

University
of
Minnesota
memo

date April 30, 19 75

to Warren Forslund

from *Paul* Maupin

Please schedule a meeting as soon as possible to finalize the locking provisions as discussed in the attached correspondence. You should chair this meeting.

PJM:rm

Attachments



UNIVERSITY OF MINNESOTA
TWIN CITIES

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

April 30, 1975

Mr. Duane Blanchard
Health Sciences Architects & Engineers
113 Hubbard Building
2675 University Avenue
St. Paul, Minnesota 55114

SUBJECT: Unit B/C
Building Security Provisions

Dear Duane:

We have received your letter of April 21, 1975, verifying your understanding of Unit B/C building security provisions. Your understanding is correct, and Warren Forslund will be scheduling a meeting as soon as possible to finalize the locking provisions.

Yours truly,

Paul J. Maupin
Health Sciences Planning Coordinator
Health Sciences Planning Office

PJM:rm

cc: Eugene Kogl
Warren Forslund
Gus Scheffler
Greg Kujawa
Steve Carlton

health sciences architects & engineers

THE CERNY ASSOCIATES INC.
HAMMEL GREEN & ABRAHAMSON INC.
SETTER LEACH & LINDSTROM INC.

113 HUBBARD BUILDING, 2675 UNIVERSITY AVENUE
SAINT PAUL, MINNESOTA 55114

612/646-8875

RECEIVED

APR 24 1975

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

21 April 1975

Mr. Paul Maupin
Health Sciences Planning Coordinator
4104 Powell Hall
University of Minnesota
Minneapolis, Minnesota 55455

Regarding: Unit B/C - Health Sciences Expansion
Building Security Provisions

Dear Mr. Maupin:

The purpose of this letter is to verify our understanding of the Health Sciences Planning Office's direction concerning building security provisions. Representatives of TAC/HSAE have attended three meetings since March 18, 1975 where this subject was discussed. The major emphasis at these meetings have centered around detection systems. We understand per our meeting April 15, 1975 that detection systems are not to be included in the contract documents and that security provisions are to be limited to physical barriers.

HSAE is prepared to meet with the appropriate U/M representatives to review the contract document plans for the purpose of identifying which doors should include locks. Additional doors can be provided if they are required based upon the appropriate reviews.

The detection provisions which have been discussed can be added by change order but should be done as soon after the awards of contracts as possible.

Contract Document plans are available from our office or the Health Science Planning Office for review. We need to finalize the locking provisions by May 9, 1975.

Sincerely,

HEALTH SCIENCES ARCHITECTS & ENGINEERS



Duane E. Blanchard

cc: Eugene Kogl
Warren Forslund

Gus Scheffler
Greg Kujawa
Steve Carlton



SECURITY ANALYSTS

December 4, 1974

Mr. Paul Maupin, Coordinator
Health Sciences Planning Office
University of Minnesota
Minneapolis, Minnesota 55455

Dear Paul,

I appreciate your concern over the losses occurring in Unit A. They can, as you mentioned, result in a significant monetary loss over a period of time. However, specific recommendations on protective measures for Unit A as well as the non-hospital areas of Units B and C cannot be provided until we are comfortable that we will not be compromising our current efforts for our present clients especially the major program begun for the University Hospitals.

Since an integrated program is always the most cost effective, I am certain that eventually all the protective needs of the Hospitals and the other bodies within Health Sciences will be met.

Most sincerely,

SECURITY ANALYSTS

Stephen A. Carlton
Director

SAC:cr

cc: R. Baker
M. McKee



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

NO

RECEIVED

May 1, 1975

MAY 5 1975

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

Mr. Robert Dickler
Associate Director
University of Minnesota Hospitals
Box 606, Mayo
Minneapolis, Minnesota

RE: INCLUSION OF INTRUSION
DETECTION SENSORS IN THE
CONTRACT DOCUMENTS FOR
UNIT BC.

Dear Robert:

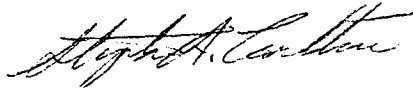
I am very concerned about the decision to delete the intrusion detection sensors from the bidding specifications for the construction of Unit BC. Unless these sensors are installed as part of the building's construction, they probably never will be installed. The cost to install them at a later date will be at least three times the cost to add such sensors now by change order and will unnecessarily increase the cost and will no doubt result in the lack of a cost effective protection system for the new facility.

If the loss rate in Unit A is any indication and it should be we will have a theft problem in Unit BC. Using police and security monitors without a remote detection capability will significantly decrease their effectiveness. We have nothing to lose by bidding the sensors now and having the work called out as a deduct item. If the cost is too high, we can delete it but the cost as a change item will usually be far more, considering the life of such a facility. It would indeed be regrettable if it should not be properly equipped to reduce losses of drugs, supplies, equipment, office machines, and personal items.

Mr. Robert Dickler
May 1, 1975
Page 2

It would certainly seem advisable that Health Sciences consider a similar approach since areas like Bio-Medical Graphics will have even more equipment which is highly susceptible to theft.

Sincerely,



Mr. Stephen A. Carlton
Director, Protection Services
University of Minnesota Hospitals

SAC/sjg

cc: Mr. Robert Baker
Mr. Michael McKee
Mr. Greg Kujawa
Mr. David Preston
Mr. Paul Maupin ✓
Mr. Warren Forslund

health sciences architects & engineers

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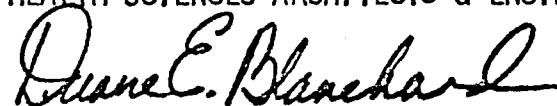
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HEALTH SCIENCES ARCHITECTS & ENGINEERS



Duane E. Blanchard

cc: Eugene Kogl
→ Warren Forslund

Gus Scheffler
Greg Kujawa
Steve Carlton



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

RECEIVED

MAY 9 1975

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

May 7, 1975

TO: Bob Dickler

FROM: Greg Kujawa

SUBJECT: Fire Alert Systems - B/C

The following is a recap of a Fire Alert systems - B/C meeting held 5/7/75. The following individuals were present: G. Hall, W. Forslund, G. Scheffler, S. Carlton, P. Johnson, B. Dorsey, N. Omundson, B. Wik, G. Kujawa. (W. Petrykowski or J. Lewerenz were unable to attend the meeting).

A. Fire Alert Public Address System

1. The fire alert public address system can be utilized by CID-Mayo for general all - B/C announcements. The main restriction is that when a fire alert is initiated and until the alert is finished this PA system is controlled by fire control center.
2. Speakers are located approximately 30 feet apart throughout B/C corridors. Consequently, the audio must be set rather loudly to penetrate rooms.

CID general announcements may not require this volume.

*Consider: placement of volume selection control in CID - Mayo
*Note: If after B/C is completed and volume is a problem, UH has the option of utilizing (at a cost) the clinic intercom system for CID announcements. The fire alert conduit from Mayo to B/C could still be utilized.

3. CID requires following equipment
 - a) Trouble light with buzzer
 - b) Intercom system
 - *One receiver
 - *two lines (one to fire control center - B/C, one to Data Center - A).
 - c) volume control
 - d) Two activation buttons:
 - *Clinic floors (1 thru 9)
 - *Non-clinic floors (B,10 thru 15)
 - e) conduit/cable
 - f) other

4. Phyllis Johnson agrees that this system is adequate for CID needs.

5. Action

- a. Bill Wik/Gary Hall to provide equipment specs and dollar requirements.
- b. Determination of dollar source if this option is utilized.

B. Stairwell Doors

1. Assumption:

- a. During a fire alert, egress from stairwells to all floors is required, and
- b. During non-fire alert periods, for security considerations no egress from stairwells is possible except on the ground floor (3rd floor).

2. Consequently, the above necessitates the following equipment be provided on all stairwell doors (except floor 3):

- a. Door latch lock
- b. Latch release - from Fire Control Center
- c. Conduit and wire
- d. Telephones in stairwell
(code indicates every 3 floors)
- e. Other.

3. A very rough cost estimate is \$7000.00 for the above.

Note: If this system was added after B/C is completed, the cost would be considerably higher. Thus, if this option is acceptable, it should be part of the construction contract.

4. Action:

- a. Determination of dollar source if this option is utilized.
- b. Provide information to architect.

C. Fire Alert Pull Boxes

1. Present plan is for pull boxes to be located at:

- a. Stairwells
- b. Building exit doors
- c. Elevator lobbies

Note: Gus Scheffler requested that pull boxes be eliminated from elevator lobbies because of a high rate of false alarms generated from this type of location.

2. A request was made to Gary Hall to expand the planned monitoring panel in the Fire Control Center to include specific location of the activated pull box.
3. A decision was made to add a pull box adjacent to all reception counters. Pull box to be pullable from inside the reception counter.

(Note 1: only one additional pull box per area is required.)

(Note 2: Plans should consider similar provision on implementation in shelved areas that will be completed some time in future.)

Floor 1: Ambulatory Surgery (B1-145) South side
Surgery Clinic (B1-148) South side
Radiology (B1-113)
Employee Health
Orthopedics Clinic (C1-187) North side
OB/Gyn Clinic (C1-132) North side
Clinical labs

Floor 2: Admissions
Medicine clinic (C2-160) North side
Pharmacy
Social Service

Floor 3: Family Practice (C3-136) West side (1)
Information counter East side (1)

Floor 4: Pediatrics clinic (C4-142) West side (1)
(C4-143) East side (1)

Floor 8: Audio/ENT clinic (C8-138) West side (1)
East side (1)

Floor 9: Ophthalmology clinic (C9-121) West side (1)
East side (1)

4. Action:

Architect to consider request and review plan with University Hospitals.

D. Taped Message Areas

1. Consider having a separate tape message zone for each University Hospitals department:

Floor 1: Ambulatory Surgery
Surgery Clinic
Radiology
Employee Health
Orthopedics clinic
OB/Gyn clinic
Clinical labs

Floor 2: Admissions
Medicine clinic
Pharmacy
Social Service

Floor 3: Family Practice clinic

Floor 4: Pediatrics clinic

Floor 8: Audiology clinic
ENT clinic

Floor 9: Ophthalmology clinic

2. Action:

Architect to consider request and review plan with University Hospitals.

E. Emergency Notification Calls

1. The telephone system in B/C should be modified so that when "0" is dialed the call will be received by CID - Mayo.

This will enable CID to receive all emergency calls.

When the fire alert procedure is developed, it should be considered to require that after an employee activates the pull box, the employee then dials "0" to indicate specific fire location to CID operator. CID operator could then contact Fire Control Center and/or Data Center and/or UH protection services.

2. Action:

Provide Bob Mackey with request.

cc: Paul Maupin
Gary Hall
Jerry Olson
Gus Scheffler
Warren Forslund
Bob Swanson
Phyllis Johnson
Steve Carlton
Bev Dorsey
Nancy Omundson
Bill Wik
Wally Petrykowski

LOCK AND SENSOR PLAN

UNIT: BC Floor: Basement East Security Zone: 1

DEPARTMENT: Bio-Medical Graphics

Doors:	92	SMS	Locks	CSHs (2)	Dept. Entry
	99B	"	"	"	To Stair
	116	BRC	"	"	TV Studio
	117		Latch		Toilet
	118	"	Lock	"	Camera
	119	"	"	"	Dark Room
	120	"	"	"	TV Studio
	122	"	"	"	Control Room
	123A	"	"	"	Art Studio
	123B	"	"	"	" "
	128	"	"	"	Sec./Recpt.
	129	"	"		Director
	130	"	"		Conf.
	134A	"	"	"	Photo finishing
	131	"	"	"	Supply office
	132	"	"		Copy
	133	"	"		Copy
	134B		Latch		Drying
	137				
	138	"	Lock		Dark Room
	139		Latch		Process Room
	140	"		"	Printing
	New Corri- dor doors	SMS	Locks	CSHs (2)	Dept. Entry

Approved by _____

Abbreviations:

SMS - Sargent Maximum Security Lock Cylinder

this is a cylinder with a restricted key way which will reduce the probability of one gaining entry by a duplicated key or by picking.

BRC - Best Lock Company removable core cylinder

this cylinder has a removable core which can be exchanged for one of another combination whenever the old combination may no longer be secure.

CSH - Concealed switch hinge

A special hinge, but looking like any other which is used to sense opening of the door.

UNIT: BC FLOOR: Basement East

SECURITY ZONE: 2

DEPARTMENT:

(Electron Microscope)

Doors:		SMS	Lock	CSH	Dept. Entry
156A		"	"	"	"
156B		"	"	"	"
150			"		
151		BRC	"		
152		"	"		
153		"	"		
154		"	"		
155		"	"		

Approved by _____

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PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC FLOOR: 1 East

Security Zone: 3

DEPARTMENT: OB-GYN OPD. Clinic

Doors: 77	BRC	Locks	CSHs	All Dept. Entry
	"	"	"	From Stairs
	"	"		All consultation
	"	"		All exam. rooms
	"	"	CSH*	All treatment rooms
	"	"	CSH*	Nurse clerical
	"	"	CSH*	Nurse consultation
	"	"	CSH*	Doctor's rooms
	"	"		Seminar
	"	"		Soiled utility
	"	"	CSH*	Clean utility
	New corri- dor doors	"	CSH	Dept. Entry
		Latch (safety)		Toilets

Note: A switch sensor to be installed at all roll down receptionist windows to assure they are closed after hours.

*May be deleted depending on cost.

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PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC FLOOR: 1 East

Security Zone: 4

DEPARTMENT: Orthopedics - PM & R Opd. Clinic

Doors:

	BRC	Locks	CSHs	All Dept. Entry
	"	Lock	CSH	From Stairs
	"	"		All consultation
	"	"		All exam rooms
	"	"	CSHs*	East room
	"	Locks		Nurse clerical
	"	"		Patient Education
	"	"	CSHs*	Doctor's rooms
	"	Lock		Soiled utility
	"	"	CSHs*	Clean utility
	"	"		Seminar
	"	Latch		Toilet
New corridor doors	"	Lock	CSH	Dept. Entry,

Note: A switch sensor to be installed at all roll down windows to assure they are locked after hours.

Approved by _____

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PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC

FLOOR: 1 East

Security Zone 5

DEPARTMENT: Radiology

DOOR:

BRC	Locks	CSH	Dept. Entry
"	Lock		Chest X-ray
"	Latch		Processing
"	Lock		Nuclear Medicine
"	"		Tomography
"	"	CSH	Tech office
"	"		Employee lounge
"	"		X-ray storage
"	Locks		x-ray room(Fluorascop
"	Lock		Processing & Assembl
"	Locks		X-ray Rm. #2
"	Lock	CSH	Secretaries
"	"		Film Drying (fling)
"	"	CSH	Radiologist
"	"		Consultation

Note: A switch sensor to be installed at all roll down receptionist windows to assure they are closed after hours.

May be deleted depending upon cost.

Approved by _____

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PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC FLOOR: 1 East

Security Zone 6

DEPARTMENT: Surgery Opd. Clinic 1 Urology

DOORS:

BRC	Locks	CSH	Dept. Entry
"	"		All exam rooms
"	"		Exam & Demonstratic
"	"		All consultation room
"	"		Seminar
"	"	CSH	Treatment
"	"		Clean Utility
"	"		Soiled utility
"	"		Nurse clerical
"	"		Patient Education
"	"	CSH	Doctors
"	"	"	Urology
"	"		Urology support

Note: A switch sensor to be installed at all roll down receptionist windows to assure they are closed after hours.

May be deleted depending on cost.

Approved by _____

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PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC

FLOOR: 1 East

Security Zone 7

DEPARTMENT: Proctology

DOORS:

BRC	Lock	
"	"	Exam room
"	"	Clean utility
"	"	Exam & Cons.
"	"	Proctro sub. Wait
	Latch (safety)	All toilets
	Latch (safety)	Dressing room
"	Locks	Proctology 1 & 2
"	Lock	Soiled utility

Approved by _____

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PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO, ,

UNIT: BC

FLOOR: 1 East

Security Zone 8

DEPARTMENT: Ambulatory Surgery

DOORS:

BRC	Lock	CSH	All Dept. Entry
"	"		All exam rooms
"	"		Nurses room
"	"	CSH*	Doctors
"	"	CSH*	Storage rooms
"	"		Isolation treatment
"	"	CSH*	Treatment
"	"		Recovery
"	Locks		Operating rooms
"	"		Clean utility
"	"		Soiled utility
"	"	CSH*	Lockers-Mens
"	"	CSH*	Lockers-Womens
"	Latch (safety)		Dressing rooms
"	"		Toilets
"	Lock	CSH*	Anesthesia
"	"	"	Dictation Equip.

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PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC

FLOOR: 1 East

Security Zone 9

DEPARTMENT: Clinical Laboratory

DOORS:

BRC	Locks	CSH	All Dept. Entry
BRC	"	"	Lab Support
"	"	"	Blood draw rooms
RRC	"	"	Clerical Reception

Note: A switch sensor to be installed at all roll down receptionist windows to assure they are closed after hours.

May be deleted depending upon cost.

Approved by _____

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PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC

FLOOR: 1 East

Security Zone 10

DEPARTMENT: Shared area

DOORS:

BRC	Locks		Cortistorage
"	"	CSH	Lockers-Mens
"	"	CSH	Lockers-Womens

Approved by _____

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PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC

FLOOR: 2 East

Security Zone II

DEPARTMENT: Medicine Opd. Clinic

DOORS:

BRC	Locks	CSH	Dept. Entry
BRC	Lock	"	From stairs
"	"		All exam rooms
"	"		Seminar
"	"		Soiled utility
"	"		Clean utility
"	"	CSH*	Treatment
"	"		Nurse clerical
"	"		Nurse consultation
"	"	CSH*	Doctors
	Latch (safety)		Toilets

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PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC

FLOOR: 2 East

Security Zone 12

DEPARTMENT: Outpatient Dept. Administrator

DOORS:

BRC	Lock	
"	"	Dept. Entry
"	"	All offices
"	"	Conference
"	"	Clerical
"	"	Storage & Duplicating

Approved by _____

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A special hinge, but looking like any other which is used to sense opening of the door.

PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO *

UNIT: BC FLOOR: 2 East

Security Zone 13

DEPARTMENT: Social Service

DOORS:

BRC	Locks	CSH	Dept. Entry
"	"		All offices
"	"	CSH	From stairs

Approved by _____

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PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC

FLOOR: 2 East

Security Zone 14

DEPARTMENT: Pharmacy

DOORS:

SMS

Locks
Appropriate
sensors

CSH

All Dept. Entry

BRC

"

CSH

Dispensing windows
Supervision
Core, doors in
Pharmacy

Approved by _____

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PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC

FLOOR: 2 East

Security Zone 15

DEPARTMENT: Admissions

DOORS:

BRC	Locks	CSH	Dept. Entry
"	"		All offices
"	"		Machines
"	"		Clerical

Approved by _____

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A special hinge, but looking like any other which is used to sense opening of the door.

PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC

FLOOR: 3 East

Security Zone 16

DEPARTMENT: Family Practice Clinic

DOORS:

BRC	Locks	CSH	All Dept. Entry
"	Lock	CSH	From stairs
"	Locks		All exam rooms including O. B. / Dressing
"	"	"	All treatment
"	"		Soiled utility
"	"		All Consultation
"	"		Psychologist
"	"		Psych. Testing
"	"		All offices
"	"		Supervisor
"	"	CSH	Doctors
"	"	"	Business Files, and insurance
	Latch		Toilets
"	Lock		x-ray
"	"		Reading & Processing
"	"		Film storage
"	"		Clinical Lab *
	"		blood drawing
"	"		clean utility
"	"		Proctology
"	"		Patient self - monitoring
"	"		Teaching
"	"		Staff observation
"	"		All seminar
"	"		Audio-visual

Note: A switch sensor to be installed at all roll down receptionist windows to assure they are closed after hours.
 May be deleted depending upon cost.

Approved by _____

Abbreviations:

SMS - Sargent Maximum Security Lock Cylinder

this is a cylinder with a restricted key way which will reduce the probability of one gaining entry by a duplicated key or by picking.

BRC - Best Lock Company removable core cylinder

this cylinder has a removable core which can be exchanged for one of another combination whenever the old combination may no longer be secure.

CSH - Concealed switch hinge

A special hinge, but looking like any other which is used to sense opening of the door.

UNIT: BC

FLOOR: 4 East

Security Zone 17

DEPARTMENT: Pediatrics Opd. Clinic

DOORS:

BRC	Locks	CSH	Dept. Entry
"	"	"	From stairs
"	"		All exam
"	"		Seminar
"	"		Soiled utility
"	"		Clean utility
"	"		Treatment
	Latch		Toilets
"	Locks		Patient education
"	"		Weight & Measure
"	"		Child's waiting
"	"		Nurses' clerical
"	"		Doctors

Note: Switch sensor to be installed in pull down reception window.

May be deleted depending upon cost.

Approved by _____

Abbreviations:

SMS - Sargent Maximum Security Lock Cylinder

this is a cylinder with a restricted key way which will reduce the probability of one gaining entry by a duplicated key or by picking.

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CSH - Concealed switch hinge

A special hinge, but looking like any other which is used to sense opening of the door.

PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC

FLOOR: 4 East

Security Zone 18

DEPARTMENT: Dermatology

DOORS:

	BRC	Lock	CSH	Dept. Entry
			"	From stairs
				Storage
				All exam
				Consultation
				Transcribe
				Doctors
		New entry from corridor	CSH	Dept. Entry
90A	BRC	Lock	CSH	From Elevators

Note: A switch sensor to be installed at all roll down receptionist windows to assure they are closed after hours.

May be deleted depending upon cost.

Approved by _____

Abbreviations:

SMS - Sargent Maximum Security Lock Cylinder

this is a cylinder with a restricted key way which will reduce the probability of one gaining entry by a duplicated key or by picking.

BRC - Best Lock Company removable core cylinder

this cylinder has a removable core which can be exchanged for one of another combination whenever the old combination may no longer be secure.

CSH - Concealed switch hinge

A special hinge, but looking like any other which is used to sense opening of the door.

PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC

FLOOR: 4 East

Security Zone 19

DEPARTMENT: Pediatrics Dept.

DOORS:

75	BRC	Lock	CSH	Dept. Entry
96A	"	"	"	From elevators
	"	"		All offices
	"	"		Secretary
	"	"		Pediatrics

Approved by _____

Abbreviations:

SMS - Sargent Maximum Security Lock Cylinder

this is a cylinder with a restricted key way which will reduce the probability of one gaining entry by a duplicated key or by picking.

BRC - Best Lock Company removable core cylinder

this cylinder has a removable core which can be exchanged for one of another combination whenever the old combination may no longer be secure.

CSH - Concealed switch hinge

A special hinge, but looking like any other which is used to sense opening of the door.

PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYQ ,

UNIT: BC

FLOOR: 6

Security Zone 20

DEPARTMENT: Family Practice Dept.

DOORS:

31	BRC	Lock	CSH	Dept. Entry
81	"	"	"	From stairs
90	"	"	"	From elevator
	"	"		All offices
	"	"		Storage
	"	"		Seminars
New door	"	"		Clerical
	"	"		Secretary
	"	"		Asst. Dept.

Approved by _____

Abbreviations: SMS - Sargent Maximum Security Lock Cylinder

this is a cylinder with a restricted key way which will reduce the probability of one gaining entry by a duplicated key or by picking.

BRC - Best Lock Company removable core cylinder

this cylinder has a removable core which can be exchanged for one of another combination whenever the old combination may no longer be secure.

CSH - Concealed switch hinge

A special hinge, but looking like any other which is used to sense opening of the door.

PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC

FLOOR: 8

Security Zone 21

DEPARTMENT: Audiology

DOORS:

89	BRC	Lock	CSHs	Dept. Entry
86	"	"	CSH	"
85	"	"	"	"
	"	"		Listening room
				All control/ exam units
	"			All pure tone ro
101				Psych. Ed.
102				Psychologist
103				Language & listening
122, 123				Assessment
137				Dictating

Note: A switch sensor to be installed at all roll down receptionist windows to assure they are closed after hours.

May be deleted depending on cost.

Approved by _____

Abbreviations: SMS - Sargent Maximum Security Lock Cylinder

this is a cylinder with a restricted key way which will reduce the probability of one gaining entry by a duplicated key or by picking.

BRC - Best Lock Company removable core cylinder

this cylinder has a removable core which can be exchanged for one of another combination whenever the old combination may no longer be secure.

CSH - Concealed switch hinge

A special hinge, but looking like any other which is used to sense opening of the door.

PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC

FLOOR: 8

Security Zone 22

DEPARTMENT: ENT - Semi-Open Clinic

DOORS:

98	BRC -	Lock	CSH	Dept. Entry
	"	"		From stairs
	"	"		All exam rooms
	"	"		Clean utility
	"	"		Soiled utility
	"	"	"	Minor O. R.
	"	"		Nursing
	"	"		Psychiatry Office
	"	Latch (safety)		Toilets
	"	Lock		Dictating
	"	"		Storage
	New entry from corridor. 86		CSH	Dept. Entry

Note: A switch sensor to be installed at all roll down receptionist windows to assure they are closed after hours.

May be deleted depending on cost.

Approved by _____

Abbreviations: SMS - Sargent Maximum Security Lock Cylinder

this is a cylinder with a restricted key way which will reduce the probability of one gaining entry by a duplicated key or by picking.

BRC - Best Lock Company removable core cylinder

this cylinder has a removable core which can be exchanged for one of another combination whenever the old combination may no longer be secure.

CSH - Concealed switch hinge

A special hinge, but looking like any other which is used to sense opening of the door.

PREPARED BY DEPARTMENT OF PROTECTION SERVICES, BOX 1000 MAYO

UNIT: BC

FLOOR: 9

Security Zone 23

DEPARTMENT: Ophthalmology Clinic

DOOR:

70	BRC	Lock	CSH	Dept. Entry
86	"	"	"	"
85	"	"	"	"
80	"	"	"	"
98	"	"	"	"
186	"	"	"	From stairs
99	"	"	"	"
101	"	"	"	Special studies
102	"	"	"	External disease
103	"	"	"	Nurses teaching
105	"	"	"	Child treatment
106	"	"	"	Adult treatment
				All exam rooms
		Latch (safety)		Toilets
132	"	Lock		Ophaptics
136	"	"		Erg. Emg. Control
127/RO	"	"		Vision Lenses
126 A, B, C	"	"		Business Office
125	"	"		Recovery
124	"	"		Clean Utility
123	"	"		Soiled utility
122	"	"		Steno
144	"	"		Contact lens
145 A. B.	"	"		Retinal drawing
148, 149	"	"		Field
150	"	"		Tonography
151, 155	"	"		Photo

Note: A switch sensor to be installed at all roll down receptionist windows to assure they are closed after hours.
May be deleted depending on cost.

Abbreviations: SMS - Sargent Maximum Security Lock Cylinder

this is a cylinder with a restricted key way which will reduce the probability of one gaining entry by a duplicated key or by picking.

BRC - Best Lock Company removable core cylinder

this cylinder has a removable core which can be exchanged for one of another combination whenever the old combination may no longer be secure.

CSH - Concealed switch hinge

A special hinge, but looking like any other which is used to sense opening of the door.

B/O - Security



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

July 17, 1975

TO: Robert Dickler, Associate Director

FROM: Stephen A. Carlton, Director of Protection Services *MC*

Subject: PROPOSAL FOR PROTECTING THE ASSETS IN UNIT
BC AND OTHER HOSPITAL FACILITIES

I. THE REQUIREMENT

A. Statement of the Problem

The high theft rate currently experienced in Unit A despite the employment of Security Monitors and the frequent thefts experienced in the Hospital cost the Health Sciences and the Hospital many thousands of dollars each year in replacement costs and lost productivity. When Unit BC opens, there will be more doors, more equipment, and obviously even greater opportunities for theft to occur, than there are at present. Unless action is taken to protect Unit BC and other facilities connecting to it, one can expect a significant drain on the assets of the Hospital and its Clinics.

B. Proposed Solution

The theft of Hospital property and the threat to personnel working in the out-patient pharmacy can be drastically reduced by a cost effective protection program encompassing:

1. Entry Control - assuring that only authorized personnel are present after normal work hours. This can be accomplished by:
 - a. Requiring all employees to carry a photo identification card and all visitors to have a pass
 - b. Restricting the place of entry and exit
 - c. Providing police or security monitors to identify personnel seeking to enter and checking the property pass of anyone seeking to take property out of a building
2. Area Access Control - assuring only authorized personnel are present in a specific work area after its normal work hours. This can be accomplished by:
 - a. Requiring departments to specify those individuals authorized to enter their work area after hours.
 - b. Providing police or security monitors to check the identification and authorization of anyone

- seeking to enter a closed work area.
- c. Providing an intrusion detection system to alert police that a closed work area has been entered.

II. RECOMMENDED ACTION

A. Establish Procedures

Drafts of policies and procedures entitled "Entry Control and Area Access Control" have received conceptual approval of the Management Committee. These drafts now are being discussed with the other organizations jointly occupying hospital facilities. The review of these policies and procedures are expected to be completed and modified accordingly within 90 days.

B. Provide Additional Protection Personnel

Depending upon the policies and procedures receiving final approval, the Department of Protection Services shall request additional police, as well as security monitors to provide entry and access control.

C. Install and Operate an Intrusion Detection System

1. Initial System

In order to assure optimum protection of the assets to be located in Unit BC, the system must be operational prior to the transfer of equipment and supplies to the facility. This shall require:

- a. Installation of intrusion detection sensors and wiring in one or more of the present vulnerable areas of existing hospital facilities.

- (1) Locally wired intrusion detection systems using simple contact closure devices on doors and windows should be installed in areas such as Therapeutic Radiology in Powell Hall and should report to the Communications Center using automatic telephone dialers.

- (2) Especially vulnerable areas in the Mayo Building such as the Cysto Clinic should be protected with intrusion detection sensors hard wired to the remote monitoring console at the Communications Center using monitoring equipment exactly like that to be used to monitor intrusion in Unit BC.

- b. Installation of a remote monitoring console at the Communications Center in the Mayo Building.

This equipment would provide the necessary training for Communications Center personnel, Hospital Police, and others prior to the opening of Unit BC, thus significantly reducing the confusion when BC opens.

2. BC Intrusion Detection
Install intrusion detection devices, wiring and conduit in all hospital areas of Unit BC during construction. Concealed switch hinges and other onobtrusive devices should be used. Provide a cable run from Unit BC to the Communications Center in Mayo and expand the monitoring system to monitor Unit BC as soon as new equipment and supplies are to be moved into the building. If funding is minimal, provide a complete system for the Pharmacy and Cashier's area; install and wire switches at each door providing wiring to the area above the false ceiling in one funding increment and the remaining conduit and wiring in the second funding increment.

III. COST ESTIMATE

A. Photo-Identification Card Program

1. Cost for camera and card fabricating equipment:
\$1,500.00

2. Cost per Identification card
Card only \$.50
Card with removable clip
.70

(to be used by Pharmacy and Cashier's personnel)

Based on 6000 Hospital employees including 100
wearing cards on duty \$3,020.00

Total \$4,520.00

B. Additional Police Personnel

Estimate to be provided pending completion of a separate study of BC protection manpower requirements.

C. Intrusion Detection

1. Initial System

- a. Pilot program for Therapeutic Radiology
500.00
 - b. Hard wired system for the Cysto Clinic including a basic remote monitoring panel at the Communication Center (panel could monitor 9 other zones) \$1,400.00
- Total \$1,900.00

2. BC Intrusion Detection System

- a. Sensors: hinges; switches; passive infrared motion detection devices, and panic switches for the Pharmacy area

Including installation labor
\$4,500.00

- b. Wiring, conduit and installation labor inside Unit BC \$13,000 -15,000.00

- c. Cable, conduit and labor installation from BC to Communications Center
2,000 - 4,000.00

INTRUSION DETECTION SENSORS

<u>Floor</u>	<u>Zone</u>	<u>Clinics</u>	<u>Switches</u>	<u>Hinges</u>	<u>Other</u>
1st E	1	OB - GYN	1 Switch	4 Hinges	
1st E	2	Orthopedics	1 Swith	6 Hinges	
1st E	3	Employee Hlth.	--	4 Hinges	
1st E	4	Radiology	--	5 Hinges	
1st E	5	Surgery Opd.	1 Switch	2 Hinges	
1st E	6	Ambulatory Ser	1 Switch	7 Hinges	
1st E	7	Clinical Labs.	<u>1 Switch</u> 5 Switches	<u>7 Hinges</u> 35 Hinges	
2nd E	8	Medicine Opd.	1 Switch	6 Hinges	
2nd E	9	Social Service	--	2 Hinges	
2nd E	10	Pharmacy	<u>5 Switches</u> 6 Switches	<u>2 Hinges</u> 10 Hinges	Passive infrared motion detection system
3rd	11	Family Prac.	<u>3 Switiches</u> 3 Switches	<u>9 Hinges</u> 9 Hinges	
4th	12	Pediatrics	<u>2 Switches</u> 2 Switches	<u>7 Hinges</u> 7 Hinges	
5th	13	Neurology			
5th	14	Neurosurgery			
6th	15	Family Prac. (Psync.)		<u>5 Hinges</u> 5 Hinges	
8th	16	Audiology	7 Switches	6 Hinges	
8th	17	ENT	<u>1 Switch</u> 8 Switches	<u>6 Hinges</u> 12 Hinges	
9th	18	Ophthalmology	2 Switches	10 Hinges	



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

December 9, 1975

TO: Eugene Wilson, Chief, University Police Department
FROM: Stephen A. Carlton, Director of Protection Services
Subject: PROTECTION PROGRAM FOR UNIT BC

Dear Chief Wilson:

I believe we should soon define the protective measures for Unit BC. As you know, this new facility will be in operation during the 1977-78 school year. The facility will only be partially occupied by the Hospitals-Clinics, with the rest of the building occupied by other Health Science Departments. I feel early planning will assure better asset protection after the facility is open as well as during its initial operations when it will be quite vulnerable.

May I suggest a single protection plan for Unit A and Unit BC. I have proposed a comprehensive intrusion alarm system for the new clinics with monitoring to be done at the present Communications Center in the Mayo Building or at a location yet to be selected in the A-BC complex. The use of such monitoring equipment used in conjunction with rapid response by Police Officers will not only minimize losses in Unit BC, but will reduce the present loss rate in Unit A if sensors are installed. Such a program would allow far more effective use of an officer's time than is possible without remote intrusion detection systems.

The program I envision would have one officer in the A-BC complex 24 hours a day each day and a security staff member or security monitor to monitor the intrusion detection system, validate passes, and check I.D. cards at night and on weekends. By defining and programming our protection plan for this area now, we can assure funding for the program that will save the Hospital and Health Sciences thousands of dollars in lost materials and productivity each year, as well as most effectively use protective personnel.

The specific requirements for the program should be determined as soon as possible. Together, I believe we can demonstrate the value of a total protection program using Police Officers where they are needed and augmenting them with a well engineered security system,

December 9, 1975

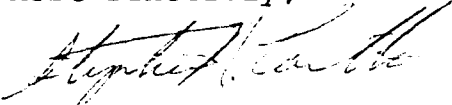
Page 2

Chief Wilson

pass and identification system, and lessor skilled protective personnel to obtain optimum cost effectiveness. Anything less than such a program will continue to be inefficient since the magnitude of the protection function in this area is obviously far greater than can be handled economically with Police Officers alone.

I look forward to meeting with you and Health Science planning personnel to formulate specific protection programs for Unit BC at your earliest convenience.

Most Sincerely,



Stephen A. Carlton
Director of Protection Services

cc: J. Westerman
R. Baker
R. Dickler
T. Jones
M. McKee
C. Fearing
D. Van Hulzen
P. Maupin ✓
Lt. Wiebe
Sgt. Foley
Sgt. Jarvis



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

* 7/14/76 HAVE ARCH.
PROVIDE THIS
EST. WORKING
ON AN HOURLY
BASIS (18)

RECEIVED

JUL 13 1976

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

July 9, 1976

TO: Paul Maupin

FROM: Bob Dickler

SUBJECT: Unit B/C Intrusion Detection System

Attached is a preliminary proposal submitted by Mr. Carlton concerning an intrusion detection system for the hospital areas of Unit B/C. As you will note, Mr. Carlton has provided an estimated cost for the system as well as specifications for many of the components. Also included is a specific list of locations for monitoring hinges on doors, monitoring switches on reception windows and other sensor devices.

At this time I would request that the Health Sciences Planning office initiate a change order process on this proposal. It would be my hope that within the near future, this proposal could be evaluated through the change order process and the price estimate verified and modified as necessary. At that time I think we should reevaluate the proposal and determine in light of confirmed costs, if this system is economically viable. Thank you for your cooperation and if you have any questions please feel free to contact Greg Kujawa.

cc: Greg Kujawa
Steve Carlton



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

June 30, 1976

TO: Robert M. Dickler

FROM: Stephen A. Carlton

SUBJECT: Proposal for the Installation of an Intrusion
Detection System for Protection of Hospital
Areas in Unit BC

I. THE NEED

Unit A, which will be connected to Unit BC, has been protected by Security Monitors which are supervised by a police officer forty hours a week. The total cost for these protective personnel is \$120,000 annually. Even with this effort, the building sustained over \$12,000 in known losses during 1975, and studies have shown known losses are but a fraction of actual loss. Burglary rose 51% and larceny rose 31% in 1975 on the Twin Cities campus according to statistics of the University of Minnesota Police Department. Yet, because of legislative and University funding limitations, no new police officers will be retained to provide protection for Unit BC. Therefore, unless a cost effective method of theft and vandalism protection is provided, one can logically expect the losses of Hospital property in Unit BC to cost the Hospital significant funds each year. Such funds include the cost item replacement and/or repair, inflation and administrative time in correcting the situation and lost productivity and possible revenue loss due to the lack of required equipment and supplies when and where they are needed.

Unlike the Mayo Complex which has occasional traffic in nearly all areas randomly throughout the night and weekends due to the twenty-four hour operation of the Hospital, such will not be the case with Unit BC which will primarily be used during weekdays. Isolated areas, such as the present Therapeutic Radiology Department have more losses than departments located in and adjacent to the central area of the Hospital. Areas such as Pharmacy, and clinic office areas with their many selectric typewriters are currently a primary target. and are especially vulnerable to thieves. However, so are syringes and other medical instruments.

II. RECOMMENDATIONS

A. Install remotely monitored intrusion detection sensors in the:

1. OB/GYN Clinic
2. Ortho/Nsg/PM&R Clinic
3. EKG Suite
4. Employee Health Service
5. Radiology/Urology Clinic
6. Dermatology/Surgery Clinic
7. Ambulatory Surgery
8. Clinical Labs
9. Medical Records (2 zones) *
10. Medicine Clinic
11. Social Service
12. Pharmacy
13. Admissions *
14. Family Practice Clinic and Neurology (2 zones)
15. Pediatrics Clinic
16. Audiology/C.P./Psych Clinic
17. ENT Clinic
18. Eye Clinic (2 zones)
19. Colon Rectal

PHASE II
SPACE? →

Allow for expansion of eight new areas to be monitored and the addition of more sophisticated sensors such as the need arises. The intrusion detection sensors should be monitored at the Central Information Desk in the Mayo Building. After these areas are closed daily, any entry by unauthorized persons will activate the alarm console and police will be dispatched to investigate the intrusion. Such a system would assure cost effectiveness of police and other protection personnel as well as providing a deterrent to illegal entry.

B. Other Protective Measures

1. Maintain a well controlled key distribution program throughout the building and assure keys for high security doors using Medeco lock cylinders are controlled by the Department of Protection Services.
2. Assure all employees authorized entry into Hospital areas at night are on an access authorization list provided to the Department of Protection Services and all such employees carry positive identification to show police and hospital protection officers.

? HOW DOES THIS
SYSTEM PROVIDE
PROTECTION FROM
4:30 TO THE FINISH
OF A JANITORS SHIFT

- * Additional sensors and other modifications may be required as these areas are further designed in the next phase.

3. Assure all valuables are marked with appropriate Operation Identification numbers prior to the opening of the Unit. A copy of the inventory and marked items should be provided to the Department of Protection Services, and updated periodically.

III. COSTS

A. Intrusion Detection Sensor System

DOESNT
INCLUDE
THE MATO
LINK →

1. The maximum cost of installation is \$16,700
(Premier Electric Corporation estimated
cost less Bio-Medical Graphics area)
 2. The estimated cost for monitoring hinges 3,500
(Straughan Hardware Inc., est cost)
 3. The estimated cost for switches on receptionis
windows 1,500
 4. The estimated cost to punch holes for wiring
on door frames - \$1.00 per door if done now.
(Trusbilt Inc., cost estimate 150)
\$21,850
 5. Overhead and profit of the General Contractor
and the architects 5,900
- TOTAL \$27,750

B. Central Monitoring Equipment

- 30 Zone System - Sigmatic by Walter Kidde, Inc.
(Cost estimate by Red Wing Service, Inc. \$1,950)

ESTIMATED GRAND TOTAL \$29,700

SECTION 1673 - INTRUSION DETECTION SYSTEM/SENSOR INSTALLATION

PART 1. GENERAL

1. DESCRIPTION

A. Function

- (1) The function of the equipment and materials to be installed under these contract documents is to protect life and property by remotely detecting unauthorized intrusion and vandalism and immediately alerting the monitoring person at the monitoring console to be located at the present Communications Center in Mayo Memorial Hospital. The monitoring person at the Central Security Control Center shall dispatch an officer to investigate each unauthorized entry detected by the Intrusion Detection System.
- (2) This specification includes only the requirements for sensors to detect entry through doors and windows at reception desks (optional) to specific areas which have been determined to be susceptible to theft, vandalism and unauthorized entry.

B. Requirements

- (1) Sensors and wiring shall be inconspicuous.
- (2) Sensors shall be free from activation when the doors or windows are in closed position and must always activate when the doors are opened more than two inches at the widest point, or windows are open more than one half inch.
- (3) Each sensor when tested must activate the monitoring console, to assure electrical conductivity.

2. QUALITY ASSURANCE

All equipment furnished and installed shall consistently perform its function in a satisfactory manner as judged by the Director of Protection of University Hospitals.

PART 2. PRODUCTS

- (1) Concealed monitoring hinges as manufactured by the McKinny Company as designated on Attachment 1. Hinges shall be provided by the General Contractor. Wiring to the leads of the switch in the leaf on the jam side of the monitoring hinge shall be accomplished using 22 gauge insulated wire. The Contractor shall furnish and install flexible whips with terminal boxes at each location.

- (2) The Contractor shall use Belden 8700 Serier Cable. He shall install an adequate number of terminal boxes throughout the wiring system with identified junction points to permit future trouble shooting. He shall drill any required holes which have not been pre-drilled in order to properly connect the cable system to the sensors.
- * (3) (Option 1) The Contractor shall provide a separate price for furnishing and installing magnetic contacts and/or micro-switches as appropriate, for all window shutters at clinic reception desks so that any attempt to enter closed clinics via such windows will be detected. * Such sensors shall be appropriately wired by the Contractor into the same zone wiring network as the adjacent monitored doors.

PART 3. EXECUTION

A. Installation:

- (1) Installation shall be in accordance with the National Electrical Code as it applies to low voltage signalling systems.
- (2) Any questions regarding installation shall be promptly referred to the Director of Protection of University Hospitals.
- (3) The Contractor shall install the concealed switch hinges in accordance with the templates provided in Attachment 2a and 2b.

B. Final Acceptance and Warrantee

Upon completion of work, the Contractor shall inform the Director of Protection of University Hospitals through the Consulting Engineers. The Contractor shall assure that electrical conductivity exists through each concealed monitoring hinge and window sensor and has been verified.

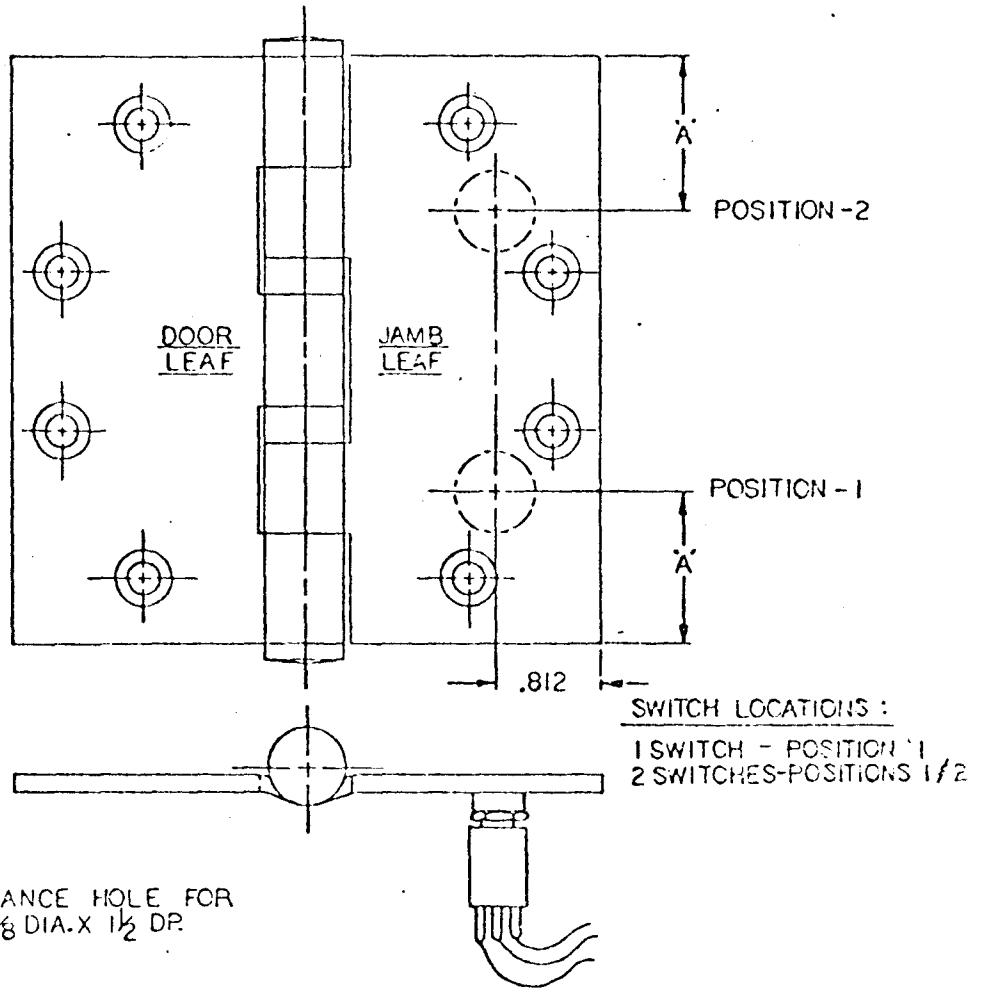
- * Magnetic contacts shall have protective covers installed and both contacts and micro-switches shall be installed using one-way screws. Magnetic contacts and micro-switches shall be approved by the Director of Protection Services prior to procurement.

^
H.S.P.O. +

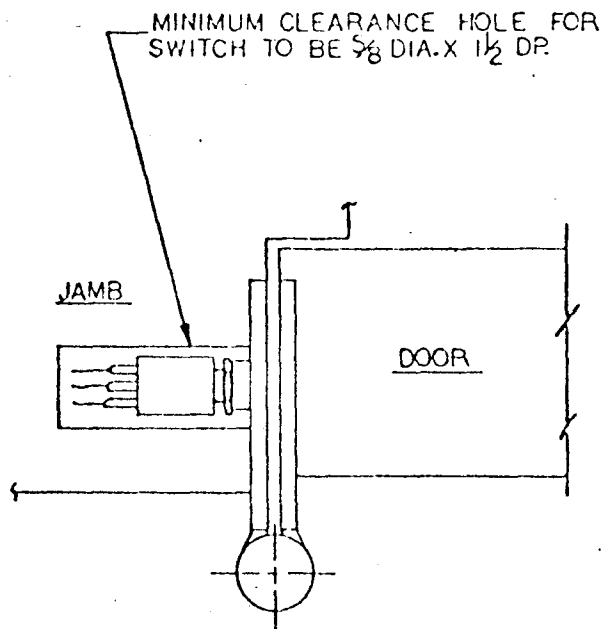
5 K FULL MORTISE CONCEALED SWITCH HINGES

4 1/2 / 5 STD. / EX. HVY. WT.

DO NOT SCALE



SWITCH LOCATIONS :
 1 SWITCH - POSITION 1
 2 SWITCHES-POSITIONS 1/2



	CLASS	SIZE	A'
STD.	TA/TB	4 1/2	1.172
WT.	2314/2714	5"	1.289
EX. HVY.	T4A/T4B	4 1/2	1.287
WT.	3386/3786	5"	1.439

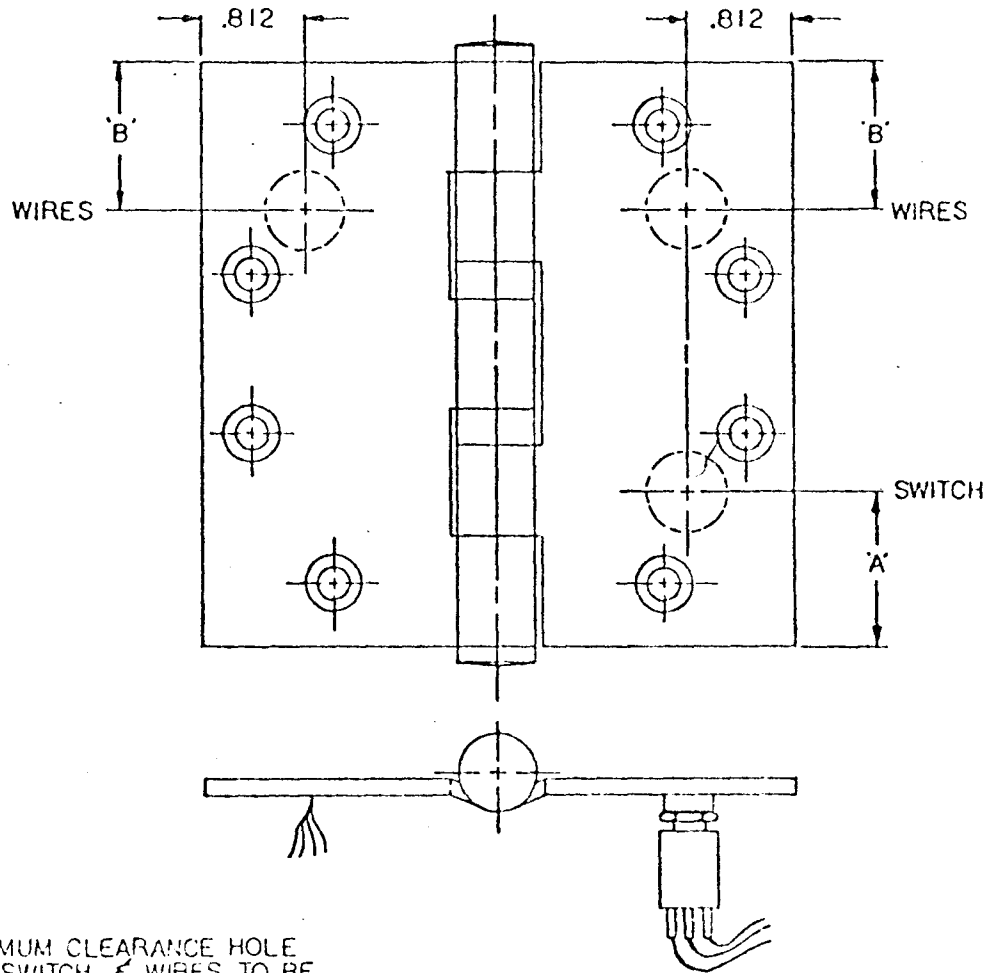
R.H. STD. WT. HINGE SHOWN; L.H. OPPOSITE.
SWITCH TYPE: S.P.D.T-MBB (MAKE BEFORE BREAK)
SWITCH CAPACITY: 250 MA (MILLIAMPS)
AQ NON-INDUCTIVE LOAD, 30 WATTS MAX.

FOR SCREW HOLE PATTERN SEE
MCKINNEY TEMPLATES O30 OR O35

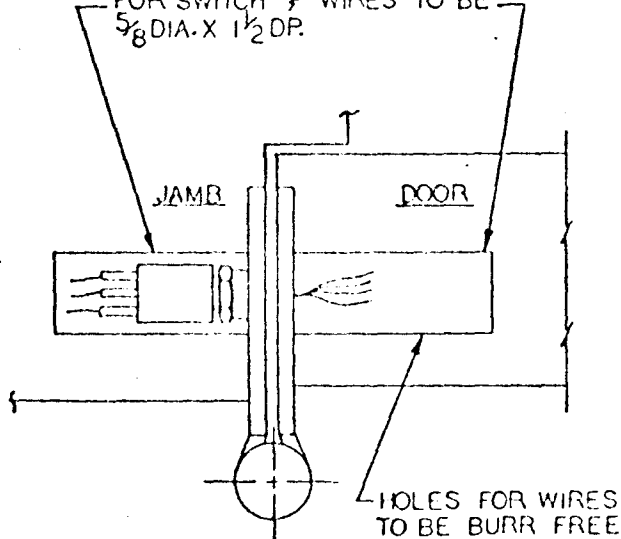
5 K FULL MORTISE CONCEALED CIRCUIT X CONCEALED SWITCH HINGES

4 1/2" & 5" STD. & EX. HVY. WT.

DO NOT SCALE



MINIMUM CLEARANCE HOLE FOR SWITCH & WIRES TO BE 5/8 DIA. X 1 1/2 DP.



	CLASS	SIZE	'A'	'B'
STD.	TA/TB	4 1/2"	1.172	1.125
WT.	2314/2714	5"	1.269	
EX. HVY.	T4A/T4B	4 1/2"	1.267	.937
WT.	3362/3780	5"	1.439	

R.H. STD. WT. HINGE SHOWN ; L.H. OPPOSITE.

WIRE SIZE : 28 GAGE STRANDED

WIRE CAPACITY:

1 CIRCUIT - 2 WIRES } LAMP, 24 VOLTS MAX.
2 CIRCUITS - 4 WIRES } EACH CIRCUIT

SWITCH TYPE : SPDT. MBB (MAKE BEFORE BREAK)

SWITCH CAPACITY : 250 MA (MILLIAMPS)

A.C. NON-INDUCTIVE LOAD , 30 WATTS MAX.

FOR SCREW HOLE PATTERN SEE MCKINNEY TEMPLATES O30 OR O35

Premier
SINCE 1902

ELECTRIC CONSTRUCTION CORPORATION

June 22, 1976

The University Hospital
Box 1000 Mayo Building
Minneapolis, Minnesota 55455

Attention: Mr. Steve Carlton

Subject: Supervisory Security System
Health Sciences Expansion - Unit B/C
Minneapolis, Minnesota

Dear Mr. Carlton:

This letter will confirm our telephone quotation to you in the amount of \$19,175.00. We arrived at this figure by using marked-up drawings provided to us by you, showing the locations in which you intended to install supervisory security points. The drawings involved are A3-1, A3-4, A3-7, A3-14, A3-10, A3-12, A3-16, and A3-17. On these drawings we find a total of 155 points of connection to which Premier will make an electrical connection only. The device will be furnished and installed by others. We will supply flexible whips with terminal boxes at each location. Per our discussion, we are using a 22 gauge cable. We have selected the Belden 8700 series cables. The cables will be installed in an EMT conduit system throughout. Adequate terminal boxes will be supplied along the way, with identified junction points to permit future trouble shooting.

We have not considered, at this time, any connections in the Mayo control room, nor have we considered any door cutouts which will be necessary in order to receive the device. We are presently working above the ceiling through the Mayo and Diehl Hall buildings. The ceiling has been opened up and our people are presently feeding conduit through this area as required by separate contract. Our price is presently based on authority being provided to proceed with the work above this ceiling while access is available. If this work can not be installed at this time, and must be concealed, our price will have to be adjusted to include the cost of chopping, channeling, patching, painting, etc.

A request of a breakdown for the work on the basement floor, if all work in the basement zone is eliminated, you can deduct \$2,480.00 from the quoted price. If a bond is required it should be added at the rate of 1% of the over-all selling price.

AURORA
CHICAGO
MINNEAPOLIS



ELECTRIC CONSTRUCTION CORP.

June 22, 1976

The University Hospital
Mr. Steve Carlton

Page 2

I also discussed briefly with you that a cable tray system is to be installed within the B/C building under a separate contract. If this tray system is available for this system, and the system can be run without conduit, considerable savings can be expected. If this quotation falls within your budget, and it appears you will be proceeding with this work, we would at that time be pleased to review exactly what routes will be used for this system and a layout can be made showing exactly what monies can be saved.

Yours very truly,

PREMIER ELECTRIC CONSTRUCTION CORP.

A handwritten signature in cursive script that reads 'John Bellair'.

John Bellair

JB:rg

SENSOR REQUIREMENTS

<u>Department</u>	<u>Zone</u>	<u>Floor</u>	<u>Monitoring Hinges Required on Doors</u>	<u>Monitoring Switches Required on Windows</u>	<u>Other</u>
OB/GYN Clinic	1	1	136A 136B 91 (2) 156 <hr/> 5	Receptionist Desk Windows - $\frac{2}{2}$	
Ortho/Nsg/ PM&R Clinic	2	1	185A 185B 98A 82 (2) 207 <hr/> 6	$\frac{2}{2}$	
EKG	3	1	214 215 216 <hr/> 3		
Employee Health	4	1	220 (2) 231A 229 73 (2) <hr/> 6		
Radiology/ Urology	5	1	72A(2) 72B 317 318A 63 (2) 319A <hr/> 8	$\frac{1}{1}$	
Dermatology/ Surgery/ Urology Clinic	6	1	308C 308B <hr/> 2	$\frac{2}{2}$	
Ambulatory Surgery	7	1	308A 300 59 293B 70 (2) 285 286A <hr/> 8	$\frac{3}{3}$	
Colon Rectal	8	1	270 69 <hr/> 2		

<u>Department</u>	<u>Zone</u>	<u>Floor</u>	<u>Monitoring Hinges Required on Doors</u>	<u>Monitoring Switches Required on Windows</u>	<u>Other</u>
Clinical Labs	9	1	194A 195A 196A 187A 188 189 190A 191 192 <hr/> 9	<hr/> 1 1	
Medical Records	10	1	101A 102B <hr/> 2		
Medical Records	11	2		Changes may be made in Phase 2 - Area will be defined in Phase 2	
Medicine Clinic	12	2	141A 141B 107B (2) 98A 160A <hr/> 6	<hr/> 2 2	
Social Service	13	2	124A 124B <hr/> 2		
Pharmacy	14	2	145 148 149 <hr/> 3	<hr/> 5 5	Motion Detector <hr/> 1 1
Admissions	15	2	163 (2) 167 <hr/> 3		Cash Clip <hr/> 1 1
Family Practice/16 Neuro Clinic		3	99A 76 (2) 137 <hr/> 4		
Family Practice/16a (17) Neuro Clinic		3	98A 94A 87 <hr/> 3		

<u>Department</u>	<u>Zone</u>	<u>Floor</u>	<u>Monitoring Hinges Required on Doors</u>	<u>Monitoring Switches Required on Windows</u>	<u>Other</u>
Pediatrics Clinic	17 (18)	4	85		
			84		
			86 (2)		
			87 (2)		
			101		
			7	4	4
Audio/C.P./ Psych Clinic	18 (19)	8	128		
			101		
			88 (2)		
			87 (2)		
			129		
			155		
			157		
			158 Special		
154					
			11	2	2
ENT Clinic	19 (20)	8	98		
			83		
			85		
			86		
			4	2	2
E.C. Clinic	20 (21)	9	88 (2)		
			135A		
			87 (2)		
			86		
			6	2	2
Eye Clinic	21 (22)	9	85		
			142		
			80 (2)		
			186B		
			98		
			6	2	2

TOTALS - 22 Zones plus eight zones in reserve

Total Monitoring Hinges - 106
Total Monitoring Switches - 30



UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Police
2030 University Avenue S.E.
Minneapolis, Minnesota 55455
(612) 373-3550

Unit BC - Security
OK

RECEIVED

December 10, 1975

DEC 12 1975

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

Stephen A. Carlton
Director of Protection Services
University of Minnesota
University Hospitals
Minneapolis, Minnesota 55455

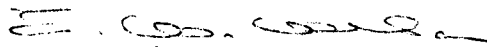
Mr. Carlton:

I have referred your letter dated December 9, 1975, subject "protection program for Unit BC," to Lt. Wiebe who is in charge of our security protection unit. He has complete authority on such matters. The final decision being mine as to use of manpower.

As for monitoring devices, we are currently working with Mr. Don Holberg of physical plant on this question.

I might add the UMPD budget requests for 1977-79 addresses itself to the future units mentioned in your letter insofar as security needs are concerned.

Sincerely,


E. W. Wilson
Chief of Police

EWV:ac

cc: J. Westerman
R. Baker
R. Dickler
T. Jones
M. McKee
C. Fearing
D. Van Hulzen
P. Maupin
Lt. Wiebe
Sgt. Foley
Sgt. Jarvis



UNIVERSITY OF MINNESOTA
TWIN CITIES

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

August 3, 1976

Mr. Richard Carlson
Health Sciences Architects & Engineers
University Park Plaza - Suite 704
2829 University Avenue, S.E.
Minneapolis, Minnesota 55414

SUBJECT: Unit B/C
Intrusion Detection System

Dear Dick:

This letter shall confirm in writing the directions given to you at our July 30, 1976, meeting on the above subject.

- a. The architects are to verify the cost estimates shown on page 3 of Mr. Carlton's June 30, 1976 letter to Mr. Dickler. It seems that certain portions of the work scope described in this particular letter do not reflect the same work scope outlined in Premier Electric's June 22, 1976 letter to Mr. Carlton.
- b. The architects shall proceed with this work on an hourly basis only. The U of M Hospitals will pay all invoices received by the Health Sciences Planning Office relative to this project.
- c. In regard to all Phase II space within Unit B/C, the architects will not provide cost estimates for this particular work, since many Phase II spaces require further program development.
- d. The central communications desk is located on floor 3 of the Hospital in Room A399.

HSAE

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

5 November 1976

Mr. Paul J. Maupin
Health Sciences Planning Coordinator
University of Minnesota
4104 Powell Hall
Minneapolis, Minnesota 55455

Regarding: Unit B/C - Health Sciences Expansion
Intrusion Detection System

Dear Mr. Maupin:

Enclosed is a Memorandum dated 1 November 1976 titled, Unit B/C -
Intrusion Detection System Review, Analysis and Recommendations.
This review and analysis was provided at your request as summarized
in HSPO letter to HSAE dated August 3, 1976.

We believe this memorandum should provide the responsible parties
a basis to determine what should be done regarding Unit B/C Intrusion
Detection Systems.

Please contact me if you require any clarification of the information
provided.

Sincerely yours,

HEALTH SCIENCES ARCHITECTS AND ENGINEERS, INC.



Duane E. Blanchard
l jg

cc: Robert Swanson
Robert Dickler
Greg Kujawa
John Scott

RECEIVED

NOV 9 1976

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

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

UNIVERSITY OF MINNESOTA
HEALTH SCIENCES EXPANSION

MEMORANDUM

MEMO TO: Unit B/C File
MEMO BY: Gary Hall
DATE: 1 November 1976
SUBJECT: Unit B/C - Intrusion Detection System Review,
Analysis and Recommendations.

The purpose of this memorandum is to provide the Health Sciences Planning Office and the Hospital an analysis of the Intrusion Detection System proposed by Mr. Stephen Carlton and our recommendations regarding the addition of such a system to Unit B/C.

A. Documents Reviewed:

1. Robert Swanson's letter to Dick Carlson, HSAE, dated August 3, 1976.
2. Steve Carlton's letter to Robert Dickler dated June 30, 1976, which covered costs, system specifications and monitoring device locations.
3. Premier Electric's letter to Steve Carlton of June 22, 1976, which provides a cost quotation for certain portions of the system installations.

B. Costs: Refer to Part III of Steve Carlton's letter of June 30, 1976.

1. Cost of installation per Premier Electric quotation - \$16,700.00
 - a. Cost included all wiring, conduit, j-boxes and final wiring connections to 136 monitoring devices both hinges and switches.
 - b. Cost includes running all conduit and wire to Mayo Information Desk area for system. Conduit route to Mayo Desk would follow Mayo pipe space similar to route shown on Unit B/C Electrical Drawing E-6 "Partial Mayo Plans" for Fire Management System.
 - c. Cost does not include final connections to central monitoring equipment or installation of central monitoring equipment.

- d. Cost does not include installation of monitoring switches at reception windows. Wiring only is included.
 - e. Cost does not include drilling any holes in door jambs for hinges or wiring connections.
 - f. Premier Electric quotation is out of date but should be within 5% of a current quotation.
2. Monitoring hinges cost estimate - \$3,500.00
- a. Monitoring hinges are intended to replace standard hinges provided by Unit B/C Contract Documents at a \$28.00 per unit cost. This exchange should be accomplished prior to April 1977 which is the scheduled date for delivery of the hardware for the doors involved.
 - b. Cost estimate will provide for about 125 hinges based on \$28.00 per unit additional cost.
3. Monitoring switches at receptionist windows cost estimate: \$1,500.00
- a. As previously indicated Premier Electric's quotation includes wiring of these devices but not installation.
 - b. The installation selection and location of these devices should be the responsibility of a security system subcontractor to the Electrical Contractor.
 - c. Additional design data for installation of security device at rolling shutter will be required prior to bidding of the installation.
 - d. The estimate of \$1,500.00 should cover cost of the devices and their installation.
4. Door jamb opening cost estimate - \$150.00
- a. Cost is based on opening being provided prior to fabrication of door frames at \$1.00 each.
 - b. Hollow metal door frames for the doors involved have been released for fabrication since March 1976. It appears that these openings may have to be field cut at this time and would result in cost of approximately \$10.00 per opening. Cost would amount to about \$1,500.00.
5. Overhead and profit General Contractor and Architects - \$5,900.00
- a. Overhead and profit for the Contractor is included in Item 2 and 4 above.
 - b. Items 1 and 3 include overhead and profit for Electrical Contractor.
 - c. Architects fee should be based on Unit B/C change order percent of contract cost or hourly basis.

6. Central Monitoring Equipment cost estimate - \$1,950.00
 - a. Cost does not include installation of central unit or final hookup to zone wiring and power.
 - b. Cost for basic 30 zone unit has increased to \$3,200.00 since original estimate (reviewed with Red Wing Service Company).
 - c. Equipment cost does not include standby power. (Systems will not operate upon loss of normal building power).

C. Summary:

1. In order to pull together the proposed system design and arrange for a total cost and single responsibility for installation the following steps are recommended.
 - a. Develop complete contract drawings and specifications for the entire system. Drawings and specifications should provide detail layout of monitoring points, wiring diagrams, installation and wiring details of hinges, monitoring switches at roll up windows and installation of central monitoring equipment. Specifications should define single responsibility for operation of system.
 - b. System should be bid using an Electrical Contractor as the Prime Contractor with total responsibility in overall installation and security subcontractor to supervise final connections, locate and install monitoring switches and provide final check out and testing. It would be reasonable to allow the monitoring hinges to remain in the General Contract.
2. Based on the review of the costs in part B above, the total cost appears to be as follows.
 - a. Conduit and wiring for 106 monitoring hinges including final wiring connections to hinges. Conduit and wiring for 30 monitoring switches including final wiring connections to switches. Conduit and wiring to central monitoring equipment at MID but not final connections to equipment or installation of central monitoring equipment.

Premier Electric Estimate	\$16,700.00
b. Monitoring hinges (Straughon Hardware estimate)	\$ 3,500.00
c. Monitoring switches (provided and installed by subcontractor)	\$ 1,500.00
d. Door jamb openings (field cut by General Contractor)	\$ 1,500.00

e. Central monitoring equipment (30 zone) (Red Wing Service re-estimate)	\$ 3,200.00
f. Central monitoring equipment installation wiring connections and emergency power connection (HSAE estimate)	\$ 1,000.00
g. Electrical Contractors profit on Items 2 and 5 above. (assume 10%)	\$ 500.00
	<hr/>
*Total	\$27,900.00

*Architects fee not included

D. Alternative Systems:

1. Before proceeding with any decisions regarding security intrusion detection systems for the hospital area, we wish to review the Unit B/C specified fire management, security and environmental control system and its application to the security requirements for the hospital and the entire Health Sciences building.
2. The specified Unit B/C system includes:
 - a. An operators terminal in Room 3-75 and a separate operators terminal for security applications to be located at the University Police Station. This operators terminal was included in the specifications at the direction of the HSP0 to assure system security capabilities.
 - b. A Class "A" data transmission system with remote data panels located in the electrical cores at each floor of Unit B/C.
 - c. Stairway doors with a single door per zone for the purpose of electrically locking and unlocking doors individually from Room 3-75.
3. Additional security zones can be added to the specified system by wiring the monitoring hinges or other security devices to the nearest remote data panel. If this work is done in the near future the additional wiring can be installed within the specified fire management and security conduit systems.
4. The following options are available with regard to a central security annunciator and control unit at the Mayo Information Desk (M.I.D.).
 - a. Add a 40 zone annunciator with alarm and status indications and secure/access switching on a per zone basis. Additional future zones would require additional equipment and minimum wiring at Mayo Information Desk.

- b. Utilize the operators terminal specified by the Unit B/C Contract Documents by relocating the unit from the University Police Station to the Mayo Information Desk. This unit will provide alarm status and secure/access on a per zone basis. This unit would be capable of handling all future security zones without the addition of equipment to the operators terminal.
5. Costs to expand the specified fire management and security system for Unit B/C to include intrusion detection at 106 hinges and 30 monitoring switches is estimated below.

a. Wiring of security devices to remote data panels - 136 total	\$10,700.00	(See note * below)
b. Monitoring hinges	\$ 3,500.00	
c. Monitoring switches (30 total)	\$ 1,650.00	
d. Door jamb openings	\$ 1,500.00	
e. Remote data panels (24 zones)	\$ 8,450.00	
f. Operator terminal (include in B/C project)	N/C	(See note ** below)
	<hr/>	
Total	\$25,800.00	

Total does not include Architects fee.

*Assuming wiring is included in the specified conduit system for B/C fire management and security system.

**If 40 zone annunciator is utilized in lieu of specified operators terminal, add \$3,500.00.

6. We believe that there are several advantages to utilizing the specified B/C fire management and security system for these additional security zones over the installation of a separate hard wired security system serving only the hospital areas.
- Specified system can provide total building security intrusion detection system for hospital and the other Health Sciences areas.
 - System provides for additional future zone capability by connection to local data panels on each floor in lieu of hard wiring each zone back to MID.
 - System provides permanent records of intrusion detection by recording intrusion time, date and location on system printer.
 - Use of operator terminal eliminates the need to expand and add equipment at M.I.D. for future zones.

82, 12/21/76
HSAE

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

16 December 1976

Mr. Ken B. Fick
Sheehy Construction Company
P.O. Box 3570
St. Paul, Minnesota 55165

Regarding: Unit B/C - Health Sciences Expansion
Section 11611 - Locking Schedule

Dear Mr. Fick:

Bob Swanson of the Health Sciences Planning Office has requested that the User be provided with six copies of each master key and two copies for each key group as listed on the live order Lock Schedule submitted by Hamilton Industries 28 October 1976.

Please forward this request to Mr. Turnock of Haldeman-Homme so that Hamilton Industries may be notified to include this request in their Lock Schedule.

Sincerely,

HEALTH SCIENCES ARCHITECTS AND ENGINEERS, INC.

Al Newcomer

Al Newcomer
l jg

cc: Eugene Kogl
Paul Maupin
John Scott

UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Health Sciences
100 University Avenue, Minneapolis, Minnesota 55455

RECEIVED

JAN 7 1977

January 5, 1977

UNIV. OF MINN.
HEALTH SCIENCES
ADMINISTRATIVE OFFICE

TO: Interested Parties

FROM: Stephen A. Carlton, Director of Protection Services

SUBJECT: Proposed Security Procedures for Hospital Areas
in Unit B/C

ENTRY BY USING DEPARTMENTS

1. The Hospital Department Head responsible for an area in Unit B/C shall designate a person to authorize departmental personnel access to their area in Unit B/C after normal work hours. That person shall keep the Department of Protection Services informed of the names of people to be allowed into the departments area after normal work hours and people to be removed from the list of authorized individuals, as well as, temporary access authorization.
2. People designated to enter closed areas of B/C shall be given a code number to use with their name when calling the Central Security Control (a location and phone number is pending). The person calling will give name, code number zone (area to be entered), and times that they will be there. Upon acknowledgement one may proceed to enter the area. The same procedure would be used when departing.
3. Department may adjust the times they want their area covered by the intrusion detection system.
4. If it is difficult to call prior to entering the area the call to the Central Security Control may be made immediately upon entering the area but within three minutes of such entry.
5. Under all such circumstances doors to area would remain locked while one is working in the area.

ENTRY BY SERVICING DEPARTMENTS

1. Housekeeping and departments needing to deliver items after a department area is closed would be given code numbers to be issued by the department to their personnel. After entering a closed department a service worker would immediately call the Central Security Control to state he or she had entered the area. Prior to leaving they would do the same, giving name, code and area.

The Using Department may approve security after the daily cleaning is completed, but the cleaning personnel would still need to inform the Central Security Control when they completed their work, or the using department could set a specific time to start security monitoring, but naturally this is not as secure a procedure.

All areas being cleaned or having deliveries must remain locked, since such periods are often used by thieves and molesting persons to enter secured areas.

Any suspicious persons, activity, or noises would be reported immediately to the Central Security Control which would dispatch personnel to investigate.

All people in the building after normal work hours must carry appropriate staff identification card with photograph.

Periodically Protection Service Officers, Police Officers and Security Monitors will enter secured areas to check on the safety of those present. Identification may be requested of those present.

Should you have any suggestions or questions please contact me at 6-1177.



UNIVERSITY OF MINNESOTA
TWIN CITIES

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

May 11, 1977

TO: Steve Carlton
FROM: Paul Maupin *Paul Maupin*
SUBJECT: Building B/C Contractors

It has recently come to my attention that you have had direct contact with the Building B/C electrical contractor, Premier Electric, regarding building modification #121.

Steve, it should be clearly understood that the standard policy has always been that no direct contact with the contractors is permitted unless it is channeled through the Health Sciences Planning Office. The reason for this policy is essentially that added information provided through direct user contact gives the contractor a greater edge and places the University at a disadvantage during change order negotiation with the contractors, particularly when that change deals with costs, schedule implications and scope of work. Please schedule all future meetings that you may require with the contractor through this office.

PJM:rm

cc: Robert Dickler
Eugene Kogl
Michael McKee



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 7, 1977

Mr. James Givens
Givens, Incorporated
1805 Cliff Road
St. Paul, Minnesota

SUBJECT: Unit B/C - Phase I
Keying Schedule

Dear Jim:

Enclosed please find one complete copy of the following documents.

- A. A reduced set of the Unit B/C floor plans, indicating the final University room numbers.
- B. One set of the 8-1/2" X 11" University space management room schedules indicating the following:
 1. Final University room numbers
 2. Architects' room numbers
 3. Room title, use, or description

I believe the enclosed information will assist you in the preparation of the preliminary keying schedule as discussed in our September 21, 1977 meeting, but I must point out to you the critical nature of getting this portion of the construction sequence started, since floors B, 11 and 12 are scheduled for occupancy on or around December 5, 1977. Therefore, I will wait to schedule the first departmental review meeting until I hear from you.

Sincerely,

Robert M. Swanson, Jr.

Robert M. Swanson, Jr.
Health Sciences Planning Office

cc: Eugene Kogl

Enclosures



UNIVERSITY OF MINNESOTA
TWIN CITIES

Unit B/C - Security

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

October 12, 1977

Mr. James Givens
Givens, Incorporated
1805 Cliff Road
St. Paul, Minnesota

SUBJECT: Unit B/C - Phase I
Keying Schedule

Dear Jim:

Attached please find a copy of Mr. Arnie Christianson's October 5, 1977 memorandum, which indicates certain revisions to the room numbering sequence sent to you on October 7, 1977.

Please incorporate the attached information to your preliminary keying schedule.

Sincerely,

Robert M. Swanson Jr.

Robert M. Swanson, Jr.
Health Sciences Planning Office

RMS:rt

cc: Eugene Kogl

Attachments



UNIVERSITY OF MINNESOTA
TWIN CITIES

Space Programming and Management Division
Physical Planning
N-363 Elliott Hall
Minneapolis, Minnesota 55455
(612) 373-2996

October 5, 1977

TO: Jack Geretz
Lee Meyer
Rudy Ruzicka
Bob Swanson

FROM: Arnie Christianson *AC*

SUBJECT: Room Number Revisions for Health Sciences Unit B/C

Enclosed are new floor plans and architect's vs. final room number lists for the following corrections:

Floor Plans

Floor 1 - room 1-235 has been added
 room 2-470 changed to 1-361
 2-470A " " 1-363
 2-470B " " 1-363A
 2-470C " " 1-361A
 2-470D " " 1-458
 2-470E " " 1-458A
 2-470F " " 1-458B

Floor 8 - rooms 8-166, 8-202, 8-204 have been added

Floor 9 - room 9-168 changed to 9-170
 9-169 " " 9-171
 9-169A " " 9-171A
 9-171 " " 9-173
 9-172 " " 9-174
 9-174 " " 9-176
 9-176 " " 9-178
 9-178 " " 9-180
 9-179 " " 9-181

Floor 12 - room 12-102A has been added
 room 12-102 changed to 12-104

Room Number Lists

New copies of pages 8, 15, 34, 43, 45. The changes on these pages are easily discerned.

AC/SR

RECEIVED

OCT 7 1977

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

UNIVERSITY OF MINNESOTA
DEPARTMENT OF PLANT SERVICES

BLDG: Health Sciences Unit B/C
Bldg. 144

PAGE 8 OF 49
DATED 5/31/77
REVISED _____

Final Room No.	Arch't's Room No.	Room Title, Use, or Description	
None	1-095	Serv. Corridor	
None	1-096	Elevator Lobby	
None	1-097	Stair 'B'	
None	1-098	Stair 'A'	
None	1-099	Stair 'D'	
None	1-100	Stair 'C'	
1-460	1-101	Shell	
1-460A	1-102	Shell	
1-363A 2-470B	1-103	Shell	
1-363 2-470A	1-104	Dressing	
1-363A 2-470A	1-105	Patient Waiting	
1-361 2-470	1-106	Vestibule	
1-361A 2-470C	1-107	Anteroom	
1-458A,B 2-470E,F	1-108	Lock Storage	
1-458 2-470D	1-109	Storage	
1-457	1-110	Child Waiting	
1-455	1-111	Consultation	
1-453	1-112	Scale	
1-445	1-113	Exam	
1-445A	1-114	Toilet	
1-439A	1-115	Toilet	
1-443	1-116	Storage	
1-441	1-117	Storage	
1-439	1-118	Exam	
1-437	1-119	Exam	
1-437A	1-120	Toilet	
1-431A	1-121	Toilet	
1-435	1-122	Storage	
1-433	1-123	Storage	
1-431	1-124	Exam	
1-432	1-125	Exam	
1-432A	1-126	Toilet	
1-436A	1-127	Toilet	
1-436	1-128	Exam	
1-444	1-129	Soiled Utility	
1-450	1-130	Treatment	

UNIVERSITY OF MINNESOTA

DEPARTMENT OF PLANT SERVICES

BLDG: Health Sciences Unit B/C
Bldg. 144

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DATED 5/31/77

REVISED _____

Final Room No.	Arch't's Room No.	Room Title, Use, or Description
1-525C	1-356	Office
1-525B	1-357	Office
1-525A	1-358	Office
1-525	1-359	Reception
1-523	1-360	Lunch Room
1-210	None	Closet
1-523	1-361	Kitchen
1-523	1-362	Conference
1-513	1-363	Storage
1-509	1-364	Storage
	1-365	Storage
1-564	1-366	Storage
1-567	1-367	Food Preparation
1-565	1-368	Animal Room
1-561B	1-369	Dog Runs
1-561	1-370	Canine Receiving
1-562	1-371	Animal Room
1-560	1-372	Animal Room
1-561A	1-373	Dog Runs
1-558	1-374	Animal Room
1-537	1-375	Secretary
None	1-376	Shower
1-524	1-377	Women's Toilet
1-524A	None	Shower
1-537B	1-378	Manager
1-537A	1-379	Supervisor
1-550A	1-380	Sterile Surgery
1-550	1-381	Minor Surgery
1-555	1-382	Sick Bay
1-553	1-383	Hematology
1-551	1-384	Necropsy
1-549 None	1-385	Cold Room (N.I.C.)
1-547	1-386	Exp. Pathology
1-540	1-387	Food and Bed
1-541	1-388	Animal Receiving
1-541C	1-389	Refuse

UNIVERSITY OF MINNESOTA

DEPARTMENT OF PLANT SERVICES

BLDG: Health Sciences Unit B/C
Bldg. 144

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DATED 5/31/77

REVISED

Final Room No.	Arch's Room No.	Room Title, Use, or Description
8-107A	8-133	Exam
8-105	8-134	Control
8-105A	8-135	Exam
8-103	8-136	Control
8-103A	8-136A	Exam
8-129	8-137	Dictating
8-100	8-138	Reception
8-143	8-139	Dictating
3-166 8-167, 8-168 8-169, 8-170	8-140	Clinic
8-161	8-141	Exam
8-159	8-142	Utility
8-160	8-143	Minor O.R.
8-173 8-300	8-144	Shell Space
8-218	8-145	Shell Space
None	8-146	Waiting
8-102	8-147	Child Play
8-104	8-148	Control
8-104A	8-149	Exam
8-106	8-150	Control
8-106A	8-151	Exam
8-108	8-152	Control
8-108A	8-153	Exam
8-113	8-154	Listening
8-111	8-155	Listening
None	8-156	Vending
8-208	8-157	Storage
8-206	8-158	Control
8-206A	8-159	Exam
None	8-160	Coats
None	8-161	Coats
8-174	8-166	Control
8-176	8-167	Procedure
8-180	8-168	Shell Space
8-212	8-180	Storage
8-214	8-181	Storage

UNIVERSITY OF MINNESOTA

BLDG: Health Sciences Unit B/C
Bldg. 144

DATED 5/31/77

REVISED

DEPARTMENT OF PLANT SERVICES

Final Room No.	Arch's Room No.	Room Title, Use, or Description	
12-201	12-025	Utility Core	
12-170A	12-026	Utility Core	
None	12-027	Utility Core	
None	12-028	Omitted	
12-182 12-182	12-029	Utility Core	
12-183A	12-030	Utility Core	
12-152A	12-031	Utility Core	
None	12-032	Omitted	
None	12-033	Utility Core	
12-132A	12-034	Utility Core	
None	12-035	Utility Core	
None	12-080	Corridor	
None	12-081	Corridor	
None	12-082	Corridor	
None	12-083	Corridor	
None	12-084	Corridor	
None	12-084A	Omitted	
None	12-085	Corridor	
None	12-086	Corridor	
None	12-087	Corridor	
None	12-088	Corridor	
None	12-089	Corridor	
None	12-090	Corridor	
None	12-091	Corridor	
12-194	12-092	Janitor	
12-196	12-093	Men Toilet	
None	12-093A	Omitted	
12-180	12-094	Women Toilet	
12-180	12-094A	Vestibule	
12-184	12-095	Trash Room	
None	12-096	Elevator Room	
None	12-097	Stair 'A'	
None	12-098	Omitted	
None	12-099	Stair 'D'	

UNIVERSITY OF MINNESOTA

DEPARTMENT OF PLANT SERVICES

BLDG: Health Sciences Unit B/C
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DATED 5/31/77
REVISED

Final Room No.	Arch't's Room No.	Room Title, Use, or Description
12-157	12-136	Faculty Office
12-152	12-137	Faculty Office
12-154	12-138	Faculty Office
12-156	12-139	Faculty Office
12-158	12-140	Faculty Office
12-160	12-141	Faculty Office
12-162	12-142	Faculty Office
12-164	12-143	Faculty Office
12-166	12-144	Faculty Office
12-168	12-145	Faculty Office
None	12-146	Omitted
12-170	12-147	Faculty Office
12-176	12-148	Storage
12-178	12-149	Kitchen
12-182	12-150	Women's Lounge
12-192	12-151	Storage
12-190	12-152	Storage
None	12-153	Vending
12-202	12-154	Storage
None	12-155	Omitted
12-204	12-156	Lab. Office
12-206	12-157	Lab. Office
12-223	12-158	Lab 'A'
12-225	12-158	Lab 'A'
12-208	12-159	Lab. Office
12-210	12-160	Lab. Office
12-227	12-161	Lab 'B'
12-229	12-161	Lab 'B'
12-231C	12-162	Recovery
12-231	12-163	Animal Inst.
12-231B	12-164	Prep.
12-102A None	12-165	Supply
12-231A	12-166	Surg. Corr.
12-231D	12-167	Animal O. R.
12-221	None	Future Cold Room
12-231E	A101B	Workroom

Security



UNIVERSITY OF MINNESOTA
TWIN CITIES

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

MEMO

TO: Paul Maupin
FROM: Robert M. Dickler *RM*
SUBJECT: Unit B/C Atrium Areas
DATE: November 28, 1978

NOV 30 1978

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

It has been brought to my attention by a number of physicians and Hospital personnel that the current atrium areas in B/C present a potential hazard to children and other patients. More specifically, they have expressed concern that the current low barriers surrounding the escalators in the building would permit both children and adults, who have a predisposition to bodily harm, to jump or fall several stories.

We would request that you office investigate the possibility of increasing the height of the railing barriers around the escalators through the use of plexiglas or other materials. I recognize that this was not in the original specifications of the building, but would suggest that this may well be a design deficiency. I appreciate your early attention to this matter in light of the impending opening of the building to the full spectrum of patients in early 1979. If you have any questions please feel free to contact me.

HSAE

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

8 December 1978

Mr. Paul J. Maupin
Health Sciences Planning Coordinator
4104 Powell Hall
University of Minnesota
Minneapolis, Minnesota 55455

DEC 11 1978
UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

Re: Unit B/C - Health Sciences Expansion
Escalator Opening Areas

Dear Mr. Maupin:

This letter is in response to your memorandum to me dated November 30, 1978 concerning the guardrails surrounding the escalator floor openings.

I believe it is important that all parties concerned about the railings understand that the guardrails do conform to appropriate building code requirements and standards. In addition, it should also be understood that the guardrails provide continuous closure with a vertical height of 42 inches. This design characteristic provides more closure than is required by code. Based upon building code requirements and standards, I do not believe there is any design deficiency.


Robert Dickler's memorandum dated November 28, 1978 suggests a concern related to people who have a predisposition to do bodily harm to themselves by climbing over the guardrails and falling several stories. The probability and concern for this condition occurring can only be judged by the appropriate University representatives. Increasing the height of the guardrails would be possible but there are design implications which may not be easily resolved.

Before any serious design effort is undertaken to modify the railings I believe the appropriate University representatives should thoroughly evaluate the situation and determine whether or not the concerns truly justify any changes to the guardrail provision. The subject condition occurs in numerous buildings without any significant problem associated with the guardrail provisions. The design conditions in buildings where there have been problems related to people wishing to do harm to themselves seem to be somewhat different than exists in buildings like Unit B/C where there has not been a problem.

Please advise if we can be of any assistance in evaluating the need for making any design changes.

Sincerely yours,

HEALTH SCIENCES ARCHITECTS AND ENGINEERS, INC.


Duane E. Blanchard
cc: Robert Dickler



UNIVERSITY OF MINNESOTA
TWIN CITIES

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

January 19, 1979

State of Minnesota
Department of Labor & Industry
St. Paul, MN 55101

Attention: Mr. Ivan W. Russell
Director, Occupational Safety
and Health Division

Subject: Unit B/C, Health Sciences Expansion
University of Minnesota

Dear Mr. Russell:

I have been instructed to reply to your letters dated June 28, 1977, October 25, 1977, December 12, 1977 and two letters dated February 7, 1978, regarding your safety investigator's inspection of the subject facility's elevators and escalators.

You are notified herewith that the contractors have complied with correction of all safety violations listed in your letters and that we now await your verification of compliance.

Yours very truly,

Oliver W. Hughes
Senior Construction Superintendent

OWH:mka

cc: Paul E. Kopietz
E. A. Kogl
Don Herron
Paul Maupin ✓
Don Holberg
Dick Hendricks
Dick Carlson
Earl Romness
Kenneth B. Fick
Fred J. Jahnke

JAN 24 Rec'd

UNIV. OF MINN.
HEALTH SCIENCES EXPANSION



UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Psychiatry
Medical School
Box 393 Mayo Memorial Building
Minneapolis, Minnesota 55455

January 24, 1979

Mr. Robert M. Dickler
Associate Director
Hospital Administration
Box 606 Mayo Memorial Building

Dear Bob:

Upon receipt of your January 15, 1979, memo regarding Unit B/C, I pursued the question of what information had been sent to you and your staff regarding possible security risks within the escalator areas of the B/C facility. Dr. Greenberg has given me copies of his correspondence (two memos dated June 5 and September 26, 1978, to Greg Kujawa), which clearly outlines the problem as he sees it.

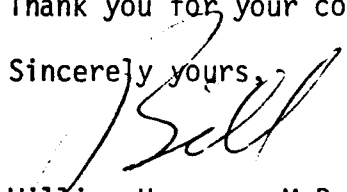
We feel that facility planning falls outside of our area of responsibility and, also, outside of our area of expertise. The dangers pointed out in Dr. Greenberg's memos to Mr. Kujawa appear to represent a common-sense issue: Isn't it better to provide adequate security against accidents than to wait and see if an accident (and subsequent lawsuit) actually does occur?

In his December 8, 1978, letter to Paul Maupin, Duane Blanchard suggests that "appropriate University representatives thoroughly evaluate the situation" before any serious design effort is undertaken. If, in your opinion, the Department of Psychiatry faculty are the appropriate representatives, our evaluation suggests that the danger exists and re-design should be undertaken. You may wish to have our evaluation corroborated by other University representatives.

In any case, I appreciate what you have done on this matter and hope that you will take further action to insure against possible tragedy.

Thank you for your concern.

Sincerely yours,


William Hausman, M.D.
Professor and Head

WH/mh

cc: Dr. Greenberg
Mr. Kujawa



UNIVERSITY OF MINNESOTA
TWIN CITIES

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

MEMO

TO: Paul Maupin
FROM: Robert M. Dickler *RD*
SUBJECT: Unit B/C - Escalator Lobby Areas
DATE: February 12, 1979

FEB 14 Rec'd
UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

In relation to our recent correspondence regarding potential safety and security risks in the areas surrounding the escalator areas, I have contacted the Department of Psychiatry for their opinion regarding suicidal or other self-harm activities which might result from this situation. You will see a copy of Dr. Hausman's letter enclosed, which I believe is self-explanatory. The Hospitals continue to believe that your office should give serious consideration to modifications on the second and third floor to eliminate any potential hazards which might arise. I look forward to discussing this matter further with you after your review of this material.

cc: Greg Hart
Greg Kujawa
Dr. Hausman
Dr. Greenberg

rmd/sm



UNIVERSITY OF MINNESOTA
TWIN CITIES

Space Programming and Management Division
Physical Planning
Suite 423 Johnston Hall
101 Pleasant Street S.E.
Minneapolis, Minnesota 55455
(612) 373-2996

October 22, 1981

TO: Tom Kyle

FROM: Virginia Howard *VH*

SUBJECT: Health Science Bookstore Expansion in Unit A

The first knowledge I had of the relocation of the Police Department's office on the concourse of Unit A by June 1, 1982 was a telephone call from Sgt. James Verbrugge Friday, October 16, 1981.

It is difficult for me to understand why a location for the Police Department's office was not determined when the Bookstore expansion was approved.

The Police Department's office current location is well suited for their activities and I would like to suggest the Bookstore expansion be designed to also accommodate the Police Department's needs.

VH/SR

CC: Jeffrey Meyer
Paul Maupin
Clinton Hewitt
Cherie Perlmutter
Eugene Wilson
James Duffy
David Garloff
Sgt. Verbrugge



UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Planning Office
Physical Planning
Health Sciences Complex
Box 726 Mayo Memorial Building
Minneapolis, Minnesota 55455

(612) 373-8981

November 2, 1981

TO: David Garloff
Health Sciences Learning Resources

FROM: Tom Kyle *Tom*
Health Sciences Planning Office

SUBJECT: Unit A - Security Staff Office

Upon completion of the replacement seminar space on floor five in the Phillips-Wangensteen Building, it will be necessary for the Security Office on the Unit A second floor concourse to relocate. Their present office (2-550) is in the Health Sciences Bookstore expansion area. The replacement space in B/C is in excess of the space being vacated; approximately 950 square feet will replace the existing 625 square feet in Unit A.

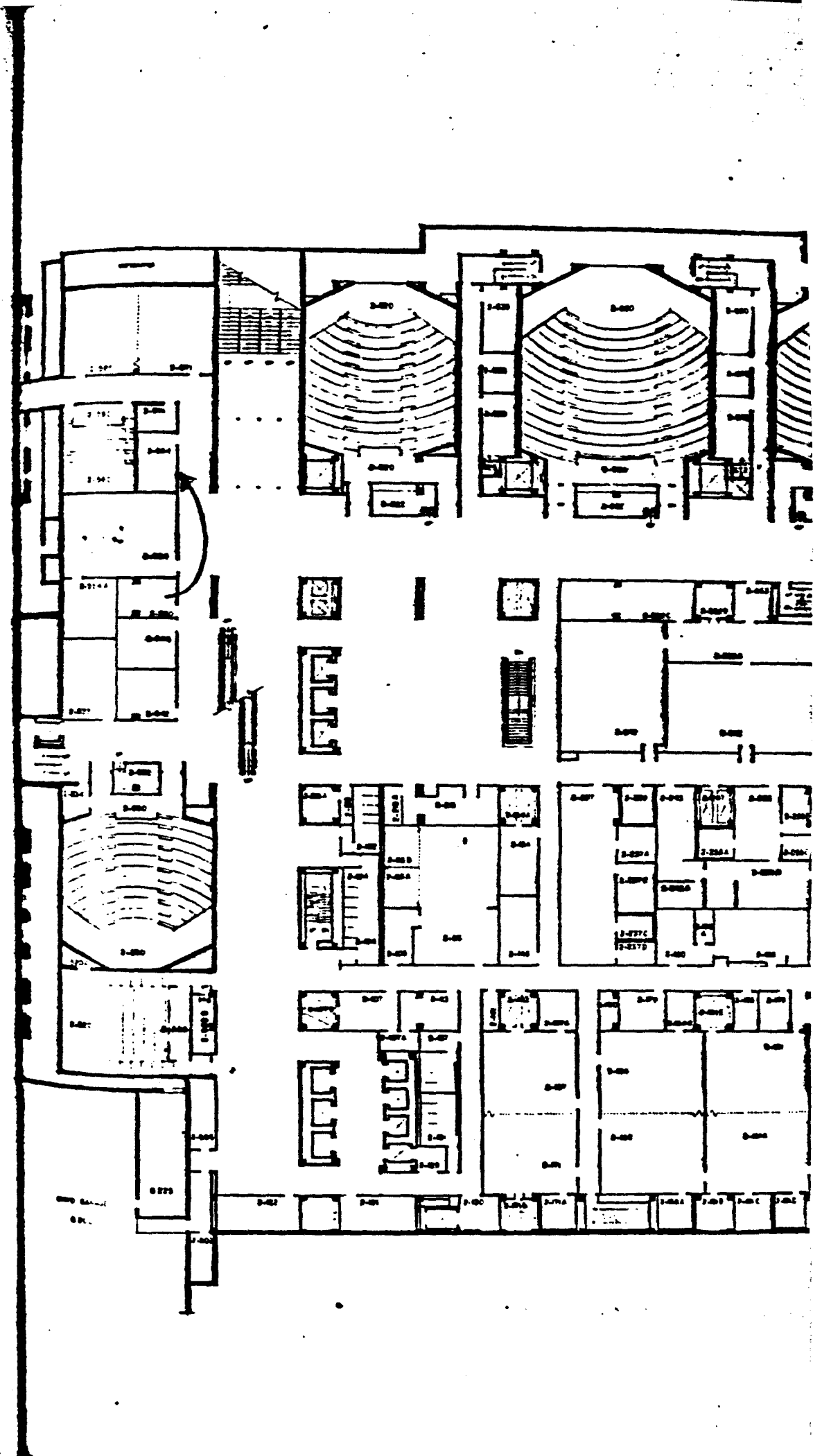
This is specifically a request to have Room 2-564 in Unit A assigned to Security for their staff office and control center. The proposed room is similar to the one being vacated but is north of the Bookstore.

Our review of the entire concourse indicates this is the most successful location for this function as it is adjacent to the only after-hours entrance, is centrally located in the concourse and allows instant access to east-west and north-south concourses plus vertical transportation conduits. We have investigated a number of alternate locations and have found nothing as satisfactory, or available in light of the replacement space.

Please let me know as soon as possible of your approval and assignment of this space to Security.

TK:nka

cc: Cherie Perlmutter
Clint Hewitt
Paul Maupin ✓
Jeffery Meyer
Eugene Wilson
James Duffy
Sgt. Verbrugge





UNIVERSITY OF MINNESOTA
TWIN CITIES

Office of the Assistant Vice President

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



November 10, 1981

TO: Paul Maupin

FROM: Clint Hewitt *Cheriemutter*

This memorandum concerns the issue raised by Virginia Howard about the relocation of the Police Department's office on the concourse of Unit A by June 1, 1982. It is my understanding that you and Jeff Meyer have had a meeting and have clarified the procedures that should be following in the assignment and re-assignment of spaces in buildings. With the constant criticism that we get about not knowing where spaces are and to whom they are assigned, it is absolutely crucial to follow the same procedures for all University buildings.

CNH/hd


cc: Jeff Meyer
Cherie Perlmutter



UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Planning Office
Physical Planning
Health Sciences Complex
Box 726 Mayo Memorial Building
Minneapolis, Minnesota 55455
(612) 373-8981

November 12, 1981

TO: Clint Hewitt
FROM: Paul J. Maupin 
SUBJECT: Police Department Security Office

I'm not quite sure what the problem is with the reference to the subject office. However, I have attached some documentation which clearly indicates that all parties at the University have been kept informed and have known of this situation since at least August of 1978.

If you need any further information, please give me a call.

PJM:jmw

THE COMMITTEE TO UPDATE THE HEALTH SCIENCES MASTER PLAN


Minutes of the March 20, 1980 Meeting

March 20, 1980 - 2:30 p.m. - 608 Campus Club

Members

Present: Robert Dickler, University Hospitals
Frank DiGangi, College of Pharmacy
Clint Hewitt, Physical Planning (co-chair)
Harry Hogenkamp, Basic Sciences
Mel Holland, School of Dentistry
Jeff Meyer, Space Programming & Management
Cherie Perlmutter, V.P. Office for Health Sciences (co-chair)
Lee Stauffer, School of Public Health

I. Copies of "draft" minutes of the February 28, 1980 meeting were distributed for comment. Discussion relative to action taken at that meeting followed.

 Specifically, the action on the Bookstore/Seminar/Health Science Planning Office recommendation taken at February 28th meeting resulted in the following committee action regarding the conduct of the committee's business.

A. Recommendations made by the Committee will be determined by a simple majority of voting members present provided that the agenda is prepared in advance so that members will be aware of action items.

B. Items requiring action by the Committee will be placed on the agenda first for information with action to occur in a subsequent meeting permitting representatives of collegiate units to confer with their planning councils and deans.

C. Voting members will include the ex-officio co-chairmen. Voting members will not include ex-officio representatives of Health Sciences Planning Office or the Space Programming and Management Office.

D. Frank DiGangi will serve as parliamentarian.

Wayne Drehmel asked if the discussion of the Bookstore/Seminar/Health Science Planning Office included consideration of academic program needs. Committee

members agreed that academic program needs were included in the discussion, but not specifically on a program by program basis. Drehmel asked that the minutes reflect that academic needs had been considered.

- II. C. Hewitt reported on the status of the three capital items for the Health Sciences which are included in the University's request now being considered by the State legislature.

	<u>Governor Recommended</u>	<u>Senate</u>	<u>House</u>
Public Health \$3.3 M remodeling	\$1 M	approved	disapproved
Microbiology* \$83,408 planning	no	approved	disapproved
Anesthesiology \$66,825	yes	approved	approved

*Remodeling funds for Microbiology (14th Fl. Mayo Tower) were included in the original University's request in accordance with an earlier timetable which assumed that Pediatric space on the 14th floor of Phillips-Wangensteen Building would be completed by 1980, thus vacating the Mayo space for Microbiology. Fund raising efforts delayed the completion of the P-W Building. When it became apparent that construction funds for Microbiology could not be used in this biennium, the University changed the request to planning funds in order to use the time during 1980-81 year to complete the architectural/engineering design in order to avoid losing additional time when Pediatrics is moved to P-W Building.

Dr. Hogenkamp asked that the committee take note that the Microbiology remodeling is the Medical School's top capital improvement priority and that the importance of moving ahead with this component of the Master Plan is essential to the School and the Department, particularly in light of the pending recruitment of a new head for this department.

III. R. Dickler provided the Committee with a line drawing of the plan to provide "interim" space for the Department of Therapeutic Radiology, now housed in Powell Hall. A corridor in Phillips-Wangensteen Building (2nd Floor) main concourse level which is presently a dead-end will be closed off and open landscaping will be used to provide offices for the department, with University Hospitals and Clinic funding. This particular corridor will not obstruct circulation inasmuch as its design was intended to eventually connect with an underground tunnel to the parking ramp.

The committee indicated no objection to the solution except to note for the record that

- A. There is no precedent established by this action insofar as use of open space is concerned.
- B. Such items are to be placed on Master Plan Update Committee agenda.
- C. Since the space has not been considered for allocation among competing needs, any future use of the space, following the move of Therapeutic Radiology to permanent space in the new hospital facility, will be determined by the Master Plan Update Committee, UH & C funding notwithstanding.
- B. Dickler indicated that schedule for Powell Hall demolition is March 1, 1981.
- F. DiGangi asked that the committee be provided with a composite of the Powell Hall occupants in order to review possible relocation solutions.

IV. Alternative solutions to the Credit Union location were not available for discussion due to the absence of Paul Maupin.

V. November 1, 1980 is the target date for moving the School of Nursing and the College of Pharmacy to Unit F. Potential strikes by the skilled trades may delay the move.

- VI. C. Perlmutter provided the members with a draft of space planning methods and some examples of the application of various space standards to planning. The committee agreed that this information, if provided for each of the Health Science units would provide the data the committee members would like to have in relation to space allocation in the original Master Plan and will be useful in determining future space allocations.
- VII. P. Maupin had provided the committee with a letter of information regarding the activation of the Diehl Hall loading dock for waste handling. P. Maupin was not available to address questions. The committee indicated that it would like to know if there are any disadvantages associated with this move. Parking was specifically mentioned.