Vietti to Paul Manpin entitled "Policy for the Receipt of Moveable Equipment for Unit B/C".
2. Health Science Planning will supply the receiving manager with copies of moveable equipment requisitions. An effort will be made to determine from the specifications on the requisitions what the probable impact will be on ordinary shipping and receiving operations if the vendors and freight lines are allowed to proceed without intervention. If the impact is determined to be unacceptable in any particular case, Materials Services will attempt to involve itself in delivery scheduling and coordinating to insure that the merchandise is received in the most efficient and economical manner possible. <sup>-No.</sup>  
All special arrangements made between Materials Services and vendors and/or freight companies will be communicated to Health Science Planning.

#### Clinics Move

1. Materials Services will be notified of the moving date as soon as the date has been finalized.
2. K/E Receiving will supply two dock doors for exclusive use of the movers for one Friday and the following Monday. Negotiations will be entered into with major Hospital/Health Science suppliers and users to restructure delivery schedules around this period of time.
3. Health Science Planning will provide Materials Services the opportunity to discuss restrictions on the use of K/E Dock facilities with the mover. This point is very important in light of the size of the operation.



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals  
Minneapolis, Minnesota 55455

FILE

MEMO

TO: Gene Kogl, Paul Maupin  
FROM: Robert M. Dickler *RD*  
SUBJECT: Unit B/C Phase I  
DATE: September 8, 1978

SEP 11 1978

UNIV. OF MINN.  
HEALTH SERVICES DE.  
PLANNING & CONSTRUCTION

The latest information provided to University Hospitals indicated that Unit B/C Phase I would be completed and turned over to the University on September 1, 1978. As of this date it is my understanding that no Hospital areas in Phase I have been completed. We would appreciate an update of completion and turnover dates, with an explanation for the continuing delays, as soon as possible.

I would also like to point out that we have not been informed of the mechanisms which will be utilized for review of final punch lists and Hospital involvement in that process. Furthermore, we have received no feedback on the Hospital concerns expressed during our review of Hospital areas in August, 1978.

Finally, the process for rekeying the Hospital areas, restricting contractor access and scheduling equipment installation has been delayed by the above factors. Since the Hospital is still considering a mid-November move date, this process is becoming of critical importance.

I look forward to hearing from you in the near future. Thank you for your cooperation.

cc: John H. Westerman  
Dr. French  
Mr. Preston  
Mr. Hewitt

bcc: Bob Swanson



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

September 15, 1978

TO: Robert M. Dickler

FROM: Paul J. Maupin *Paul*

SUBJECT: Unit B/C - Phase I

This is in response to your memo dated September 8, 1978 concerning completion of Building Unit B/C Phase I.

As you are probably aware of, the project schedule was complicated by the strikes of the Electrical and Insulators trades. The Insulators settled their contract only yesterday, September 14, 1978. We understand that they will be back on the job Monday, September 18, 1978. We also understand from Mr. Kogl and his construction superintendents that they believe that the B/C contractors will be complete by September 22, 1978 with the exception of minor punchlist items.

In view of the above information, we have scheduled the installation of carpeting for this coming Monday, September 22, 1978. The Hospital should plan their other activities accordingly.

cc: John H. Westerman  
Dr. Lyle French  
Dave Preston  
Clint Hewitt  
Gene Kogl



UNIVERSITY OF MINNESOTA  
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Health Sciences Planning Office  
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(612) 373-8981

*Laaksoh.  
Paul Maupin  
9/27/78.*

September 27, 1978

TO: Paul J. Maupin  
FROM: Joycene M. Maroney  
SUBJECT: Unit B/C Project Delays

The following has been taken from the Minutes of the B/C Progress Meetings, the Minutes of the Construction Meetings and letters from Campbell and Company.

1. The job was bid five months behind schedule with no revision of the completion date.
2. The MTS Contract was late being awarded causing rescheduling problems.
3. The animal areas were not vacated in time for the contractors to begin demolition, causing further rescheduling problems.
4. The steel delivery was late resulting in rescheduling of steel erection, precast shell erection, elevator erection and utilization and enclosure of all spaces and related internal work.
5. 236 modifications to the contract documents have been written to date. Some mods caused no delay at all, while others affecting whole areas seem to have been a problem.

The contractors as well as the job site personnel seem to be in agreement that the plans were difficult to work with or entirely unworkable in some cases.

The time involved in getting mods written, getting the contractor to quote and sign and then the University to sign has been alleged to have been excessive in some cases.

6. Contractors repeatedly accused the U/M of being slow in making decisions and getting back to them on problem areas.

The U/M Construction Supervisions took the point of view that the contractors only used this as an excuse to delay the project.

7. The Electrical Contractor was slow starting up and continually under-manned on the project. The manpower problem caused other contractors to be delayed in areas where plastering, painting, ceilings, walls, etc. There was continual rescheduling around this problem.
8. Fire Management was another issue that was brought up time and again. Premier seemed to have difficulty getting Honeywell to respond to the issue. Honeywell is only able to provide one man with knowledge of the system to work with Wally Mellum who is the only other person with knowledge to work with the system as far as debugging and installation goes.
9. Contractors seemed to have little coordination among themselves. In addition, there seemed to be little control over their sub-contractors.
10. The Contractors did not seem to take the completion schedules seriously. They repeatedly said they were complete in areas where they were not.

For example, the contractors would ask for a punch out of an area, indicating by the request that they were complete. In some cases the clean and punch was cancelled and contractors asked to go back and complete the work.

The General and Mechanical contractors have stated that they have had requests in for several weeks with no response from the U/M Inspectors. In some cases that was true.

11. Union strikes caused almost complete stoppage of work on the project this past summer. Sheetmetal workers worked without a contract for one week during which time no real work was done. Pipe coverers were on strike all summer causing other contractors to be held up in areas. The Electricians strike lasted for two months. That strike stopped work on the B/C project for a least a week while pickets were out and delayed all other contractors considerably.
12. The contractors have had some job superintendent change over. In the case of the General Contractor, that change came late in the project. However, the Electrical Contractor had a complete job personnel change over and that seemed to just push the already badly delayed and under-manned situation further in the hole.

I asked Bob Swanson to review this and make additional comments or changes. He did not have any further remarks at this time.



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Boynton Health Service  
410 Church Street S.E.  
Minneapolis, Minnesota 55455

OCT 19 1978

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

October 16, 1978

MEMORANDUM

To: Paul Maupin, Coordinator, Health Sciences Planning Office,  
4104 Powell Hall, East Bank

From: Donald Herron, University Safety Officer, Department of  
Environmental Health and Safety

Subject: Occupancy, Unit BC

An occupancy approval inspection made October 13, 1978, of Phase I, 9th Floor, Unit BC, indicates that it is ready to be occupied. However, approval to occupy additional space in Unit BC cannot be granted until the fire management system is 100% complete and Mr. Hendricks has had time to provide initial training to the men who must know how to operate the system.

My records show that the following spaces in Unit BC are now being utilized: the 11th floor, the 12th floor, the basement, the 1st floor West, the mezzanine, the 2nd floor auditorium, and the 2nd floor concourse.

It was conceded at the time occupancy approval was granted for these spaces that emergencies could probably be handled with only key components of the fire management system operational. Further occupancies will stress this arrangement beyond its limits.

The fire management system is about one-month away from being complete. Mr. Hendricks will need about two weeks after that time to complete initial training of his men. One University person has been injured in an Unit BC elevator, because emergency systems and emergency practices were not well understood. Further occupancies will not be authorized until the fire management system and Mr. Hendricks' personnel are able to respond to an emergency.

DH: db

cc: Paul Kopietz  
E. A. Kogl  
Robert Swanson Jr.  
Richard Hendricks  
Gregory Hart  
Walter Petrykowski  
Robert Dickler  
Donald Van Hulzen





UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

*OK FILE*

November 13, 1978

TO: Paul Maupin  
FROM: Mary Waugh *Mary Waugh*  
SUBJECT: Unit B/C Audiology Clinic Move

A meeting was held Thursday, November 9, to discuss problems and schedule for installation of new equipment in the Audiology Clinic. In attendance were, Dr. Harford, Karen Ewing Juul, Warren Forslund and Dr. Greg Hart was present for the first portion to discuss the status of the sound rooms. Points discussed were as follows:

1) Final acceptance of the sound rooms -

Per Dr. Harford, he and Singer of IAC have worked out an agreement whereby final checks will be done after the move; this will be confirmed in a forthcoming letter from IAC. All present agreed this then would not have any bearing on the installation of new equipment.

2) Painting still in progress in the sound room -

Per Oliver Hughes, this is due for completion by Wednesday, November 15, 1978.

3) Lock changes -

Locks on sound rooms need to be changed. Some locks on other 8th floor doors need to be corrected. Anticipated completion of this is by Wednesday, November 15, 1978.

4) Furnishings -

The control consoles for the sound rooms ordered by Interior Design are not scheduled for installation until January. The desks and tables to be used in the interim are existing and presently in use in the clinic.

Dr. Harford felt any new equipment to be installed in these rooms can be installed and calibrated on the floor and moved to the tables at the time of the December 9, 1978 move. An inventory of equipment for the regional hearing center, presently in storage on the 7th floor, was done Friday, November 3, by Lindy Anderson and Dr. Harford; of this equipment, some desks and tables will be moved to the Unit B/C Audiology office areas by the Hospital movers beginning November 16.

5) Scheduling of Vendors -

Dr. Harford will personally check in the Audiology equipment. Vendor installation will take place around his schedule (not available from November 17 to 27), completion of painting and lock changes (due to be completed by November 15), and the move of equipment and furnishings from 7th floor holding and storage (to be arranged upon completion of painting and lock changes).

This sets November 27th as the start for vendor installation. In an attempt to bring vendors in only once, we will try to schedule those vendors whose equipment is necessary for calibration of other equipment to be installed. Eleven vendors are involved. Dr. Harford reviewed each piece of new equipment by room to establish an order of installation. From this it was determined that starting November 27th, Electro Medic, with the bulk of the critical equipment, would install their equipment first. Gordon Stowe would install next, and we will try to schedule the remaining vendors immediately afterward.

6) Schedule of activities -

November 15	-- Locks and painting to be completed
November 16 to November 18	-- Equipment and Furnishings on 7th Floor to be moved
November 27 to December 8	-- Vendors to begin installation of equipment

The time restraints are tight; however, Dr. Harford assures us if problems should arise, the clinic personnel can install the equipment. Since the meeting, Electro Medic has been contacted and will begin Monday, November 27, estimating the work to take 2 to 3 days. The other key vendor, Gordon Stowe, has been notified and is yet to confirm installation date. All other vendors are presently being contacted.


cc: Warren Forslund  
Dr. Harford  
Karen Ewing Juul  
Greg Hart  
Greg Kujawa



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

December 6, 1978

TO: Tom Kyle  
FROM: Robert Swanson   
SUBJECT: Unit B/C  
Project Schedule

1. Unit B/C - Phase 1A

This portion occupied floors B, 11 and 12 by August 7, 1978.

2. Unit B/C - Phase 1B

The U/M Hospitals eighth and ninth floor clinics were occupied on Tuesday, December 12, 1978. This includes the following clinics:

- a. Floor 9 - Ophthalmology
- b. Floor 8 - ENT, Audiology and Psychiatry Clinics

General occupancy for the remainder of Unit B/C Phase 1B will occur in stages through February 15, 1978, when the U/M Hospitals will move the remainder of their clinics and support functions.

3. Unit B/C - Diehl Hall/Learning Resources Center

This portion of Building B/C is currently on hold, pending identification of funding and space allocation from Central Administration.

4. Unit B/C - Phase II  
Hospital and Ophthalmology departmental facilities

The Hospitals Medical Records facilities located on floors 1 and 2 were occupied on Friday, December 5, 1978. The remainder of the Hospital's functions will be occupied sometime after December 5, 1978.

The Ophthalmology Departmental office suite on floor 9 was occupied on November 5, 1978. The remainder of Ophthalmology space should be ready for occupancy by mid-January 1979.

5. Unit B/C - Phase III  
Food Service Facility - Floor 2 West

This particular project has just entered the contract document phase, see the attached schedule for a complete breakdown.

6. Unit B/C - Phase IV  
Otolaryngology Department Facility - Floor 8

This project is just entering the contract document phase, see the attached schedule for a complete breakdown.

7. Unit B/C - Phase V  
Hospital Functions - Floors 5 and 7

This project is currently authorized to proceed through schematic design, which will provide the following facilities:

- a. Floor 5 - EEG Facility  
Block Bank Facility
- b. Floor 7 - Immunology Facility

Currently our proceed order identifies July 1980 as a possible occupancy date.

8. Unit B/C - Phase VI  
Lipid Research Facility - Floor 6

This project is currently on hold pending identification of funding. Attached is a copy of our current schedule, which is approximately six weeks behind, due to the delay in funding.

9. Unit B/C - Phase VII  
Health Services Research Facility - Floor 15

This facility will create office space on the link portion of the 15th floor. The H.S.P.O. is currently developing a schematic plan and estimated project cost for the department.

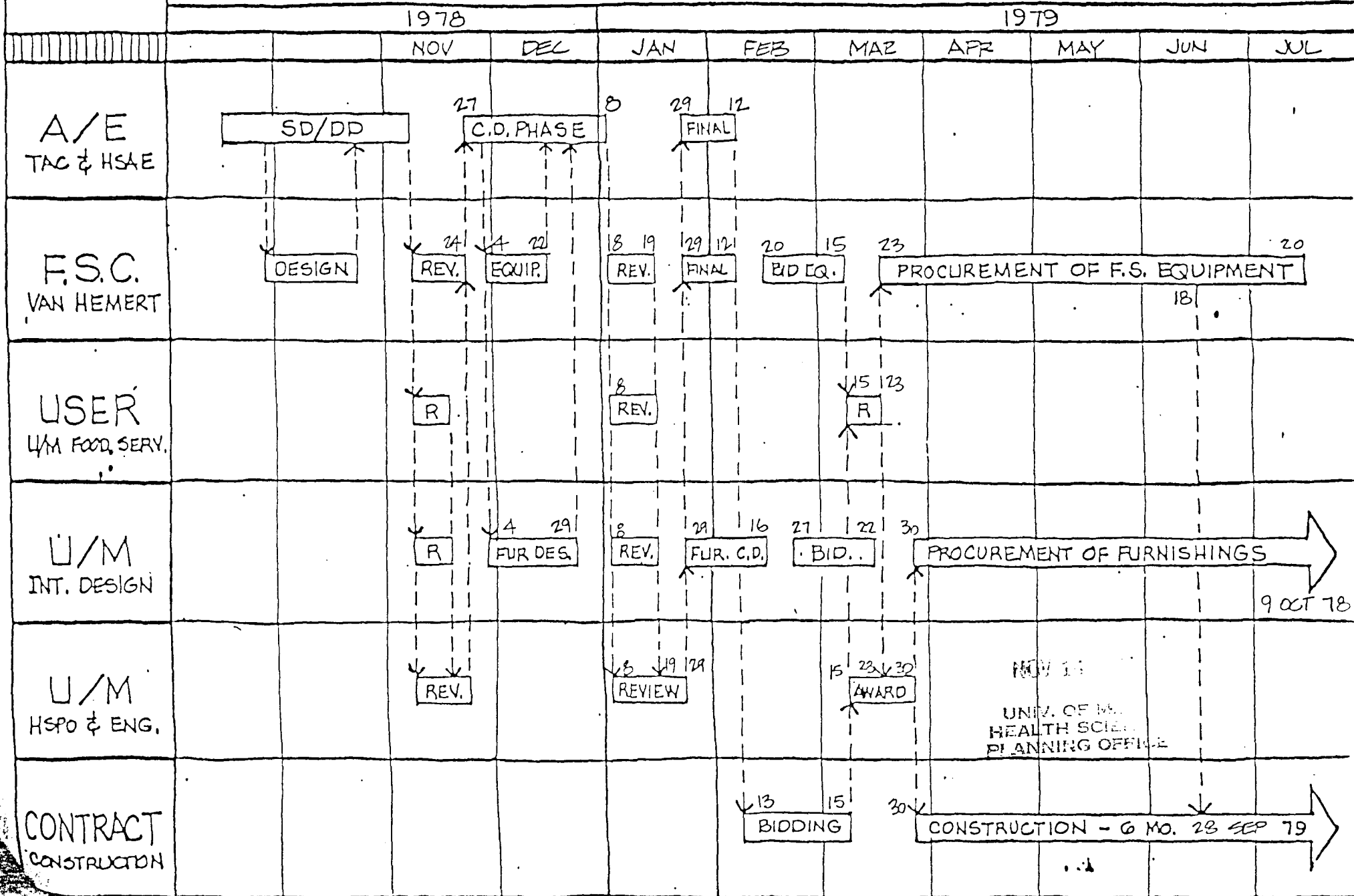
10. Unit B/C - Phase VIII  
Surgery's Basement Animal Facility

The department of surgery is currently developing a written program for this facility. Upon completion of the above document, the H.S.P.O. will prepare a proceed order to the architect.



REVISED  
13 NOV 78

# UNIT B/C PHASE III PROJECT SCHEDULE



HSAE

HEALTH SCIENCES ARCHITECTS AND ENGINEERS INC  
UNIVERSITY PARK PLAZA SUITE 704 2829 UNIVERSITY AVENUE S.E. MINNEAPOLIS, MINNESOTA 55414 (612) 378-3833

30 October 1978

*Phase VI*

Dr. Donald B. Hunninghake  
Lipid Research Clinic  
University Hospitals  
N210 Boynton Hall  
410 Church Street  
University of Minnesota  
Minneapolis, Minnesota 55455

Re: Lipid Research Clinic  
Planning for Unit B-C, Floor 6

Dear Dr. Hunninghake:

This week we have completed the design development plans for your Clinic. Minor casework elevation drawing studies and equipment coordination remain to be finalized but we are essentially set to begin the preparation of Contract Documents. The Contract Documents consist of plans and specifications which the contractor will use to bid and implement the necessary construction on the sixth floor of Unit B-C.

Prior to entering into the Contract Document preparation phase of our work there are a few items which must be fully understood. These items relate to schedule and cost.

The schedule we superficially discussed in our first meeting is essentially unaltered by our work to date except that it has taken approximately two weeks longer to get to the end of design development than we expected. If you were to authorize progress into Contract Documents on November 1, 1978, the following milestone dates are projected:

January 12, 1979	Complete contract documents - submit to University for review
February 5, 1979	University review complete - make corrections and print documents
February 15, 1979	Release for bids to contractors
March 8, 1979	Receive bids - start review of bids
March 29, 1979	Award contract
November 1, 1979	Substantial completion, begin to move-in
Thanksgiving 1979	Clinic facility fully operational

*Phase VI  
Schedule*



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals  
Minneapolis, Minnesota 55455

DEC 29 1978

UNIV. OF MINN.  
HEALTH SCIENCES  
PLANNING SERVICE

Dec 21, 1978

TO: Unit B/C Departmental Representatives  
FROM: Karen Ewing-Juul *KEJ*  
SUBJ: 1) Hospital Accounting Move  
2) Stage II Clinics and Department Move

The Hospital Accounting Department will move to Floor 2 of Unit B/C on Saturday, Dec 30, 1978, starting at 9:00 am.

It is anticipated the move will take 4 hours. The service elevator in the main bank of Mayo elevators will be used. Move route will be from Childrens Rehab Floor 1 to Floor 6, Mayo Service Elevator on Floor 3 to Floor 2, enter Unit B/C thru ER tunnel.

The Stage II Clinics and Department move is planned for the weekend of Feb 24 and 25. A definite move schedule will be available in the near future, which will include for each clinic and department the date and time their move will occur. A decision has not been reached as to how many days the move will take or which days we will be closed for packing and unpacking. Hill-Global is currently reaccessing the time frame of the move due to the early move of Eye, ENT, and Audiology Clinics.

cc: Clinic Directors  
Clinical Chiefs  
Administrators  
Lee Meyer  
Jeff Hagen  
Dick Hendricks  
Don Herron  
Bob Mackey  
Suzanne Haugen  
Bill Wik  
Paul Maupin  
Gene Kogel  
Olivier Hughes  
Bill Bowen  
Chief E. Wilson University Police  
Bob Swanson  
Warren Forslund  
Arnie Happenstadt

HEALTH SCIENCES





UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals and Clinics  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

JAN 5 Rec'd  
UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

MEMO

TO: Paul Maupin, Gene Kogl  
FROM: Robert Dickler  
SUBJECT: Hospital Relocation to Unit B/C Phase I  
DATE: December 28, 1978

The intent of this memo is to confirm that University Hospitals and Clinics will relocate to the remaining Phase I areas of Unit B/C the weekend of February 23-26, 1979.

This relocation date has been selected on the basis of your assurances over the past several months that all construction, punch list, modification, and other related activities be completed by early February, 1979, to permit final cleaning, equipment/furnishing installation, training, tours, and infection monitoring to occur.

Please advise me if you have any concerns regarding the above schedule. Thank you for your cooperation.

cc: John H. Westerman  
Dr. Ferris  
Greg Hart  
Greg Kujawa

Dictated but not read.

rmd/sm



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

February 6, 1979

TO: Robert Dickler  
FROM: Paul J. Maupin *Paul*  
SUBJECT: Unit B/C - Phases I & II

We are responding to your memo dated January 23, 1979 regarding the hospital's concerns related to the current cosmetic conditions of Building B/C, Phase I & II.

Contractors are in business to make a profit. When you request a change order or delay their schedule, it obviously will cost you additional funds and time.

We realize the optimum construction results depends on continuous planning, responsive programmatic information, no change orders, a continuity of management on the project from conception through completion. Perhaps the key word would be compromise.

There are factors external and internal that influence the end product. For your information, we have extracted the following partial list of historical events that contribute to where we are today on Building B/C, a successful but complicated project.

1. The project was bid five months behind schedule without any revision of the original completion date.
2. The Mayo animal quarters were delayed being vacated per schedule for demolition, thereby, delaying the B/C Phase I Contractor for the following two reasons: (1) delay in finishing interim animal quarters in St. Paul and (2) restriction imposed on Phase I contractor for demolition due to O.R. schedule.
3. The steel erection was late thereby causing delays in rescheduling problems with precast, shelve erection, elevator installation, electrical and mechanical delays and so forth. The major reason for delays were due to the Hospital's request for steel changes in medical records and additional steel requested for future Unit H.
4. The contractors as well as the University's construction supervisory personnel seem to be in agreement that the working drawings were difficult to interpret.
5. The Hospital's Material Transport System was programatically

Memo to Robert Dickler  
February 6, 1979  
Page Two

delayed for several months due to selection process, thereby causing Phase I Contractors rescheduling problems.

6. Responding to revised safety code requirements, Building B/C is equipped with a first in the nation fire management system which has caused other contractors delays in rescheduling problems.
7. Regarding change orders, we have implemented at the request of the Hospital, some 70 change orders, totaling \$625,000 additional cost to the Hospital. I believe overall, we received a maximum value within a normal contracting cost perimeter.
8. Union strikes caused almost complete stoppage on the project this past summer. Sheetmetal employees worked without a contract for one week during which for all practical purposes no work was done. Pipe-cover workers were out on strike all summer causing other contractors rescheduling and associated problems. The electrical strike lasted two months. However, the real problem here was that the bulk of the Twin City Electricians relocated to projects outside of the Twin City area.
9. For your information, we have attached a job description for a construction superintendent. I am sure you are aware that their responsibilities encompass more than a cosmetic inspection.

In closing, we would like to reinstate a University Policy regarding planning and construction. The University Planning Office and the Construction and Engineering Offices are responsible for all construction projects. They may at their descretion accept or reject advice or information from future occupants. The occupant is in an advisory position only to the project management for obvious reasons.

cc: John Westerman

PJM: jm



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals and Clinics  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

JAN 27 Rec'd

MEMO

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

TO: Paul Maupin

FROM: Robert M. Dickler *RD*

SUBJECT: Unit B/C

DATE: January 23, 1979

Over the past several years we have discussed, on a number of occasions, the problems associated with the quality of construction and construction supervision in the Unit B/C facility. As the date for Hospital occupancy (February 24) becomes imminent, we wish to reiterate the continuing concerns which University Hospitals and Clinics have had regarding the present state of the construction project.

In essence, it is the Hospitals' belief that the contractors responsible for the construction of the Unit B/C facility (Phase I & Phase II) have been less than cooperative and timely in the performance of their contractual obligations. Furthermore, it is our observation that they have attempted on almost every occasion possible to add additional costs to the project and that the University has, on many occasions, been unwilling, or unable, to effectively challenge the contractors modification prices and other requests for additional funds.

*1) of the  
246 million -  
Hospital  
is needed  
68.12  
cost of  
1625,000*

*PUNCH LISTS*

In addition to the lack of timely completion by the contractors in the Unit B/C facility, the quality of workmanship in the building is sadly lacking in a number of areas. Complaints identified by the University construction supervision team and the University Hospitals range from such items as painting and marring of door surfaces to the non-completion and non-installation of items specified in the contract and an unwillingness to specify a completion date for those items. Specific examples include the quality of painting in most of the areas of the building, the sloppy installation of wall carpeting, the non-completion of the installation of Vernitron sterilizing equipment, the use of non-approved and specified doors at the main entrance of B/C, and a number of other items which we have discussed over the past several years.

*→ FEB. 12, 79*

The quality of contractor work has also been complicated by what we perceive to be an inadequacy in the quality and quantity of manpower supervising the Unit B/C project on behalf of the University. We have been informed on numerous occasions that areas of the building are complete only to find that all facets had not been completed and that the punch lists compiled by University personnel are inadequate. The lack of adequate supervision has been further exemplified

Paul Maupin  
Unit B/C

Page 2

in relationship to a number of modifications which have been declared complete, and have been paid for by University Hospitals, which we have found to have been completed inappropriately, incorrectly, or not at all. *state examples.*

We are providing these comments to your office in the hope that all necessary corrective action can be completed prior to the late February date when University Hospitals will complete its relocation of services and personnel to the Unit B/C facility. In addition, we believe that such comments are necessary so the University can reassess the current mechanisms by which construction projects are authorized, supervised, and contractual obligations enforced. It is our belief that unless such an evaluation is undertaken and modifications made in the present process, the problems encountered with the Unit B/C facility will be duplicated in future phases of that buildings completion as well as future construction projects within the University.

We would be happy to provide any additional comments or information which you feel would be appropriate and useful in this matter. Thank you for cooperation.

cc: John H. Westerman

sm



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Engineering and Construction Division  
Physical Planning Office  
26 Folwell Hall  
9 Pleasant Street S.E.  
Minneapolis, Minnesota 55455

FEB 6 Rec'd

UNIV. OF MINN.  
PHYSICAL PLANNING OFFICE  
PLANNING

February 1, 1979

TO: Paul J. Maupin  
FROM: Paul E. Kopietz *Pek*  
SUBJECT: Dickler's Memo of 1-23-79 re PC

I have a few observations in regard to Mr. Dickler's Memo for your consideration. Some of the things that I may say in here I would not wish to be transmitted to him, but these are my feelings. As you know, I have not been that intimately involved with the project, but here goes.

Mr. Dickler is correct in that he feels our Contractors have not been particularly cooperative. I see several reasons for this. They are as follows:

A. You must remember that we are a public institution and must take the lowest bidders. With the combination of Contractors that we ended up with on this job, we knew we were heading for trouble. I should point out that Hayes was approximately \$800,000.00 low in their bid, and I know that Premier's Home Office did not want them to take this job, because they thought they were too low, so you are starting the project with two Contractors basically, and trouble right at the start. I happen to know that both Premier and Hayes have lost large sums of money on this project, and naturally to get them to come back and clean up is extremely difficult. I do not need to go into our problems with Premier, but as you know, they had a complete management shift part way through the project, and Fred Jahnke had to come in and "pick up the pieces".

B. I do not believe that the Hospital has any concept of how disruptive their major Change Orders were to the project. Not only the magnitude, but the length of time it took them to reach decisions. This was so totally disruptive to the project that the Schedule Manager did not have a prayer of making things work. Once a job gets "off the track" you just never get that spirit of cooperation back. I do not think there is any question that some of the prices we paid were high, but it was really the Contractor's way of saying to us "We do not like all of these changes, and if you are going to insist on them, then you are going to pay."

I cannot relate to some of his various specific complaints. You and I know what has been done about Vernatron, although it has been an extremely

Paul J. Maupin  
February 1, 1979  
Page Two

long drawn out process. I guess we have to accept the fact that our Supervision has not been as good as it could have been. I think there were several factors in this. Part of the problem, of course, was our loss of Joe McCormick and Jim Fallon, and also Steve Greene was such an assertive person that I do not think there is any question that Oliver kind of went to sleep on really getting on top of the project. Also, as the job continued to drag out, we ran into problems of overlap with Unit F.

I also get the feeling that Mr. Dickler maybe gets some of the Contractor's responsibilities mixed up with those of the furnishing and equipment suppliers. Also, as you know, there have been some design problems on the project that has contributed to the dissatisfaction.

These are just some offhand observations. The only comment is that I am absolutely determined that we will do much better on F. I think there has to be a real effort in giving the staff some positive direction on the routine basis.

PEK:mn



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Expansion  
Construction Office  
611 Delaware Street S.E.  
Minneapolis, Minnesota 55414

February 21, 1979

MEMO

TO: All Contractors, Unit B/C and Unit F

FROM: Oliver W. Hughes, Senior Construction Superintendent

SUBJECT: Hospital Move into Unit B/C

Beginning at 7:00 a.m. Friday, February 23 and continuing at least through Sunday February 25, absolutely no parking will be permitted on Delaware Street between Harvard Street and the Mayo Hospital. Any vehicles left unattended in this area will be immediately tagged and towed away. Also, no obstruction of traffic will be permitted on Harvard during this same period. It is recommended that only hand-carry loading or unloading from any vehicles be attempted at this time.

cc: Paul Kopietz  
Paul Maupin ✓  
Dick Hendricks  
Dick Handberg  
Byron Yerigan  
Fred Beier  
Bob Meyer  
Pieter Bierma  
Skip Norton





UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals and Clinics  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

3/26/79

March 22, 1979

TO: Greg Hart  
FROM: Dan Rode *[Signature]*  
SUBJECT: Patient Hazard - Room 2-106 Unit BC  
(arch: 2-244)

Attached is a copy of an incident report regarding the threshold to Room 2-106 BC. It has been pointed out on several occasions through the completion of punch lists that the threshold which is approximately one and a half inches below the floor level of Unit BC poses a serious hazard to both patients and employees.

Our concerns about this problem have been addressed on several occasions with Oliver Hughes and with Jeff Hagen. Specific responsibility for this problem has not been determined to my knowledge.

I would appreciate it very much if something could be done to expediate resolution of this problem inasmuch as the room is used for patient interviews and could present to us a high risk factor if any patient should trip on the threshold.

In the next few days the department will be completing a review of its previous punch lists and we will update you on any other problems via the mechanisms already announced.

cc: Phil Hanson, Nancy Kosciolik, Greg Kujawa  
attachment

DR/dw

3/26/79

TO: Oliver Hughes  
Fr: Greg Kujawa

*the situation is now serious.  
Please respond at once.*

*cc: Bob Swanson*

**UNIVERSITY OF MINNESOTA HOSPITALS**  
**INCIDENT REPORT**

1. INCIDENT DATE (date of injury or diagnosis of illness) **3-9-79** 2. INCIDENT TIME  AM  PM 3. INCIDENT LOCATION (BUILDING, ROOM NO., STATION) **B-C Rm 2-106**

TYPE REPORT (Check applicable block(s))  
 INJURY/FATALITY  THEFT  PROPERTY OR FACILITY DAMAGE  POTENTIAL HAZARD  MEDICATION ERROR  DEFECTIVE PRODUCT  OTHER (Exposure to Contaminated/Infected Materials, Disease, etc.)

4. WAS A PERSON INJURED?  
 YES → IF YES, COMPLETE ITEM 6-20  
 NO → IF NO, SKIP TO ITEM 21.  
 6.  EMPLOYEE  VISITOR  OTHER (Specify)  
 PATIENT

7. PERSON'S NAME (FIRST, MIDDLE INITIAL, LAST)  
 8. SOCIAL SECURITY NUMBER (Employees only) 9. JOB TITLE 10. DEPARTMENT 11. CONTINUED WORKING?  YES  NO

12. COMPLETE IF PATIENT 13. DIAGNOSIS (Reason for Hospitalization) 14. HOSPITAL NUMBER 15. CONDITION AT TIME:  AMBULATORY  UP WITH HELP  BEDREST  SEDATED  DISORIENTED

16. SIDERAILS  UP  DOWN 17. RESTRAINTS  YES  NO

18. COMPLETE IF VISITOR, VENDOR 19. REASON IN HOSPITAL 20. VENDOR'S COMPANY NAME (if applicable)

21. INCIDENT DESCRIPTION: Always describe the events resulting in the incident, for example who was involved, what was being done, and where the incident occurred. If tools, equipment, substances, or other objects were involved, name them and indicate how they were being used. INCLUDE THE NAMES, ADDRESSES, AND PHONE NUMBERS OF ANY WITNESSES.

**SPECIAL INSTRUCTIONS**

- EMPLOYEE INJURY/ OCCUPATIONAL ILLNESS: Indicate the type of injury and body part effected (e.g., amputation of finger, strained back). See "First Report of Injury" note at bottom of form.
- VISITOR INJURY: Describe any special service being provided by visitor if it relates to incident.
- PROPERTY OR FACILITY DAMAGE: Name the property damaged and, if possible, estimate the value of the damaged property. Describe how the damage occurred, including the cause (e.g., fire, wind, knocked over by patient, water pipe broke, etc.).
- PATIENT INJURY/ PROPERTY DAMAGE OR LOSS: Describe incident and, if possible, estimate the value of damaged personal property.
- DRUG/PRODUCT DEFECTS: See policy and procedures for "Reporting Unusual Incidents".

The door <sup>TRIP HAZARD</sup> jam to room 2-106 poses a serious hazard. It is not level with the floor; it juts up creating a source of numerous accidents. The last accident occurred 3-9-79. An employee Harriet Martin (376-5197) tripped over it. Two other employees have also tripped over it. These people are ambulatory and healthy therefore did not suffer any more serious an injury than embarrassment. I do see many patients that do not have the fortune of good health and therefore could be injured more seriously if they were to take a similar tumble. I attempt to tell every patient leaving my office to watch out for the door jam but that doesn't assure me that they all hear me or understand what I'm talking about. I have even gone to the length of guiding "questionable" patients through my doorway. I was assured that this problem would be fixed prior to my move into the office. Since that has not been done I atleast hope it can be resolved before any serious injuries do occur.

DATE AND SIGNATURE OF PERSON COMPLETING REPORT *Nancy Kosciolok* 23. DATE COMPLETED **3-9-79** (Check if Applicable)  CONTINUED ON ADDITIONAL PAGES WHICH ARE STAPLED TO THIS REPORT

PHYSICIANS FINDINGS 25. SIGNATURE OF PHYSICIAN

SUPERVISOR/DEPT. HEAD'S OFFICIAL TITLE AND DEPARTMENT 27. SIGNATURE OF SUPERVISOR/DEPT. HEAD 28. DATE OF REPORT **3/12/79** 29. TELEPHONE NUMBER **373-3038**