

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE ADMINISTRATIVE LAW COURT
John D. McLeod, Administrative Law Judge

Case No. 09-ALJ-07-0332-CC

Trident Medical Center, LLC, d/b/a
Berkeley Medical Center, ...Appellant/Respondent,

v.

South Carolina Department of Health and
Environmental Control and Roper St. Francis
Hospital-Berkeley d/b/a Roper St. Francis Hospital,

Of Whom South Carolina Department of Health and
Environmental Control is the Respondent, and

Roper St. Francis is the Respondent/Appellant.

Case No. 09-ALJ-07-0333-CC

Trident Medical Center, LLC, d/b/a
Berkeley Regional Medical Center, ...Appellant/Respondent,

v.

South Carolina Department of Health and
Environmental Control, and Roper St. Francis
Hospital-Berkeley, Inc. d/b/a Roper St. Francis
Hospital-Berkeley,

Of Whom South Carolina Department of Health and
Environmental Control is the Respondent, and

Roper St. Francis is the Respondent/Appellant.

RECORD ON APPEAL - VOLUME XII OF XVI

(caption continued from cover page):

Case No. 09-ALJ-07-0336-CC

CareAlliance Health Services and Roper
St. Francis Hospital-Berkeley, ... Respondents/Appellants,

v.

South Carolina Department of Health and
Environmental Control and Trident Medical
Center, LLC Respondents,

Of whom Trident Medical Center, LLC is the Appellant.

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June 23, 2009

Via Hand-Delivery

Beverly A. Brandt, Director

Bureau of Health Facilities and Services Development
South Carolina Department of Health and

Environmental Control

1777 St. Julian Place, Suite 201

Columbia, SC 29204

JUN 23 2009

Re: *Construction to establish a fifty (50) bed acute care hospital through the transfer of 50 acute care beds from the bed need generated by Trident Medical Center to include a Magnetic Resonance Imaging (MRI) unit and a Computed Tomography (CT) scanner; the proposed facility is to be located adjacent to the current site of the Moncks Corner Medical Center at the intersection of Martin Luther King Drive and Highway 17A*

*Trident Medical Center, LLC d/b/a Berkeley Regional Medical Center,
Moncks Corner, South Carolina
("Trident Application")*

Construction of a new hospital by transferring fifty (50) acute care beds from Roper Hospital to include a multi-slice Computed Tomography (CT) scanner and a 1.5T Magnetic Resonance Imaging (MRI) unit; the proposed facility will be located on Highway 17A in Goose Creek

*Roper St. Francis Hospital-Berkeley, Inc., Goose Creek, South Carolina
("Roper Berkeley Application")*

Dear Ms. Brandt:

On behalf of our client Trident Medical Center ("Trident"), I want to thank you and your staff for the many hours of work that you have performed in reviewing the above-referenced certificate of need applications (collectively, the "Applications"). In follow-up to the Project

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PPAB 1578370v1

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Review meeting and to your prior communications regarding these projects, I am writing to address certain legal issues that you and your staff currently are considering.

Discussion

I. Trident and Roper Are Competing Applicants.

There has been some discussion regarding whether Trident and Roper St. Francis Hospital – Berkeley, Inc. (“Roper Berkeley”) should be considered “competing applicants” within the meaning of the State Licensure and Certification of Need Act, S.C. Code Ann. §§44-7-110 *et seq.* (“CON Act”) and the Department’s CON regulations codified at 24A S.C. Code Ann. Reg. 61-15 (“Regulation 61-15”). Based on the law and facts applicable to this issue and as explained in greater detail below, the only conclusion that the Department can reach is that Trident and Roper Berkeley are competing applicants. Therefore, the Department must determine which Application most fully complies with the applicable requirements and criteria and approve only one of the Applications.

As you are aware, Section 44-7-130(5) of the CON Act and Regulation 61-15 §103(6) collectively define the term “competing applicants” as follows:

two or more persons and/or health care facilities as defined in this regulation who apply for Certificates of Need to provide similar services and/or facilities in the same service area and whose applications if approved would exceed the need for this facility or service. An application shall be considered competing if it is received by the Department no later than fifteen (15) days after a Notice of Affected Persons is published in the State Register for one or more applications for similar services and/or facilities in the same service area. All applications received by the Department within fifteen (15) days of publication of the Notice of Affected Persons in the State Register for the first application(s) will be considered to be competing. Any applications received by the Department later than the fifteenth day following publication of the Notice of Affected Persons in the State Register for the first application(s) will not be considered to be competing with the(se) application(s).

The Department must consider Trident and Roper Berkeley to be “competing applicants” with respect to the Applications because (1) Trident and Roper Berkeley are seeking to provide similar facilities and services in the same service area, (2) the Roper Berkeley Application was filed no later than fifteen days after the Department’s Notice of Affected Persons for the Trident Application was published in the *State Register*, and (3) approval of both Applications would exceed the need for the facilities and services.

A. Trident and Roper Berkeley are seeking to provide similar facilities and services in the same service area.

The Department correctly has acknowledged that Trident and Roper Berkeley are applying to provide similar facilities and services in the same service area. *See* 4/28/2009 Ltr., Lisa Sanders to Jim Rardin (extending Trident Application review time frame because “there is another application . . . requesting approval of similar services in the same service area”). Both Applicants seek to establish a 50-bed non-tertiary acute care hospital, to include CT and MRI

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services. Both Applicants further seek to establish a hospital in Berkeley County which, under both the 2004-2005 *State Health Plan* and the 2008-2009 *State Health Plan*, is located in the defined service area of Berkeley, Dorchester and Charleston Counties ("Tri-County Service Area"). In addition, the respective Primary Service Areas proposed by Trident and Roper Berkeley overlap significantly.

B. Roper Berkeley met the 15-day filing deadline.

Clearly, Roper Berkeley, as the second Applicant, filed its Application well before the 15-day deadline referenced in the CON Act and Regulation 61-15 in order to ensure that it was a competing applicant. The Notice of Affected Persons for the Trident Application was published in the February 27, 2009 issue of the *South Carolina State Register*, and therefore an applicant was required to file an application on or before March 16, 2009¹ in order to qualify as a competing applicant. Roper Berkeley filed its Application on December 10, 2008.

C. Approval of both Applications would exceed the need for hospital beds in the service area and would violate the Department's regulations requiring the projects to be financially feasible.

The information that has been submitted for the Department's consideration clearly demonstrates that if the Department approves both Applications, the projects would greatly exceed the need for hospital beds in the service area. The projected need for inpatient hospital beds in the service area is established in the *State Health Plan*.² Under either the 2004-2005 or 2008-2009 *State Health Plan*, Trident has a facility-specific need for additional beds in its service area, but Roper has an excess of hospital beds. Roper is attempting to circumvent this excess bed capacity by proposing to relocate, rather than add, beds to establish a new hospital. Thus, the Department's evaluation of whether both projects will exceed the "need" for new hospital beds cannot rely solely on the *Plans'* numerical bed need projections. The Department must make this determination based on the totality of the circumstances and a comprehensive evaluation of the Applications in light of the CON Act's stated purposes.

The information submitted to the Department clearly demonstrates that there is insufficient projected population growth to support acceptable utilization rates for two 50-bed hospitals.³ Thus, if both Applications are approved, neither hospital can meet its projected utilization unless it forces the other new hospital to close and/or it has a significant adverse

¹ The fifteenth day after February 27, 2009 was Saturday, March 14, 2009. Based on the Department's practice of extending deadlines that fall on Saturdays, Sunday or holidays to the next business day, the 15-day deadline was Monday, March 16, 2009.

² Trident filed its Application when the 2004-2005 *Plan* was in effect and Roper Berkeley filed its Application after the 2008-2009 *Plan* went into effect.

³ See May 28, 2009 Letter, Richard Baehr & Associates to Beverly A. Brandt, at p. 2 ("[T]he Roper St. Francis application projects growth in average daily census in all of Berkeley County of just over 20 patients per day by 2016. This increase in inpatient utilization is enough to justify construction of *one* 50-bed hospital along with additional census obtained from gaining market share from existing providers. *It is certainly not enough to support two new hospitals.*")

Beverly A. Brandt, Director
 June 23, 2009
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impact on Trident Health System's existing hospitals. The practical effect of this finding is reflected in the financial projections provided by both Trident and Roper Berkeley in their respective Applications, which demonstrate that if both Applications are approved, ***both hospitals will lose a combined total of almost \$60 million by year three of their operations.*** See Trident Health System Project Review Presentation (May 21, 2009), slide 26.

Finally, if the Department approves both Applications, the result would be the unnecessary duplication and over-proliferation of inpatient hospital facilities and services in Berkeley County. This will prevent both hospitals from becoming financially viable, which in turn will most likely result in the closure of one or both of the hospitals. In addition, the establishment of the Roper hospital within 10 miles of existing Trident Health System hospitals would have a material adverse financial impact on Trident Health System. Thus, approval of both Applications would effectively disqualify them from satisfying the criteria set forth in the *State Health Plans* and in Regulation 61-15, including the requirement that the projects will be financially feasible and that the projects will not have a material adverse impact on existing providers.⁴ This is an absurd result that the concept of "competing applicants" was intended to prevent. In short, the Department's approval of both Applications would epitomize poor health planning and would violate every stated purpose of the CON Act and the Department's CON Program.

II. Roper Cannot Transfer Existing Beds to Establish a New Hospital.

Although neither of the existing Roper St. Francis Healthcare hospitals shows a bed need, Roper attempts to justify its proposal to establish a new satellite hospital based on the 2008-2009 *State Health Plan's* allowance of the transfer of inpatient hospital beds between *existing*, related facilities. The *State Health Plan* sets forth the requirements and criteria for the transfer of beds as follows:

(4)(j) Changes in the delivery system due to health care reform have resulted in the consolidation of facilities and the establishment of provider networks. These consolidations and agreements may lead to situations where *affiliated hospitals* may wish to transfer beds *between themselves* in order to serve their patients in a more efficient manner. A proposal to transfer or exchange *hospital* beds requires a Certificate of Need and *must* comply with the following criteria:

1. A transfer or exchange of beds may be approved only if there is no overall increase in beds;
2. Such transfers may cross county lines; however, the applicants must document with patient origin data the *historical* utilization of the *receiving* facility by residents of the county giving up beds;

⁴ See, e.g., S.C. Reg. 61-15 §802(15) ("The applicant must have projected both the immediate and long-term financial feasibility of the proposal. Such projection should be reasonable and based upon accepted accounting procedures."); §802(23) ("The impact on the current and projected occupancy rates or use rates of existing facilities and services should be weighed against the increased accessibility offered by the proposed services.").

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3. Should the response to Criterion 2. fail to show a historical precedence of residents of the county transferring the beds utilizing the receiving facility, the applicants must document why it is in the best interest of these residents to transfer the beds to a facility with no historical affinity for them;
4. The applicants must explain the impact of transferring the beds on the health care delivery system of the county from which the beds are to be taken; any negative impacts must be detailed along with the perceived benefits of such an agreement;
5. The facility receiving the beds *must* demonstrate the need for the additional capacity based on both *historical* and projected utilization patterns;
6. The facility giving up the beds may not use the loss of these beds as justification for a subsequent request for the approval of additional beds;
7. A written contract or agreement *between* the governing bodies of the affected facilities approving the transfer or exchange of beds must be included in the Certificate of Need application;
8. Each facility giving up beds must acknowledge in writing that this exchange is permanent; any further transfers would be subject to this same process.

2008-2009 *State Health Plan*, Chapter II, Section G.1.(A)(4)(j), pp. II-9 – II-10. Roper's proposal to transfer existing beds to establish a *new* hospital violates this section of the *Plan* and disqualifies Roper's Application from being approved. Specifically, the plain language of the *Plan* dictates that the transfer of beds provision only applies to currently existing related hospitals. Nothing in the *Plan* provides for the transfer of beds to a proposed, but currently non-existent, hospital. Nothing in the *Plan* supports DHEC's interpretation that the bed transfer section can be used to create a new hospital where none existed before. *See Fox v. Moultrie*, 379 S.C. 609, 666 S.E.2d 915 (2008) ("In interpreting these statutes, we must look to the plain meaning. 'If the statute is clear and unambiguous 'that is the end of the matter, for the court, as well as the agency, must give effect to the unambiguously expressed intent of [the legislative body]. The traditional deference courts pay to agency interpretation is not to be applied to alter the clearly expressed intent of [the legislative body].'" (citing *Bd. of Governors, FRS v. Dimension Fin. Corp.*, 474 U.S. 361, 368 (1986)).

To the contrary, as the preamble to this section of the *State Health Plan* indicates, sometimes "*affiliated hospitals* may wish to transfer beds *between themselves* in order to serve their patients in a more efficient manner. A proposal to transfer or *exchange* hospital beds requires a Certificate of Need" This language, when read in its plain and ordinary sense, clearly contemplates the existence of two related hospitals currently operating inpatient hospital beds which desire to transfer beds from one to the other or which desire to exchange beds between themselves.⁵ In addition, the only rational interpretation of the bed transfer provision is that the affiliated hospital facilities must actually be in existence in order for the provision to apply. Among the mandatory criteria which must be met in order to transfer or exchange beds is the requirement that "[t]he facility *receiving* the beds *must* demonstrate the need for the

⁵ For example, a transfer of beds under this section would be appropriate if Roper Hospital, Inc. sought to transfer some of its medical/surgical beds to Bon Secours St. Francis Xavier Hospital, an existing hospital affiliated with Roper.

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additional capacity based on both *historical* and projected utilization patterns. . . ." (Emphasis added). It is impossible for a hospital facility which is not yet in existence to demonstrate need based on historical utilization patterns.

The CON Act and Regulation 61-15 prohibit the Department from issuing a Certificate Need "*unless* an application complies with the State Health Plan, Project Review Criteria, and other regulations." S.C. Code Ann. § 44-7-210(C) (emphasis added); *see* 24A S.C. Code Ann. Reg. 61-15 §307(1). Roper's Application does not and cannot comply with the *State Health Plan*. Therefore, the Department is prohibited from approving Roper's Application.

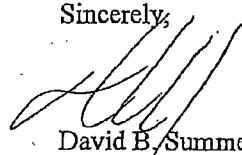
Conclusion

Based on the foregoing, both South Carolina Certificate of Need law and the basic principles of sound health planning dictate that only one of the above-referenced projects can be approved. Furthermore, the overwhelming evidence in the record mandates a finding that the Trident Application best meets the needs of the citizens of Berkeley County. Approving the Trident Application is the only solution that allows the Department to achieve the CON Act's goals of promoting cost containment, preventing the unnecessary duplication of facilities and services, guiding the establishment of health facilities and services which will best serve public needs, and ensuring that high quality services are provided in health facilities in this State.

Thank you for your time and consideration in this review process. Should the Department need any additional information, please do not hesitate to contact me.

With best regards, I am

Sincerely,



David B. Summer, Jr.

DBSjr/suj

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June 23, 2009

Via Hand Delivery

Ms. Beverly A. Brandt, Director

Bureau of Health Facilities and Services Development

SC DHEC

1777 St. Julian Place, Suite 201

Columbia, SC 29204

JUN 23 2009

***Re: Certificate of Need Application for the construction to establish a fifty (50) bed acute care hospital through the transfer of 50 acute care beds from the bed need generated by Trident Medical Center
Berkeley Medical Center
Moncks Corner, South Carolina***

Dear Beverly:

In connection with the above-referenced application, enclosed please find an additional 77 support letters.

Sincerely,

Andrea H. Brisbin

Andrea H. Brisbin

AHB/ccq
Enclosure

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June 23, 2009

Ms. Beverly A. Brandt, Director
Bureau of Health Facilities and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, S. C. 29204

JUN 23 2009

Dear Ms Brandt:

I have prepared for your consideration an analysis of the projected adverse impact that would result for the Trident Health System were the Roper St. Francis Berkeley Hospital project approved, and Trident's Berkeley Regional Medical Center application denied.

SUMMARY

If the Roper St. Francis Berkeley Hospital project is the only project approved, Trident Health System will suffer a total loss of over \$33 million just in the first three years of the new Roper hospital's operation. This will result in a material adverse impact on the Trident Health System. This calculation is based on the following:

1. Trident Health System has the largest market share of the providers serving Berkeley County (53%). If the Roper St. Francis Berkeley Hospital application is approved and Trident's Berkeley Regional Medical Center is denied, 53% of the patients at the new Roper St. Francis Hospital would otherwise have been served by existing Trident Health System hospitals.
2. As a result, this shift of patients from existing Trident Health System hospitals to the new Roper St. Francis Berkeley Hospital would cause a significant loss in patient revenue and thus have a material adverse financial impact on the Trident Health System.

DISCUSSION

As stated in my letter to you dated May 28, 2009, there is a need for only one new 50-bed hospital in Berkeley County. Projected annual population growth in Berkeley County will generate an additional census of only 3 patients per day. This is not enough to allow two new 50-bed hospitals to achieve an adequate census. Two existing providers, Trident Medical Center and Summerville Medical Center, have been serving the needs of the population in Berkeley County and are located in close proximity to the population in southern Berkeley County (all of whom are within 30 minutes' drive time of one or in most cases both of the Trident hospitals). The communities in Berkeley County that do not

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RICHARD A. BAEHR & ASSOCIATES

Ms. Beverly A. Brandt, Director

June 23, 2009

Page 2

currently have reasonable access (within 30 minutes' drive time) to acute care medical services are located in the northern half of the county, and the proposed Berkeley Regional Medical Center in Moncks Corner is ideally situated to serve these communities. The proposed Roper St. Francis Berkeley project in Goose Creek would only serve to make acute care services a bit more convenient for residents in the southern half of the county, but this population already has very good access to care at existing acute care facilities today.

1. THE NEW ROPER ST. FRANCIS BERKELEY HOSPITAL WOULD SERVE PATIENTS OTHERWISE SEEN AT EXISTING PROVIDERS, AND OVER HALF (53%) WOULD BE TAKEN FROM TRIDENT HOSPITALS

The only conclusion that the Department can reach is that if the Roper St. Francis application is approved, this new hospital would serve patients who otherwise would have been seen at existing hospitals serving Berkeley County, which includes Trident and Summerville Medical Centers. The Department first should assume that if there is no new provider, the current and future patient population of the County will be served by existing providers and those providers will maintain their respective market shares. Second, if a new competitor is introduced into the market, this naturally results in a redistribution of the market which decreases the market share for all existing providers. Therefore, as the largest provider of services to Berkeley County residents (approximately 53% market share), the Trident Health System will suffer much larger losses of patient population than other providers if the new Roper St. Francis Hospital is approved.¹

The Department should assume that a new hospital in the market draws both inpatients and outpatients away from existing providers. The Roper St. Francis Berkeley application projects total inpatient admissions in its first 3 years of: 1,503 in 2013, 2,576 in 2014, and 3,006 in 2015. The Roper St. Francis Berkeley application also projects outpatient volume with projected patient revenue from outpatient services about equal to that from inpatient services in each year from 2013 to 2015. Thus, we have included this outpatient volume (50% of total hospital activity) to calculate the number of adjusted admissions for the Roper St. Francis Berkeley Hospital project by year (2 times the number of inpatient admissions). As a result, and based on Roper's own projected utilization, projected adjusted admissions are 2,943 in 2013, 5,045 in 2014, and 5,886 in 2015.

¹ We acknowledge that the proposed Berkeley Regional Medical Center would also take some patients from the existing Trident Hospitals were it approved. Trident already has incorporated that assumption into its application's financial projections. However, those patients will remain in the Trident Health System network and will contribute revenue to the overall Health System. In other words, Trident would still be serving these patients but now at a different location - Berkeley Regional Medical Center.

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RICHARD A. BAEHR & ASSOCIATES

Ms. Beverly A. Brandt, Director
 June 23, 2009
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Because the Trident Health System hospitals have a 53% market share in Berkeley County (where Roper St. Francis Berkeley Hospital expects to draw 90% of its patients), and assuming that all providers' historical market shares will be maintained in future years, 53% of the projected Roper St. Francis Berkeley Hospital volume would be expected to be taken from Trident Health System hospitals. Applying Trident's historical market share of 53% to the projected adjusted admissions at the new Roper St. Francis Berkeley Hospital, Trident hospitals would lose the following adjusted admissions to the new Roper hospital:

2013:	1,557
2014:	2,669
2015:	<u>3,114</u>
Total:	7,340

Roper has attempted to argue that half or more of the patients at the new Roper St. Francis Berkeley Hospital would be patients otherwise seen at the Roper and St. Francis facilities in Charleston, and the rest would come from population growth. However, there is no historical basis for this arbitrary forecast. In fact, it would be very financially beneficial for Roper St. Francis if the new Roper hospital attracted far more patients from Trident hospitals than from Roper St. Francis facilities. Historical market shares in Berkeley County (53% for the Trident hospitals, 23% for the Roper St. Francis hospitals) suggest that Roper's projection is very unlikely to occur. By arguing that the new Roper St. Francis Berkeley Hospital would draw many patients who otherwise would have been seen at Roper St. Francis hospitals, Roper is trying to minimize adverse impact on Trident. But there is no history to support this speculation.

2. **APPROVAL OF THE ROPER ST. FRANCIS BERKELEY HOSPITAL WOULD CAUSE SUBSTANTIAL ADVERSE FINANCIAL IMPACT ON THE TRIDENT HEALTH SYSTEM**

The above projected volume loss of 7,340 patients in the first three years will result in an adverse financial impact on the Trident Health System, ranging from \$7 million in 2013 to double that level- \$14 million, in 2015. The adverse financial impact averages over \$11 million a year for the period 2013-2015, and totals over \$33 million for the three year period.

This financial impact analysis was developed using the net revenue per adjusted admission for Trident hospitals for the first five months of 2009: \$11,343. This analysis further considers that when a hospital loses patients to a new provider in the market, it loses revenue, but certain expenses directly related to patient volume also decrease. Accordingly, in order to arrive at a reasonably accurate estimate of financial impact, our calculations projected the reduction in expenses that would be associated with volume

000902

RICHARD A. BAEHR & ASSOCIATES

Ms. Beverly A. Brandt, Director
June 23, 2009
Page 4

losses of the magnitude indicated above. In total, variable expenses associated with this loss of patient volume would be \$6,821 per adjusted admission, leaving a contribution margin of \$4,522 per adjusted admission. As a result, Trident Health System would lose about \$4,500 for every Roper St. Francis Berkeley Hospital adjusted admission that would otherwise be served by Trident hospitals if the new Roper hospital were not approved.

The above analysis is based on a very traditional methodology for calculating financial adverse impact. In addition, the \$4,522 loss per adjusted admission should be seen as a conservative estimate of financial adverse impact that could ultimately be much higher.²

CONCLUSION

Trident's proposed Berkeley Regional Medical Center in Moncks Corner would serve to greatly improve access to care for residents of northern and central Berkeley County - without resulting in an unnecessary duplication of services and/ or a material adverse impact on any other existing providers. By contrast, the proposal by Roper St. Francis to build a new hospital in Goose Creek would not significantly increase access for residents of Berkeley County, but it would have a significant adverse financial impact - approximately \$33 million in the first three years alone - on the Trident Health System.

If you have any questions concerning this letter, please do not hesitate to call Richard Baehr at 312-654-8648.

Sincerely,



Richard A. Baehr

² The contribution margin that results from this analysis is 40% of the net revenue per adjusted admission (\$4,522/\$11,343). This margin is on the low end of the range of contribution margins (40% to 70% of net revenues lost) that have been calculated for many other projects in South Carolina and in other states. In other words, if variable costs were lower, the contribution margin would be higher, and the adverse financial impact would be even larger.

000903

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PAGE 02/02

PARKER POE

PARKER FOR ADAMS & DEERSTEIN LLP

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July 7, 2009

Colleen C. Quillen

Paralegal

Telephone: 803.253.8921

Direct Page: 803.255.8017

colleenquillen@parkerpoe.com

Via Facsimile 898.3816

Mr. Jody M. Hamm, Director
Freedom of Information Office
SC DHEC
2600 Bull Street
Columbia, SC 29201

see note on and page

Re: *Roper St. Francis Hospital-Berkeley*
Certificate of Need Application for the construction of a new hospital by
transferring 50 acute care beds from Roper Hospital
\$112,978,119

Berkeley Medical Center

Construction to establish a 50 bed acute care hospital through the transfer of 50
acute care beds from the bed need generated by Trident Medical Center
\$115,000,000

Dear Jody:

~~Note: HHS of Support will be done~~
~~once Bates Stamped~~

Please consider this letter our request pursuant to the Freedom of Information Act for
Bates stamped copies of the Department's entire file in connection with the above-referenced
Certificate of Need applications.

Please give me a call when the material is ready so that I may arrange for our courier to
pick up the same. Of course, we agree to pay the Department's usual and customary fees for
providing this information. Please call me if you have any questions.

Sincerely,

Colleen C. Quillen

cc: Ms. Kelly L. Barrett

RECEIVED

JUL 07 2009

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PPAB 1166056v2

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PARKER POE**PARKER POE ADAMS & HERNSTEIN LLP***Attorneys and Counselors at Law*

1201 Main Street, Suite 1450
Columbia, SC 29201
Telephone: 803.255.8000
Fax: 803.255.8017
www.parkerpoe.com

OTHER OFFICES:
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TO:	COMPANY:	FAX NO:	RECIPIENT'S PHONE NO
Jody M. Hamm	Freedom of Information Office	898-3816	
Kelly Barrett	DHEC	545-4579	

FROM: Colleen C. Quillen**DATE: July 7, 2009****CLIENT-MATTER:****RE:**

COMMENTS: JODY/KELLY - PLEASE NOTE THAT WE WOULD LIKE THE BATES STAMPED COPY OF THESE FILES. IF THE FILES HAVE NOT BEEN BATES STAMPED YET, PLEASE DO NOT COPY UNTIL THEY HAVE BEEN BATES STAMPED. THANKS!

Total number of pages including cover: 2.**Transmitted by: _____**
Time: _____*** *NOTICE* ***

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**APPLICATION FOR CERTIFICATION OF NEED
FOR A HEALTH FACILITY OR SERVICE**

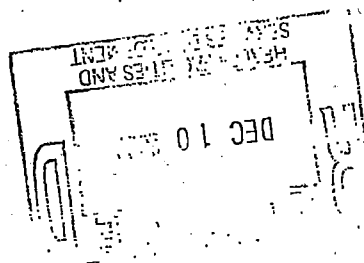
Contact Person:
Ms. Shannon Cantwell
Regulatory Affairs Specialist
Roper St. Francis Healthcare
125 Doughty Street Ste. 760
Charleston, South Carolina 29403
843.789.1754 phone
843.720.8355 fax

The Applicant hereby certifies that the information contained in this Application, including all assurances and attachments, is correct to the best of her knowledge and belief.

Signature: Shannon Cantwell

Date: 12-09-08

Forward to:
Bureau of Health Facilities and Services Development
SC Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201



000001

**APPLICATION FOR CERTIFICATION OF NEED
FOR A HEALTH FACILITY OR SERVICE**

PART A – QUESTIONNAIRE	
1. Name of Facility Roper St. Francis Hospital- Berkeley	
2. Address, City, County, State, Zip Code TBD on Hwy 17A Goose Creek, SC 29461 ¹ Berkeley County	
3. Type of Facility (BOLD) A. Hospital B. Nursing Home C. Psychiatric Facility D. Rehabilitation Facility E. Substance Abuse Facility F. Ambulatory Surgery Center G. Other (Specify)	
4. Purpose of Review (BOLD) A. New Facility B. Change of Licensure C. Addition to Existing Facility D. Renovation of Existing Facility E. Change of Services F. Other (Specify) Roper Hospital, Inc. to permanently transfer 50 acute care beds in order to construct a hospital in Goose Creek	
5. Management A. Name of Administrator TBD B. Address, City, State, Zip Code c/o David Dunlap, President & CEO Roper St. Francis Healthcare 125 Doughty Street Ste. 760 Charleston, SC 29403 C. Telephone TBD D. Name of Licensee Roper St. Francis Hospital-Berkeley, Inc.	
6. Ownership or control of the facility (attach a list of names and addresses of owners of the facility, indicating percent of ownership of each owner (BOLD)). A. Individual B. Partnership C. Corporation D. Proprietary E. Non-Profit F. Government (Specify) G. Other (Specify)	

¹ 29461 is a Moncks Corner zip code, although the property has been annexed by the City of Goose Creek.

000002

PART A – QUESTIONNAIRE		
7. Is the proposed site of the Property (BOLD)?		
A. Owned	B. Leased	C. Length of Site Lease
D. Option	E. Length of Option: N/A (reference B-8-h)	
F. Name and Address of Owner(s) of Real Property		
Land: Medical Society of South Carolina		
Building: CareAlliance Health Services		
Reference B-8 for addresses		
8. Total Bed Capacity for Which Application is Made		
50		

Roper St. Francis Hospital- Berkeley		Roper Hospital		
Type of Beds	New Facility Only	Existing Beds ²	# Gained or Lost	Bed Total
A. Medical/Surgical	36	262	-38	224
B. Obstetrics	8	16	-8	8
C. Pediatrics				
D. Substance Abuse				
E. Psychiatric				
F. Rehabilitation		52	0	52
G. Nursing Care				
H. RTC's				
I. ICU/CCU	6	38	-4	34
J. Other				
K. Total (Licensed Beds)	50	368	-50	318

² Currently 401 acute care beds and 39 rehabilitation beds are licensed (440 total); full implementation of SC-06-27 (transfer of 85 beds to Roper St. Francis Mount Pleasant Hospital) and SC-08-30 (addition of 13 rehabilitation beds) will result in a licensed bed capacity of 368 beds at Roper Hospital

000003

PART A - QUESTIONNAIRE	
9. Construction and Site	
A. Type of Construction New	B. Number of Buildings 1
	C. Number of Stories 2
D. Size of the Site in Acres 16.5 acres	E. Square Footage of Facility 138,750 gross s.f. 144,000 with canopies and loading dock
F. Anticipated Date of Beginning Construction Within 15 months of CON Issuance	G. Anticipated Date of Licensing or Project Completion Within 36 months of CON Issuance
10. Zoning of Construction Site Carnes Crossroads Town Center (CC-TC)	
11. Costs (Provide Estimated Cost Statement from Either the Architect or Engineer)	
A. Site Cost \$8,192,083 Land \$2,062,500 (125K/acre) Pro Rated Closing \$ 24,272 Site work \$6,105,311	B. Construction Cost \$57,876,525
C. Professional Fees \$6,962,226	D. Equipment Costs \$22,296,158 Medical Equipment \$13,691,910 Furnishings \$ 1,956,027 IT \$ 4,990,642 Signage \$ 447,873 Pyxis (Leased) ³ \$ 1,209,706
E. Financing Cost During Construction \$6,700,000	F. Project Contingency \$7,459,218
G. Misc./ Other \$3,491,909 Misc. \$1,201,909 Consultant \$ 20,000 Bond Issue \$1,800,000 Pre-Open \$ 470,000	H. Total Project Cost \$112,978,119
I. Construction and Equipment Cost Per Square Foot \$578 (\$80,172,683 / 138,750)	

³ DHEC requires the purchase price for leased items per Section 103.25

000004

B1. Document that the applicant has published notification of this project in a local newspaper as required by Section 201 of the Regulation.

Reference Attachment 1 for the affidavit of publication.

B2. Describe the project setting forth the proposed change in services or facilities in as much detail as possible. State whether the project will change the existing licensed or survey bed capacity, will encompass the development of a new service, or result in the discontinuance of an existing service. If a new facility is proposed, list all services to be provided.

This project seeks to develop a 50-bed acute care hospital in Goose Creek (Berkeley County) via the permanent transfer of 50 licensed acute care beds from Roper Hospital. This bed transfer from downtown Charleston to Goose Creek will have no impact on the operations or availability of care at Roper Hospital.

The scope of services for the proposed new hospital include the following:

- 36 medical/surgical beds, 8 obstetrics beds, and 6 intensive care/critical care beds
- 4 non licensed observation beds
- 24-hour emergency care
- Surgical services
- Obstetrical services
- Nursery
- Respiratory and physical therapy services
- Non-invasive cardiology services
- Infusion therapy services
- Imaging services
- major medical equipment includes a multi-slice CT scanner and a 1.5T MRI scanner
- other equipment includes Fluoroscopy, Mammography, Digital Radiology, Ultrasound, Bone Density, Nuclear Medicine, and a portable C-arm
- Laboratory
- Pharmacy
- Support services
- Air ambulance service

000005

- B3. *Provide the total cost of the project, indicating design fees, land cost, interest cost, construction cost, equipment cost, and any other cost involved in the project. Provide an estimate of the construction cost from a licensed architect or engineer; in the case of equipment, an estimate from a vendor is acceptable.*

The total project cost is line-itemed above in the Part A Questionnaire, # 11. Mr. Franklin Brooks, with FreemanWhite, has provided the project's construction cost estimate, as well as the medical equipment, furnishings, and IT budgets located in Attachment 2. Supporting documentation for the land cost and the purchase price of the pyxis machines (to be leased) are also included in Attachment 2.

000006

- B4.** *State the specific location of the facility or service and/or equipment, including, where applicable, specific areas of an existing facility to be affected by the project. Provide room numbers of all patient rooms affected. Sufficient detail should be provided to allow the Department to visually inspect the site. The number of private and semi-private patient rooms shall be identified.*

The site for the proposed hospital is located in the Carnes Crossroads Development, a master planned residential community located on 2,300 acres at the intersection of US Highway 17A and US Highway 176 in Goose Creek. This property is a former timber tract with four miles of prime commercial frontage, being developed by The Daniel Island Company. The master plan for development will incorporate many of the same details and amenities found on Daniel Island with an appeal to both a local and national market.

Both developers and planners are trying to provide more livable, mixed-use communities that allow residents to have many of their needs met within the community, be it work, shopping, or medical care. The Carnes Crossroads location is centrally located, approximately 20 minutes to Summerville, 20 minutes to Goose Creek and 20 minutes to Moncks Corner. Three major communities are currently planned near the area- Cane Bay Plantation, The Parks at Berkeley, and Carnes Crossing, which will add nearly 30,000 homes at build-out. Cane Bay is a planned 10,000 home community. The first phase of construction (15-20 year build-out) is underway. Its new high school, Cane Bay High School, is located approximately four miles northwest of Carnes Crossroads and opened in the fall of 2008 with a capacity of 1500 students. Cane Bay Elementary School is scheduled to open in August 2009 and middle school is slated to be built in Cane Bay as well. Del Webb Charleston, a retirement community, opened its third South Carolina location here in the spring of 2007. The Parks at Berkeley lies directly across U.S. Highway 176 from Cane Bay and is slated for 13,000 homes, scheduled to break ground in 2010. Carnes Crossing is being developed by the Daniel Island Company and will have approximately 5,000 homes. Infrastructure work is underway and construction is scheduled to begin in the first quarter of 2009 (15-year build-out).

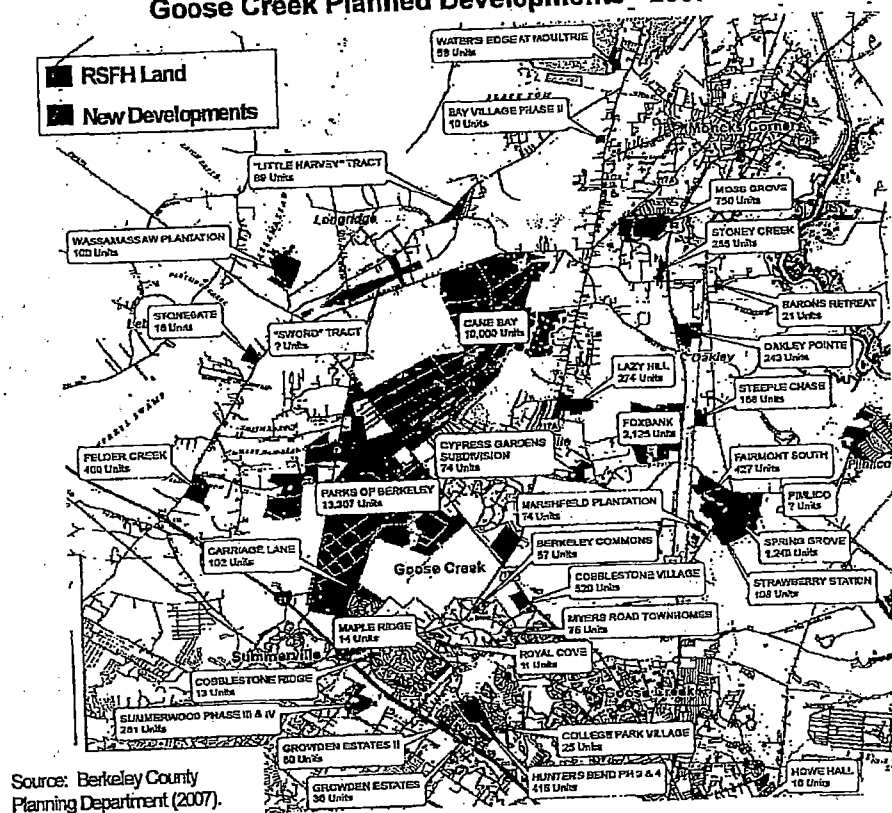
Lincoln Harris has acquired commercial property within Carnes Crossroads and has announced plans for the initial 15-acre phase of "The Market at Carnes Crossroads", a retail-oriented development. Harris Teeter will be the anchor tenant with an additional 60,000 square feet of specialty shops and restaurants and 25,000 square feet of office space and out parcel operators. In addition, Northwood Assembly and Northwood Academy (founded in 1978) have signed an agreement for the development of a 60-acre campus. Phase one, buildings that will house a main auditorium, kindergarten and elementary school, childcare center and administrative

000007

office space, is scheduled to be complete in August of 2009. The second phase of construction will bring the addition of an upper school facility serving grades six through twelve, along with athletic fields and eventually a football stadium and track and field facilities.

As demonstrated, this location for the Roper St. Francis Hospital-Berkeley will be accessible to a substantial number of residents. These as well as other smaller sized developments, shown on the map below, further support the fact that the proposed site is one of vast population and economic growth which will help to sustain the hospital.

Goose Creek Planned Developments - 2007



The Medical Society of South Carolina, a founding member of CareAlliance Health Services, purchased 95.88 acres of land in February of 2008, of which approximately 16.5 acres will be dedicated to this project. A map, deed, and site plans are included in Attachment 3. The 50-bed hospital will consist of all private patient rooms. Both schematics and a written square footage program of space have been included in Attachment 4.

000008

- B5. *Provide details regarding any proposed construction and/or renovations. Discuss alternatives to new construction and why these alternatives were rejected. For a multi-floor project, construction and/or renovation must be described, by floor, to include any additions and/or deletions made to each floor. Provide evidence that the applicant has adequately planned for any temporary move or relocation of any department, facility, or services, which may be necessary during the construction period. Document that plans exist to assure adequate protection (from fire, noise, dust, etc.) and continuation of all services during the proposed construction period.*

Roper St. Francis Hospital-Berkeley will be the fourth member hospital of CareAlliance Health Services d/b/a Roper St. Francis Healthcare. The facility will consist of two floors. The first floor will contain the hospital's diagnostic, treatment, and support functions. The second floor will house the 50-inpatient beds and 4 non-licensed observation beds, with pharmacy, respiratory therapy, and rehab services also located on this floor. FreemanWhite has provided a more detailed narrative located in Attachment 3.

Each private room will utilize the latest research in providing a healing environment for the patient and providing a comfortable area for the patient's advocates, caregivers, and his or her family members. To achieve this, there will be three zones for the room: the staff/caregiver zone, the patient zone, and the family zone. The staff zone would include a hand-washing sink and be located by the door to the corridor. The patient zone would be located in the middle of the room and would allow the patient to view the outside and to have the ability to control the inside (lights, TV, telephone, etc.) The family area would be located next to the window and would include a lounge chair and a convertible sofa bed for overnight stays.

As this proposal is to transfer existing acute care beds to a new satellite hospital in Goose Creek, there are no alternatives to new construction. No protection for services from fire, noise, dust, etc. will be required, as occupancy will not occur until the DHEC Health Licensing Division inspects, approves, and issues a license for the hospital.

000009

- B6. *If a replacement facility or ancillary service is being constructed, describe plans for disposition of the existing facility or ancillary service area upon completion of the project.*

The project involves the transfer of 50 licensed, acute care beds from Roper Hospital, which is located downtown Charleston. Roper Hospital will continue to operate as a full-service acute care hospital. The bed chart provided in Attachment 5 denotes the specific number of beds to be de-licensed on each unit as a result of the bed transfer. Once vacated, Roper will use these patient rooms as either non-licensed observation beds, administrative office space or storage space, most likely a combination of each use/function on each floor.

- B7. *Provide a timetable for development and completion of the project to include, at a minimum, the date of site acquisition, date of architectural contract, architectural design schedule, date of closing for financing, date of valid construction contract, date that all necessary permits (grading, building, sewer, etc.) will be obtained, and date of start of construction. The timetable shall be presented in one month increments commencing with the month following receipt of the Certificate of Need and ending with the execution of a contract or purchase order for equipment only projects.*

TASK	TIMELINE
CON Issued ⁴	Month 1
Complete Design Development	Month 7
Complete Construction Drawings	Month 11
Sign Construction Contract	Month 12
Receive Building Permit	Month 15
Begin Construction	Month 15
Complete Construction	Month 33
Licensure and Occupancy	Month 36

⁴ The assumption made was a 9-month CON application review process

000010

B8. Provide the following ownership information:

a. Proposed name of the facility.

Roper St. Francis Hospital- Berkeley

b. Name and mailing address of Licensee/prospective Licensee. (Note: The Licensee is defined as the legal entity who, or whose governing body, has ultimate responsibility and authority for the conduct of the facility or service; the owner of the business. The licensee must be the entity to whom the Certificate of Need will be issued.)

Roper St. Francis Hospital-Berkeley, Inc.
125 Doughty Street, Suite 760
Charleston, South Carolina 29403

c. Complete title of the licensee's governing body.

Board of Directors

d. Name, title and mailing address of presiding officer of governing body.

To be determined

e. Name and mailing address of all persons and/or legal entities having any ownership interest or owners' equity of the license to include a schedule of percent and type ownership claim of each.

CareAlliance Health Services 100%
(d/b/a Roper St. Francis Healthcare)
125 Doughty St. Ste. 760
Charleston, SC 29403

f. Name and mailing address of all persons and/or legal entities claiming liabilities of the licensee or of the facility or service for which this Certificate of Need is requested to include a schedule of percent and type of claim of each.

See response to (e) above

g. Provide a listing which identifies all officers of the licensee.

To be determined

000011

- h.** *Is the land and/or building on/in which the proposed facility or service is to be conducted owned by the licensee? Yes; X No. If no, provide information on the land and building similar to that required in (b) through (g) above.*

Land:

Medical Society of South Carolina
c/o G. Frederick Worsham, Jr. M.D., President
Board of Directors
69-B Barre Street
Charleston, SC 29401

Roper St. Francis Hospital-Berkeley will purchase the hospital site from the Medical Society of South Carolina, a founding member with 63% interest in its parent corporation, negating the need for a written option on the land.

Building:

CareAlliance Health Services
c/o James Ravenel, M.D., Chairperson
Board of Directors
1962 Charlie Hall Blvd.
Charleston, SC 29414

- i.** *Has the licensee engaged an entity other than an employee of the licensee to manage or operate the facility or service? Yes; X No. If yes, provide information on the land and building similar to that required in (b) through (g) above.*
- j.** *Is there any agreement, contract, option, understanding, intent, or other arrangement that will effect a change in any of the information requested and/or provided in (b) through (g) above? Yes; X No. If yes, provide a complete description to include information similar to that required in (b) through (g) above.*
- k.** *Provide a complete listing of all existing licensed health care facilities and/or services and Certificates of Need in which the proposed licensee currently has an ownership interest, to include names and addresses of each facility or service. In the cases of Certificates of Need for undeveloped facilities and services, provide the name, address, and telephone number of a contact person representing the authority which issued the Certificate of Need.*

A list of healthcare facilities and services within the Roper St. Francis Healthcare system is provided in the response to B-25. The licensee has no ownership interest in any other Certificates of Need.

000012

- I. *Should the licensee be a subsidiary corporation, provide a diagram of the licensee's relationship to the parent corporation and list the name and address of the parent corporation as well as the corporation which has ultimate control. In addition, please provide the name and mailing address of all persons and/or legal entities having ownership interest of 5 percent or more, or any person with any agreement, contract, option, arrangement, or intent to acquire ownership interest of 5 percent or more, of all corporations in the organizational structure which have ultimate control of the licensee.*

The new corporation will be a subsidiary of CareAlliance Health Services. Please reference Attachment 6 for a copy of the Organizational Chart.

CareAlliance Health Services (100%)
d/b/a Roper St. Francis Healthcare
125 Doughty Street Ste. 760
Charleston, SC 29403

3 Members include:
Medical Society of South Carolina (63%)
69-B Barre Street
Charleston, SC 29401

Bon Secours Health System, Inc. (27%)
1505 Marriottsville Road
Marriottsville, MD 21104

Charlotte-Mecklenburg Hospital Authority (10%)
d/b/a Carolinas Healthcare System
P.O. Box 32861
Charlotte, NC 28232

000013

- B9. *Provide documentation that the applicant has sought cooperative agreements such as transfer agreements with other facilities, as applicable.*

Roper Hospital, Inc. has transfer agreements with the following facilities: Trident Medical Center, LLC, Medical University of South Carolina, Total Renal Care, Inc., and Palmetto Lowcountry Behavioral Health, among others. Disaster agreements are in place with Palmetto Baptist Medical Center, Providence Hospital, McLeod Medical Center and Carolinas Hospital System, among others. Prior to licensure a number of transfer and disaster agreements will be extended to Roper St. Francis Hospital-Berkeley.

- B10. *Indicate the means by which a person will have access to the facility's services (i.e. physician referral, self admission, etc.). Identify the specific facilities or agencies the applicant expects to receive referrals from (i.e. hospitals, home health agencies, etc.). Describe any limitations placed on admissions.*

A person will have access to the facility's services via several methods including: physician referral, hospital and nursing home transfers, and admission from the Emergency Department. The proposed hospital will not discriminate with regard to race, sex, creed, national origin, age, or ability to pay (see the "indigent care" discussion in part C of this application).

000014

- B11. Demonstrate that the proposed project is needed or projected as necessary to meet an identified need of the public. This shall address at a minimum: identification of the target population; the degree of unmet need; projected utilization of existing facilities and services; past utilization of existing similar services within the facility; and justification that the proposed project will not unnecessarily duplicate existing entities. The applicant must show all assumptions, data sources, and methodologies used. The applicant must use population statistics consistent with those generated by the State Demographer, State Budget and Control Board.**

Overview

The proposed bed relocation from downtown Charleston to Goose Creek will have no impact on the operations or access and availability of care at Roper Hospital. The proposed relocation will, however, provide a significant positive impact to the residents of the Goose Creek and Berkeley County area by establishing a community-based, not-for-profit hospital in Goose Creek, thereby significantly enhancing access to hospital services in Berkeley County. Berkeley County is currently one of the largest counties in South Carolina with a 2008 population base of 158,140 (9th largest population in 2008) and by far the largest county in South Carolina without an acute care hospital. In addition, Berkeley County is one of the fastest growing counties in the State, among the top ten counties statewide when reviewed along either a percentage growth or a total population growth evaluation. Only four other counties are without hospitals in South Carolina, including Calhoun, Lee, McCormick and Saluda Counties with limited population in each county ranging from 10,000 to 21,000 persons, as presented in the chart below.

South Carolina County Total Population

County	07/01/08 Estimate	Hospital in County	2008-2013 % Growth	2008-2013 Num. Growth
Greenville	421,940	Y	5.7%	24,220
Richland	348,700	Y	4.1%	14,200
Charleston	335,640	Y	2.6%	8,760
Spartanburg	274,740	Y	4.8%	13,170
Lexington	247,030	Y	8.0%	19,710
Horry	241,640	Y	10.1%	24,370
York	199,600	Y	8.0%	15,930
Anderson	180,540	Y	4.6%	8,310
Berkeley	158,140	N	6.7%	10,570
Aiken	156,090	Y	6.3%	9,810

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County	07/01/08 Estimate	Hospital in County	2008-2013 % Growth	2008-2013 Number Growth
Beaufort	146,320	Y	9.7%	14,210
Florence	133,780	Y	3.3%	4,410
Dorchester	118,420	Y	7.9%	9,360
Pickens	118,210	Y	6.5%	7,710
Sumter	107,830	Y	3.6%	3,850
Orangeburg	93,710	Y	2.7%	2,570
Laurens	72,840	Y	5.8%	4,230
Oconee	72,270	Y	6.2%	4,480
Greenwood	69,530	Y	3.7%	2,550
Darlington	68,140	Y	2.0%	1,330
Lancaster	64,430	Y	3.2%	2,050
Georgetown	63,170	Y	5.7%	3,630
Kershaw	58,690	Y	6.2%	3,650
Cherokee	55,670	Y	5.5%	3,050
Chesterfield	44,170	Y	2.7%	1,210
Colleton	40,610	Y	4.1%	1,670
Newberry	38,010	Y	3.3%	1,260
Williamsburg	35,320	Y	-0.4%	-130
Marion	35,180	Y	1.3%	440
Clarendon	34,180	Y	3.9%	1,340
Chester	33,740	Y	2.5%	830
Dillon	31,020	Y	0.2%	70
Union	28,400	Y	-0.8%	-230
Marlboro	27,640	Y	-2.3%	-630
Edgefield	26,680	Y	7.2%	1,910
Abbeville	26,650	Y	3.2%	840
Fairfield	24,500	Y	3.0%	740
Barnwell	23,940	Y	4.2%	1,010
Jasper	22,420	Y	7.2%	1,610
Hampton	21,850	Y	3.9%	860
Lee	20,910	N	2.3%	480
Saluda	19,290	N	3.5%	680
Bamberg	15,650	Y	-2.4%	-380
Calhoun	15,560	N	4.9%	760
Allendale	11,000	Y	1.2%	130
McCormick	10,460	N	5.5%	580
South Carolina	4,394,300		5.3%	231,130

Source: South Carolina Budget and Control
Board, Office of Research and Statistics

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The proposed hospital will bring new enhanced local access to this large and growing population and will ensure that local residents are able to obtain readily accessible local inpatient care to meet the majority (non-tertiary portion) of their health care needs. Further, the proposed new project will bring enhanced access to Roper St. Francis aligned patients residing in the Goose Creek / Berkeley County area who currently travel out of the local area for inpatient care. During 2006, based on ORS discharge data, there were 3,861 total Berkeley County residents (24% of total Berkeley County inpatients) who traveled to Roper St. Francis facilities to obtain inpatient care. Segmenting this patient pool into just the subset of patients who could likely use the proposed new hospital – excluding tertiary and specialty care patients – shows that 3,152 non-tertiary / non-specialty Berkeley County residents left Berkeley County to obtain non-tertiary / non-specialty care at Roper St. Francis facilities.

In addition, with the proposed project basically a re-positioning of currently licensed acute care beds from an area of limited growth (downtown Charleston with Charleston County forecast to grow by only 2.6% 2008 to 2013) to an area of strong vibrant growth (Berkeley County with 6.7% forecasted 2008 to 2013 population growth and the 7-mile radius Goose Creek area with a forecasted 12.1% growth 2008 to 2013), the project will have no impact on the Tri-County's bed count or bed need. Further, the proposal is consistent with general health planning goals of maximizing the usage of existing resources and positioning and re-positioning underutilized resources in areas of strong volume and population growth.

The proposed hospital will include 36 medical/surgical beds, 8 obstetrics beds, and 6 intensive care/critical care beds. In addition, the proposed hospital will offer a full array of diagnostic, therapeutic and support services ensuring that efficient, cost effective and quality care will be provided at the new location. The new facility will be fully supported by the existing resources and support systems currently in use throughout the Roper St. Francis Healthcare System, with this locally-based existing and established infrastructure ensuring that the proposed project can be established and then operated in a cost effective and efficient manner.

The quantitative justification for this project is presented in the subsequent sections of this application. However, the strategic justification for this project is based on:

- Providing the first local access to inpatient care within the Berkeley County area.

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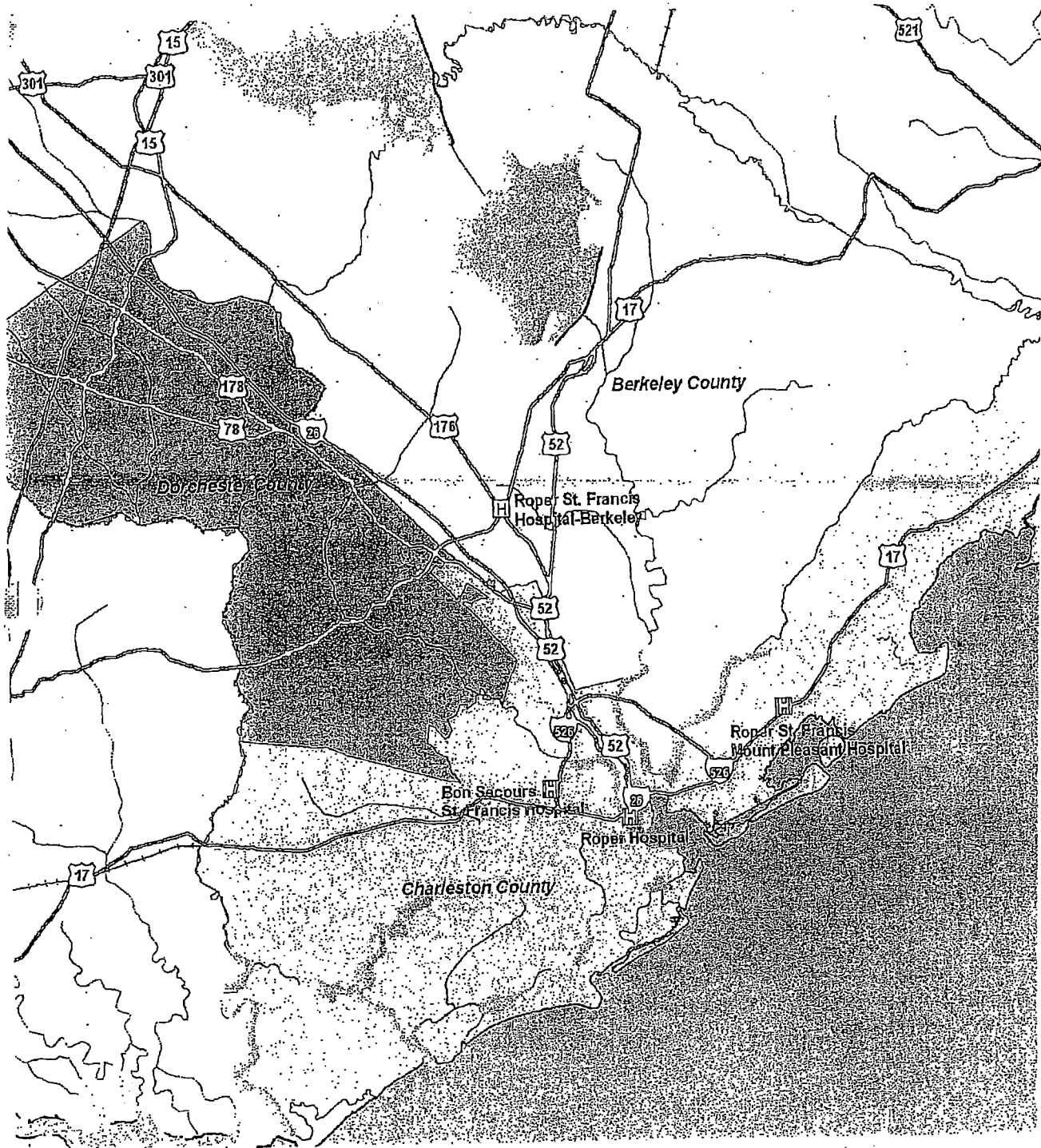
- Ensuring access to a community-based, not-for-profit inpatient provider within the Berkeley County area,
- Enhancing access to care for the Roper St. Francis-aligned patients living within Berkeley County who currently travel out of the local area for care,
- Maximizing the usage of acute care beds at Roper's downtown facility, and,
- Establishing the proposed new facility with no addition of licensed beds within the *State Health Plan's* defined service area (Berkeley / Charleston / Dorchester Counties).

Proposed Service Area Definition

The proposed new hospital is anticipated to primarily serve the residents of Berkeley County, with expected additional patients originating from adjacent geographic areas within Charleston and Dorchester counties. The primary service area is expected to generate 90% of the facility's total patient volume, with the remaining 10% of patients originating largely from adjacent areas within Charleston and Dorchester counties.

A map identifying the service area and the proposed new hospital location is presented below.

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Population Projections

The population located within the primary service area is estimated to be over 158,000 persons in 2008 and is forecast to grow by more than +9% or +14,800 persons through 2015. This growth rate is significantly higher than forecast for Charleston County (location of the beds to be transferred) or the State of South Carolina as a whole. In fact, the numerical growth of +14,800 persons is the highest amount of growth forecast within the Tri-County area, as seen in the chart below.

SERVICE AREA POPULATION GROWTH

	2008 Population	2015 Population	2008-15 Pop. Growth	2008-15 % Growth
Total Berkeley County	158,140	172,940	+14,800	+9.4%
Total Charleston County	335,640	347,910	+12,270	+3.7%
Total Dorchester County	118,420	131,530	+13,110	+11.1%
Total South Carolina	4,394,300	4,717,890	+323,590	+7.4%

Sources: State of South Carolina, ORS, County and State data from
South Carolina State and County Population Projections 2006-2015
(Attachment 7)

Of the new growth expected through 2015 and beyond, the highest growth rates are forecast for the 65+ age group, with this elderly age group forecast to grow at more than twice the rate expected for the population as a whole. The implication of the higher level of growth in this older population cohort is that this 65+ age group consumes inpatient and outpatient healthcare services at a higher rate than younger population groups or the population as a whole. As a result, this "aging" of the population will generate more volume growth than would be assumed by reviewing just total population growth.

While Berkeley County specific age cohort population forecasts are not available from ORS or published in the *State Health Plan*, the combined Tri-County age cohort population forecasts are available as published in the tables presenting the 2013 forecasted acute care bed need within the *State Health Plan*. This data from the *State Health Plan* is presented in the table below. Please note that this data is for the 7 year time period 2006 through 2013 and is intended to show age specific growth trends not to replace the total population ORS data presented previously.

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As shown, the population aged 65+ is forecast to grow by +31% 2006 through 2013 — 4 to 5 times higher than the population as a whole. This strong population aging is equally applicable to Berkeley County alone and documents that strong increased demand for health care services within the County will be the result of overall population growth, as well as a strong aging of the population driving increased demand for healthcare services.

**BERKELEY / CHARLESTON / DORCHESTER COUNTIES
AGE COHORT GROWTH**

Age Cohort	2006 Population	2013 Population	2006-13 Pop. Growth	2006-13 % Growth
0-18 years	143,670	145,480	1,810	+1.3%
18-64 years	377,080	393,320	16,240	+4.3%
65+	68,150	89,720	21,570	+31.7%
Total Population	588,900	628,520	39,620	+6.7%

Source: 2008-2009 South Carolina Health Plan, Page II-19

To meet the needs of the residents currently residing within the service area and to meet the increased demand for health care services associated with the total population growth and the aging of the population, healthcare services must be convenient, accessible and available to all segments of the service area. The proposed project is planned to address the needs and desires of this growing and aging population by providing an appropriately designed / sized / supported acute care hospital offering the residents of Berkeley County a community-focused, locally-based, not-for-profit inpatient provider responsive to and supportive of the local community's health care needs.

Proposed Location within Berkeley County

While the proposed new hospital is being developed to serve all of Berkeley County, the proposed location of the new facility in Goose Creek at the intersection of US Highway 17A and US Highway 176 is important in the project's ability to best serve the entire Berkeley County community.

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There are two major communities within Berkeley County – the Moncks Corner community and the Goose Creek community. Moncks Corner is the County seat for Berkeley County and historically had been the center of commerce and population for the County. Within Moncks Corner there are currently two health care systems offering a broad array of ambulatory health care services. Roper St. Francis Medical Center Berkeley currently offers an emergency department, ambulatory surgery center, diagnostic center and medical office building. Trident Medical Center provides a similar array of ambulatory services except that it does not offer ambulatory surgery services.

The Goose Creek community is a relatively new area of economic and population growth within Berkeley County, with the Goose Creek area today the leading population and population growth sector of Berkeley County. Unlike the Moncks Corner area, there are currently no comprehensive ambulatory service providers located within the area. The scope of existing medical services include physician office settings, as well as Roper St. Francis Medical Services-Goose Creek, which offers x-ray, mammography, lab and EKG services.

From a comparative perspective, the Goose Creek area today encompasses a significantly larger population base than Moncks Corner. Goose Creek has also experienced significantly higher levels of population growth and is predicted to experience higher growth into the future. As shown in the Table below, data from the U.S. Census show that the city of Goose Creek has a 2007 population base of 30,868 persons or more than five times that of the town of Moncks Corner and that overall numerical population growth and percentage population growth is much higher in Goose Creek as well.

GOOSE CREEK / MONCK'S CORNER POPULATION COMPARISON
U.S. Census Municipality Data

	<u>2000 Pop</u>	<u>2007 Pop</u>	<u>2000 to 2007 # Growth</u>	<u>Pop Growth % Growth</u>
Goose Creek City	30,868	36,466	+5,598	+18.1%
Moncks Corner Tn.	6,070	6,889	+819	+13.5%

Source: U.S. Census; South Carolina – Place,
2007 Population Estimates (Attachment 7)

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While the U.S. Census data above compares data for the two municipalities, an additional comparative analysis – this time comparing the population within a seven mile radius of each community – also shows that the Goose Creek area comprises a significantly higher population base and is forecast to experience significantly higher future growth than the Moncks Corner area. The use of a 7-mile radius in this CON analysis is important as the seven mile radius approximates a 15 minute travel time parameter for travel to the proposed new hospital. While the proposed Roper St. Francis Hospital-Berkeley will serve all of Berkeley County, this local 15 minute travel population will obtain the maximum access benefit from the new facility.

As shown in the Table below, when a 7-mile radius approach is used the population comparison becomes even more one-sided, with the Goose Creek 7-mile radius encompassing a 2008 population base more than 85,000 persons higher than the comparable Moncks Corner 7-mile radius. Population growth forecast for the Goose Creek 7-mile radius likewise far surpasses the growth forecast for the 7-mile Moncks Corner area with 2008 to 2013 population growth in the Goose Creek area more than 11,000 persons higher than in the Moncks Corner area. It should be noted that the center of the 7-mile radius for Moncks Corner is the location of the existing Trident facility, which is also the site of their proposed new hospital in Moncks Corner, and the location of the proposed Roper St. Francis new hospital in Goose Creek for the Goose Creek 7-mile radius.

GOOSE CREEK / MONCKS CORNER POPULATION COMPARISON
7-Mile Radius Data

	<u>2008 Pop</u>	<u>2013 Pop</u>	<u>2008 to 2013 # Growth</u>	<u>Pop Growth % Growth</u>
Goose Creek	104,371	117,051	+12,680	+12.1%
Moncks Corner	19,259	20,671	+1,412	+ 7.3%

Source: ESRI, 2008 (Attachment 7)

The implication of this Goose Creek / Moncks Corner comparison is that if a new hospital is to be built in Berkeley County it is clear that the new hospital should be developed in the Goose Creek area to provide the best care possible to the large and rapidly growing Goose Creek area as well as Berkeley County as a whole. Further, with an established and accepted ambulatory care infrastructure already in place in Moncks Corner, the development of the proposed Goose Creek facility and services will ensure that health care services are appropriately and efficiently distributed throughout the County.

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Finally, the proposed Goose Creek development by Roper St. Francis will ensure that all Berkeley County residents – wherever they may be located within the County – have adequate access to competitive, community-based, not-for-profit health care services.

Projected Market-Based Volume Forecasts / Bed Need

Projected demand and bed need for the proposed hospital is a function of the geographic area and population expected to be served by the facility and the growth forecast for that service area population, the expected inpatient volume levels that will be generated by service area population, the forecasted level of market capture within the service area that can be expected for the hospital, and the level of volume that is expected to originate from beyond the defined service area.

In projecting future demand for the proposed project, the following assumptions were made:

- The Berkeley County primary service area identified in the prior section is expected to generate 90% of the proposed facility's total volume,
- An additional 10% of the project's volume will come from the areas adjacent to the service area,
- Actual FY 2006 (12 months ending 09/06) non-tertiary / non-specialty inpatient discharge use rates for residents of Berkeley County are used as the baseline to estimate forecast 2015 potential discharges volumes from the Berkeley County service area,
- Forecasted 2015 discharge volume is segmented into patients served by Roper St. Francis and patients served by other providers,
- The planning horizon for the proposed project is 2015, the anticipated third year of operation for the new hospital,
- Baseline discharges from the Berkeley County service area are forecast to grow directly in conjunction with total population growth through 2015, resulting in a 2015 forecast of service area non-tertiary / non-specialty inpatient discharges – again segmented into Roper St. Francis served patients and patients served by other providers,

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- 1/2 of the 2015 Roper St. Francis-aligned non-tertiary / non-specialty volume forecasted to be generated by service area population is expected to seek care at the Roper St. Francis Hospital-Berkeley,
- Market share capture for the non-aligned Roper St. Francis patient pool is expected to be 10% by 2015, the third year of operation,
- With HCA Trident currently capturing 54% market share of the local inpatient market (2006 ORS data provided in Attachment 8) the 10% of non Roper St. Francis market share level -- less than 1/5 of Trident's market share -- is reasonable and achievable,
- Total Roper St. Francis Hospital-Berkeley discharges are then forecast by applying a 10% in-migration factor, assuming that 90% of total volume would originated from Berkeley County and 10% of total volume would originate from outside of the County,
- Once the total facility discharge forecast is established, the discharge volume is converted into a patient day forecast by applying a 4.25 average length of stay -- the length of stay anticipated with the proposed target patients and the proposed bed mix for the new facility,
- Once the 2015 patient day forecast is established, the patient day volume is converted into a 2015 bed need forecast utilizing a 65% target occupancy rate as is suggested for facilities of this size in the *State Health Plan*,
- In order to present a conservative and very achievable financial forecast, the actual 2015 volume forecast included in the pro forma has been deflated from this market-based projected volume level,
- The 2015 (Year 3) volume forecast included in the financial forecast is set at 70% occupancy of the proposed 50 beds or approximately 95% of the market-based forecast,
- As the project is financially viable at this lower deflated volume level, it will be even more financial viable at the higher expected market potential volume presented above,
- Volume forecasts for Year 1 and Year 2 of the proposed facility are set assuming a slow volume build up, with Year 1 volume set at 50% of Year 3 volume (35% occupancy) and Year 2 volume set at 85% of Year 3 volume (60% occupancy).

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The basic construct of the forecast model is to:

- Define 2006 Berkeley County non-tertiary / non-specialty inpatient volumes for Roper St. Francis treated patient and patients treated at other facilities.
- Establish a 2015 forecast of Berkeley County non-tertiary / non-specialty inpatient volumes for Roper St. Francis treated patients and patients treated at other facilities by applying the 2006 – 2015 population growth rate to the 2006 baseline patient volumes.
- Once the gross non-tertiary / non-specialty market potential is established, expected redirection / market share levels are then applied to this market potential to create an estimate of the number of discharges the proposed project can expect to treat from the service area,
- Once the service area volume forecast for the proposed project has been established, the total volume forecast for the project is calculated based upon the assumption that 10% of the project's volume will originate from outside the Berkeley County service area, and
- Once the total market-based volume forecast for the proposed new facility is established, a bed need is identified and the actual operational volume forecast to be used in the pro forma for the proposed project is developed based on the assumption that 50% of Roper St. Francis aligned patients and 10% of non-aligned patients will be treated at the hospital. Taken together the forecast model assumes that 19% of the total Berkeley County market-based non-tertiary / non-specialty forecasted volume would actually be treated at the new hospital.

2006 Berkeley County Baseline Non-Tertiary / Non-Specialty Inpatient Discharges

Based on data provided by ORS, during the 12 months ending 09/06 (most recent data available) residents of Berkeley County generated 13,732 non-tertiary / non-specialty admissions. 3,152 or 23% of the total non-tertiary / non-specialty discharges were treated at Roper St. Francis facilities (Attachment 8).

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Forecast 2015 Berkeley County Non-Tertiary / Non-Specialty Inpatient Discharges

Forecasted 2015 Berkeley County non-tertiary / non-specialty inpatient discharges are calculated by applying the 2006 to 2015 Berkeley County total resident population growth rate to the County's 2006 baseline target volume. The 2015 planning horizon is used in this forecast approach, as 2015 is the third year of operation of the proposed new hospital – the target point at which a positive financial bottom line will be achieved.

Based upon the same ORS population data source discussed above, the 2006 to 2015 total population growth rate for Berkeley County is +12.4% (compared to +9.4% for the 2008-2015 timeframe). Applying this +12.4% growth rate to the 2006 non-tertiary / non-specialty inpatient discharge baseline of 13,732 discharges results in a forecasted 2015 Berkeley County non-tertiary / non-specialty inpatient discharge volume of 15,435 ($13,732 \times 1.124 = 15,435$). Assuming that current Roper St. Francis market share within Berkeley County remains stable at 23% of the non-tertiary / non-specialty inpatient discharge market, the application of this 23% Roper St. Francis market share to the 2015 Berkeley County volume forecast results in a Roper St. Francis 2015 market forecast of 3,550 non-tertiary / non-specialty patients ($15,435 \times 23\% = 3,550$).

It should be noted that with the forecast aging of the population within Berkeley County previously discussed above, the application of a total population growth rate versus age specific growth results in a very conservative future forecast, with the likely actual 2015 Berkeley County volume for both the total market and for Roper St. Francis higher than shown in this analysis. However, in order to maintain a conservative and achievable forecast approach, the total population growth rate was used incorporating the forecast assumption that a static 2006 non-tertiary / non-specialty Berkeley County admission use rate would be used into the future.

Berkeley County 2006 – 2015 Non-Tertiary / Non-Specialty Volume Growth

Comparing the 2006 baseline Berkeley County non-tertiary / non-specialty inpatient discharge volume to the forecasted 2015 volume shows a non-tertiary / non-specialty inpatient discharge growth of +1,703 discharges (15,435 2015 discharges – 13,732 2006 discharges = 1,703 discharge growth).

As expected, review of total discharge volume (all inpatient discharges excluding normal newborns) for Berkeley County residents shows that there would be an even higher growth of total patient volume during this same 2006 to 2015 timeframe. From a 15,877 2006 patient volume baseline, 2015 total patient

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volume is forecast to grow to 17,846 patients assuming the same 2006 to 2015 population growth as above ($15,877 \times 1.124 = 17,846$). This is a total volume market growth of +1,969 additional patients to be served. Again, as discussed above, this is a very conservative forecast of volume growth as it assumes that the overall Berkeley County volume would grow only along total population parameters and that the total population use rate would remain static at 2006 levels even with anticipated strong aging of the population.

Market Share

The redirection / market capture levels for the proposed facility are estimated to be such that by 2015 (Year 3 of operation) 1/2 of the Roper St. Francis non-tertiary / non-specialty volume originating from Berkeley County will be redirected to the new facility and that 10% of the non-Roper St. Francis volume from the Berkeley County service area will be served at the proposed new hospital. With the HCA Trident System capturing 54% of the Berkeley County inpatient market (market share data from ORS, 2006 Patient Origin by Hospital for Trident Medical Center), the expectation that the proposed Roper St. Francis Hospital-Berkeley's operation could achieve a 10% market capture level of non-aligned patients by the third year of operation (less than 1/5 of Trident's market) is reasonable and achievable.

Applying a 1/2 Roper St. Francis redirection factor to the forecasted 3,550 Roper St. Francis non-tertiary / non-specialty patient volume from Berkeley County for 2015 results in a forecast that 1,775 Roper St. Francis-aligned patients ($3,550 \times 50\% = 1,775$) would be served at the new hospital. In addition to the redirected Roper St. Francis patients, an additional 1,188 non-aligned patients are expected to be served at the new hospital based upon the capture of only 10% of this 2015 forecasted non-aligned patient base ($11,885 \times 10\% = 1,188$). These redirection / market capture levels produce the situation where the proposed volume for the new Roper St. Francis Hospital-Berkeley will be 60% generated from redirection of Roper St. Francis-aligned non-tertiary / non-specialty patients originating from Berkeley County. Only 40% of the forecasted patient volume is expected to originate from the non-Roper St. Francis patient pool - a small number of patients that will be completely offset by Berkeley County population growth.

Taken together, this is a 2015 forecast of 2,963 patients to be served at the proposed new hospital (1,775 Roper St. Francis aligned patients + 1,188 non-aligned patients = 2,963) from the Berkeley County service area or an overall market share capture rate of only 19% (2,963 patients to be served at the hospital from Berkeley County / 15,435 total Berkeley County non-tertiary / non-specialty patients = 19%). With Roper St. Francis Healthcare currently serving

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23% of the local service area non-tertiary / non-specialty Berkeley County market even with no local inpatient facilities available within the local area, the 19% overall market share rate anticipated for the new hospital is reasonable and achievable.

Patients Treated From Outside of the Berkeley County Service Area

In addition to the forecast of non-tertiary / non-specialty patients expected to be treated from within the Berkeley County service area, the proposed project also expects to serve 10% of total patients from areas outside of Berkeley County. As a result, the forecast of patient volume from Berkeley County described above will be expanded to reflect the assumption that Berkeley County residents will generate only 90% of total facility volume and that 10% of volume will originate from outside of the home Berkeley County.

Factoring this expectation that 10% of patients would originate from beyond Berkeley County results in a total 2015 volume forecast for the proposed Berkeley County hospital of 3,292 non-tertiary / non-specialty patients to be served (2,963 patients from the primary service area / 90% = 3,292 total non-tertiary / non-specialty patients to be served).

Forecasted 2015 Volumes for the Proposed New Hospital

Once the 3,292 non-tertiary / non-specialty patient market-based volume forecast has been calculated, the 2015 volume level to be included in the financial forecasts for the new hospital is determined based on a conservative estimate that a 70% occupancy level would be achieved in the proposed 50 beds or that approximately only 91% of the market-based volume forecast would be served in the proposed new facility.

2015 Roper St. Francis Berkeley County Hospital Market Bed Need

The 2015 non-tertiary / non-specialty patient forecast of 3,292 patients is translated into a market bed need by first converting forecasted non-tertiary / non-specialty patients into forecasted patient days and then converting this patient day forecast into a bed need. The first step in this bed need calculation is converting patients into patient days by applying a 4.25 Average Length of Stay (ALOS) to the forecasted patient volume. Using the 4.25 ALOS results in a 2015 non-tertiary / non-specialty patient day forecast of 13,991 patient days ($3,292 \times 4.25 = 13,991$).

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This non-tertiary / non-specialty patient day forecast is then converted into a bed need forecast through first establishing the forecast 2015 average daily census for the hospital of 38.3 (13,991 patient days / 365 = 38.3 average daily census) and then applying a 65% occupancy target, with a final 2015 non-tertiary / non-specialty bed need of 58.9 beds based on the assumptions above (38.3 ADC / 65% = 58.9 beds). However, based upon architectural considerations and the applicant's intent to conservatively develop this service, the decision to only create a 50-bed facility was made.

Details of the calculations made to reach these volume / bed need levels are presented below.

1. Baseline 2006 Non-Tertiary / Non-Specialty Discharges from Berkeley County

13,732 non-tertiary / non-specialty discharges
served by all providers

3,152 non-tertiary / non-specialty discharges
served by Roper St. Francis

2. 2015 Non-Tertiary / Non-Specialty Discharges from Berkeley County

15,435 non-tertiary / non-specialty discharges
served by all providers

3,550 non-tertiary / non-specialty discharges
served by Roper St. Francis

3. 2015 Roper St. Francis Hospital-Berkeley from Berkeley County

1,775 Roper St. Francis-aligned non-tertiary / non-specialty discharges
(1/2 redirection of total Roper St. Francis patients)

1,188 non-Roper St. Francis aligned non-tertiary / non-specialty
discharges (10% market capture of total non-Roper St. Francis patients)

2,963 total non-tertiary / non-specialty discharges from Berkeley County

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4. Total 2015 Roper St. Francis Hospital-Berkeley Non-Tertiary / Non-Specialty Discharges from Berkeley County and Beyond

3,292 total discharges (90% of volume from Berkeley County / 10% from outside)

5. Total 2015 Roper St. Francis Hospital-Berkeley Non-Tertiary / Non-Specialty Patient Days from Berkeley County Service Area and Beyond

13,991 total patient days (3,292 discharges with a 4.25 ALOS)

6. 2015 Roper St. Francis Hospital-Berkeley Non-Tertiary / Non-Specialty Bed Need

58.9 beds (38.3 average daily census and a 58.9 bed need utilizing a 65% target occupancy rate)

7. Roper St. Francis Hospital-Berkeley Year 3 Volume Included in the Financial Forecasts

12,775 patient days (70% occupancy -- 91% of market potential)

8. Roper St. Francis Hospital-Berkeley Volume Build Up through Years 1-3

6,388 patient days Year 1 -- 35% occupancy

10,950 patient days Year 2 -- 60% occupancy

12,775 patient days Year 3 -- 70% occupancy

Adverse Impact on Existing Providers

Based on the expectation that 60% of the new hospital's proposed 2015 patient volume would be re-positioning of Roper St. Francis Berkeley County residents to a Berkeley County located facility, the remainder of patients served will have no material adverse impact on any other existing health care provider. In fact, no material adverse impact is expected on other local providers as population growth alone and the resulting increase in market size is anticipated to offset any possible patient volume reductions.

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As previously discussed, of the 2,963 total non-tertiary / non-specialty Berkeley County patients forecast to be served by the new hospital in 2015, 1,775 or 60% of total patients are anticipated to be repositioned Roper St. Francis patients. The remaining 1,188 patients are forecast to be from the non-Roper St. Francis market.

This potential loss in 2015 of these 1,188 patients is offset by the forecasted Berkeley County patient volume growth that is expected to occur 2006 to 2015. As discussed previously, conservatively based on total population growth alone, the Berkeley County inpatient pool of patients is expected to expand by +1,969 total patients (all patients excluding normal newborns) from 2006 to 2015. Comparing the total Berkeley County market growth to the possible lost cases (1,969 patient growth compared to 1,188 shifted patients) shows that total market growth will more than offset any potential lost patients.

Further, the expectation is that prior to the new hospital opening and attracting 10% of the non-Roper St. Francis market, Roper St. Francis's market share would remain the same 2006 through 2015 at the current (2006) 23% market share level. This means that without the new hospital 77% ($100\% - 23\% = 77\%$) of the market would be treated by non-Roper St. Francis providers and that likewise 77% of the forecast market growth would be applicable to providers other than Roper St. Francis. Assuming that 77% of this 2006 to 2015 market growth of +1,969 would be applicable to providers other than Roper St. Francis shows that non-Roper St. Francis market growth of +1,516 patients ($1,969 \times 77\% = 1,516$) would offset 100% of all potential shifted cases from non-Roper St. Francis providers (1,516 non-Roper St. Francis market growth compared to 1,188 potential lost cases = no adverse impact). In other words, while a provider's market share may decline slightly, the expansion of the total market will offset any market capture loss with future volumes at or above current volume levels.

The one provider that will be impacted by this shift is Roper St. Francis which by appropriately bringing local health care services to the residents of Berkeley County and by providing Roper St. Francis-aligned patients significantly enhanced access to inpatient care will reduce the volume of Berkeley County patients to be served at their existing facilities. This organizational investment in better serving the Berkeley County community and providing enhanced access and availability to Roper St. Francis patients in the Berkeley County community is an appropriate and needed action by Roper St. Francis and is a further example of the system's strong commitment to do what is needed in the communities it serves.

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Surgical Services

Specific to the need for surgical services at the proposed new hospital, the analysis below documents the need for the proposed four operation rooms at the new hospital. Following the same forecast approach used to show the bed need for the proposed 50 bed hospital, the forecast below documents the need for the proposed four OR capacity of the new hospital.

Using Berkeley County as the applicable service area for this analysis, the first step in this analysis is to forecast total surgeries generated by Berkeley County residents by 2015. Using the Berkeley County 2006 resident surgical volume – for both inpatients and outpatients – as a baseline, use rate, forecasted 2015 Berkeley County total surgeries are forecast by applying the 2006 to 2015 population growth rate to the baseline 2006 volume. Review of ORS inpatient surgical data for Berkeley County show that 7,183 total inpatient surgical cases were generated by Berkeley County residents during 2006 (Attachment 8). Assuming that 86% of these total surgeries would be appropriately treated at the proposed new hospital this translates into an estimate that 6,177 Berkeley County resident 2006 inpatient surgeries would have been applicable to the proposed new hospital. The 86% is used to reflect the assumption that 14% of total surgeries would be of a tertiary / specialty nature that would not be treated at the proposed new hospital. The 86% / 14% split is based upon the assessment of total inpatient discharges for Berkeley County discussed previously where 86% of total discharges were found to be appropriate for the new hospital and 14% of discharges were of a tertiary / specialty care nature that would not be served at the proposed facility.

Review of ORS outpatient surgical data for Berkeley County show that 23,986 total outpatient surgical cases were generated by Berkeley County residents during 2006 (see Attachment 8). Modifying this 2006 total outpatient surgery volume to exclude endoscopies (exclude the endoscopy cases included in the ORS data set in Procedural Category IX except for Procedure Code 51.23 – Lap Cholecystectomy) results in a 2006 Berkeley County outpatient surgical case count of 17,891 (23,986 total outpatient surgeries – 6,454 Category IX Procedural Category surgeries + 359 lap cholecystectomy surgeries = 17,891 Berkeley County outpatient surgeries).

Combined – this inpatient non-tertiary / non-specialty surgical case count and the non-endoscopy outpatient surgical count shows that 24,068 surgical cases applicable to the proposed new hospital (6,177 inpatient + 17,891 outpatient = 24,068 total target cases) were generated during 2006.

Forecasted 2015 applicable surgery cases are forecast by applying the 2006 to 2015 total population growth rate to the baseline 2006 target surgical volume.

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With 2006 to 2015 Berkeley County total population forecast to grow by +12.4%, based on ORS data, 2015 target Berkeley County surgeries are forecast to reach 27,052 inpatient and outpatient target cases ($24,068 \times 1.124 = 27,052$).

Applying the overall 19% Berkeley County market share capture level included in the bed need forecasts, results in a forecast of 5,140 total Berkeley County resident surgeries to be served at the new hospital by 2015. Applying the 10% in-migration level included previously results in a forecast that 5,711 total surgeries would be performed at the hospital by 2015.

With four operating rooms proposed for the new hospital, this would result in a 2015 average surgeries per room of 1,428 – a case volume more than adequate to support the establishment of the four ORs included in this project.

Magnetic Resonance Imaging

In addition to the bed components discussed above, a Magnetic Resonance Imaging (MRI) system will also be included in the proposed new hospital development. While the current *2008-2009 State Health Plan* does not include a need methodology or any discussion of MRI services, prior Health Plans did include the standard that each hospital should have at least one MRI unit available for diagnosis of emergency patients, inpatients and outpatients. The proposed hospital project is consistent with this, as an MRI unit will be included within the diagnostic capabilities of the new hospital. With a full array of emergency / inpatient / outpatient services to be offered at the new facility, the proposed MRI system will provide required access to diagnostic capabilities and will allow the hospital to offer immediate access to on-site MRI services.

Specific to the forecasted volume for the proposed MRI service, a population based volume forecast for the proposed service is presented below.

Review of MRI volume and use rate data for the United States as published in *Medical Imaging in Canada, 2007*, show that 2006 total MRI exams (all sites) per 1,000 population were 88.9 per 1,000 population. Comparison of 2007 United States MRI exams – 27.5 million as reported by IMV from its 2006 / 2007 MRI Census Database and Market Summary Report to 2007 United States population – 301,621,157 from the U.S. Census Bureau show that MRI scans per 1,000 for 2007 increased slightly to 91.2 per 1,000 population. As additional technology enhancements are implemented, additional MRI applications become clinically accepted and approved for reimbursement, and the utilization of MRI scans becomes the community standard of care for many more imaging requirements the utilization is forecast to increase even further.

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Assuming conservatively that the 2007 U.S. MRI use rate remains stable through the 2015 planning horizon, calculation of the potential MRI exam volume from the Berkeley County service area is forecast based on applying the 2007 use rate to the 2015 population. Applying this MRI use rate (91.2 exams per 1,000 population) to the forecast 2015 Berkeley County population discussed above (172,940 persons) results in a Berkeley County 2015 MRI volume base of 15,772 scans. Assuming that the proposed Roper St. Francis Hospital-Berkeley MRI service achieves only a 15% market share of this market potential (less than the 19% overall market share assumed for the inpatient volume) results in a forecasted volume of 2,366 scans from Berkeley County and a total of 2,629 total scans assuming a 10% immigration factor.

This MRI scan market volume potential supports the need for the proposed MRI system and supports the feasibility of operating this proposed diagnostic service.

Obstetrical and Neonatal Services

The satellite hospital will seek a Level I, Community Perinatal Center designation from the DHEC Health Licensing Division, providing services for uncomplicated deliveries and normal neonates.

Emergency Hospital Services

The *State Health Plan* does not have CON criteria for this service; however, it does outline four categorized levels of service. The proposed satellite hospital plans to seek a Level III designation from the DHEC Health Licensing Division.

2008-2009 State Health Plan Criteria

Transfer or exchange of beds between affiliated hospitals:

- 1) *A transfer or exchange of beds may be approved only if there is no overall increase in the number of beds;*

The proposed bed transfer will not result in an overall increase in the total number of licensed beds.

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- 2) *Such transfers may cross county lines; however the applicant must document the historical utilization of the receiving facility by residents of the county giving up beds;*

As this is a proposed new hospital, the receiving facility has no historical utilization to report.

- 3) *Should the response to criterion 2 fail to show a historical precedence, the applicants must document why it is in the best interest of these residents to transfer the beds to a facility with no historical affinity for them;*

Not applicable

- 4) *The applicant must explain the impact of transferring the beds on the health care delivery system of the county from which the beds are to be taken; any negative impacts must be detailed along with the perceived benefits of such an agreement;*

The transfer of beds from downtown Charleston, an area of limited growth, to Berkeley County, an area of strong historical and future growth, will improve access to inpatient healthcare services in Berkeley County and will enhance the overall distribution of inpatient healthcare services within the larger Tri-County area. Specific to the impact on Roper St. Francis, this proposed project will re-distribute Roper St. Francis assets to an area of strong growth and to an area where Roper St. Francis aligned patients currently do not have reasonable access to Roper St. Francis inpatient care. The proposed project will ensure that current and future Roper St. Francis patients in the Berkeley County area have close access to Roper St. Francis care and will ensure that a community-based, not-for-profit provider is available to meet community needs.

The bed transfer will not negatively impact the health care delivery system within Charleston County. Four of the five hospitals located within Charleston County show excess bed capacity in the *State Health Plan*, resulting in the Tri-County area overall having an excess of 48 beds. Both the justification and benefits of the proposed bed transfer from Charleston County to Berkeley County are detailed in the response above.

It should be noted that Roper Hospital will continue to be able to provide all needed care in its current downtown facility even with the proposed bed transfer. As discussed in detail in the B-14 response which follows, when the combined bed relocation and associated inpatient day repositioning occurs, Roper will remain fully able to provide needed

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inpatient care in its remaining inpatient bed capacity. This ability will be specifically reinforced by Roper's ability to provide appropriate care to ambulatory and other non-admitted / non-inpatient patients in non-licensed bed areas within the hospital. With the bed transfer and ultimate de-licensing of 148 licensed beds at the downtown Roper facility (13 to St. Francis, 85 to Mount Pleasant, 50 to Berkeley), this licensed bed shift will allow Roper to use this previously licensed acute care bed capacity for expanded non-inpatient / non-admitted usage, thereby allowing Roper to focus inpatient care in its inpatient bed capacity.

- 5) *The facility receiving the beds must demonstrate the need for the additional capacity based on both historical and projected utilization patterns;*

There are no existing inpatient facility resources currently located in Berkeley County so an assessment of historical utilization patterns for Berkeley County facilities is not applicable. We have demonstrated the need for the proposed 50 beds in Berkeley County. The response to B-11 details historical utilization generated by residents of Berkeley County based on State ORS discharge data and projects future utilization levels sufficient to document need and to ensure the project's financial feasibility.

Information presented previously in this section also clearly documents that the proposed Goose Creek site is the best location for a new hospital within Berkeley County. Based upon current population distribution and forecasted population growth within distinct areas of Berkeley County and based upon the concentration of health care services in the Monks Corner area, the establishment of hospital services in the Goose Creek area is clearly the best development option for Berkeley County residents today and into the future.

- 6) *The facility giving up the beds may not use the loss of these beds as justification for a subsequent request for the approval of additional beds;*

Mr. Severance, Roper Hospital's Chief Executive Officer, has provided said attestation in Attachment 16.

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- 7) *A written contract or agreement between the governing bodies of the affected facilities approving the transfer or exchange of beds must be included in the application;*

Not applicable as only one governing body exists.

- 8) *Each facility giving up beds must acknowledge in writing that this exchange is permanent; any further transfers would be subject to this same process.*

Roper Hospital hereby acknowledges that this bed exchange is permanent and any further transfers are subject to this same process.

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B12. Discuss alternative facilities and/or services considered including the advantages and disadvantages of each alternative. Include a statement as to why this project alternative was adopted.

Several alternative options were considered prior to the development of the proposed 50-bed satellite hospital project. These included:

- Maintaining the status quo,
- Repositioning and developing a larger bed sized hospital

Maintaining the Status Quo

Maintaining the current situation means Berkeley County residents remain without a hospital. It results in a continuation of Roper St. Francis-aligned patients living in Berkeley County being forced to travel to the Peninsula or West Ashley to obtain inpatient care. Taking into account the forecasted population growth and how it will exacerbate the existing traffic/ travel situation, maintaining the status quo is not ideal.

Repositioning and Developing a Larger Sized Hospital

Establishing a larger sized hospital in the Goose Creek area would provide Roper with the ability to establish a stronger market presence and enhanced inpatient access, and to generate a stronger financial base than anticipated with the current 50-bed proposal. However, balancing the size of the target market, the ability to transfer assets from the Roper site and the desire to initiate this project conservatively with the ability to expand in the future resulted in the conclusion that development beyond the 50-bed level was not appropriate at this time.

Repositioning 50 Acute Care Beds and Developing a 50 Bed Satellite Hospital in the Goose Creek area

This project alternative was adopted because it is Roper's position that the proposed 50-bed hospital is "right-sized" to meet local needs, is an optimal re-use of under-utilized acute care resources, and can be developed and operated without adversely impacting the existing health care system. The project proposed in this application is a balancing of benefits to the applicant and to the local community. Taken together, the conclusion was reached that the proposed project is the best course of action, and is the development alternative that best meets community and applicant needs.

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- B13. *Discuss any serious problems, such as costs, availability, or accessibility in obtaining care of the type proposed, experienced by patients in the absence of this project.*

As discussed in prior sections of this application, the proposed project is being developed for a number of reasons including a desire to provide enhanced access to care for Roper St. Francis-aligned patients living in Berkeley County area, to provide for the first time inpatient access within Berkeley County and to establish the resources necessary within the local area to meet the growing needs of the local service area population.

As a result, without this project Roper St. Francis-aligned patients residing in Berkeley County area will continue to experience access problems as they are required to travel to the Roper or St. Francis campuses for care. With traffic and travel times already an issue throughout the Tri-County area, and with the forecast population growth expected to further exacerbate the traffic/travel situation, it is the applicant's position that without the proposed hospital these access limitations will become even more of an issue.

In addition, without the proposed project there will continue to be no local availability of / access to inpatient care within the area. Without the specific development of this project there will be no access to a locally-based, not-for-profit, community-focused provider. Taken together, it is the applicant's position that serious problems with availability and accessibility will be experienced within the service area if the proposed Roper St. Francis Hospital- Berkeley project is not approved and developed.

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B14. *Where a project effects an increase or decrease in bed capacity, provide annual occupancy rates for the facility based on licensed beds, for the past three years by category (i.e. general acute, psychiatric, obstetric, nursing home, etc.).*

As the licensed bed capacity at Roper Hospital will decrease, the most recent 3 years' annual occupancy rates are as follows:

Roper Hospital	2005	2006	2007
Acute Discharges	15,305	15,549	16,259
Pt Care Days	90,022	87,576	86,430
Length of Stay	5.9	5.6	5.3
Staffed Beds	289	291	298
Occupancy	85%	82%	79%
Licensed Beds	414	414	414
Occupancy	60%	58%	57%
Rehab Discharges	974	955	841
Pt Care Days	12,369	11,803	11,464
Staffed/ Licensed Beds	39	39	39
Occupancy	87%	83%	81%

Source: 2006 and 2007 Joint Annual Reports in Attachment 9

It should be noted that thirteen acute care beds transferred to Bon Secours St. Francis Xavier Hospital in 2008 resulting in a licensed bed capacity of 401 acute care beds at Roper. In addition, 85 acute beds will transfer to Roper St. Francis Mount Pleasant Hospital in 2010 leaving Roper Hospital with 316 acute care beds.

Review of information included in the need forecast for the Roper St. Francis Mount Pleasant Hospital CON application (SC-06-27) show that an average daily census of 20 patients are expected to be shifted from Roper to the Mount Pleasant Hospital once the facility is built and achieves its Year 3 forecasted volumes. Inherent in this CON application is the expectation that an average daily census of 14 patients will shift from Roper to the new Berkeley Hospital once this facility is built and achieves its Year 3 forecasted volume. Combined, this is a total of 34 patients or 12,410 inpatient days that are projected to shift from Roper Hospital to the satellite hospitals.

Combining this anticipated shift of volume away from Roper with the forecast licensed bed reduction results in 74,020 patient days in 266 acute care beds at Roper following the bed transfers discussed above, resulting in a 76% occupancy rate. This 76% occupancy level assumes that Roper's volume will

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stabilize at its 2007 acute care patient day volume level and reverse the patient day declines observed 2005 through 2007, which have resulted from successful efforts in reducing length of stay. If Roper's acute care patient days do in fact further decline because Roper will continue to work to improve length of stay in order to reach national benchmarks, acute care occupancy will also be lower into the future.

While the 76% occupancy rate discussed above is higher than the target bed need occupancy rate used in the *State Health Plan*, Roper's ability to segment and treat non-inpatient volume in non-licensed bed capacity will provide Roper the ability to effectively operate at the anticipated 76% occupancy level. Nationwide, a significant portion of hospital patient volume served is associated with the care provided to patients other than admitted inpatients. Observation patients, non-admitted ambulatory care and ambulatory surgery patients are treated every day in every hospital in South Carolina. Hospitals are often required to utilize licensed inpatient bed capacity to treat this non-inpatient / non-admitted patient volume. As a result, hospitals which are required to treat both inpatients and outpatients in their inpatient bed capacity can be challenged to reach higher inpatient occupancy levels (calculated by comparing inpatient volume only to inpatient licensed beds) when inpatient capacity is used for more than inpatient purposes.

Following the anticipated shift of licensed beds to the Mount Pleasant and Berkeley hospitals with an associated increase in non-licensed capacity, Roper will be in the position of being able to provide non-inpatient treatment to patients requiring such care in non-licensed beds. This ability to appropriately treat non-admitted patients in spaces other than licensed bed capacity will allow Roper the ability to focus inpatient treatment in its inpatient bed capacity and will allow Roper to achieve a higher occupancy level than may typically be possible. As a result, the 76% occupancy rate for Roper Hospital following the development of the two proposed satellite hospitals, including the shift of licensed beds and inpatient volumes, is realistic and achievable and should not be an impediment to the proposed new project.

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- B15. Identify the method of financing the cost of the project, including the start-up costs. Provide documentation that the applicant can obtain such financing. Alternative sources and/or methods of financing should be identified and the method chosen demonstrated to be the most feasible option.*

Management proposes funding the project through the use of \$25 million of equity financing and tax-exempt bond financing to fund the remainder of the project (see letter from Bret Johnson, Senior Vice President and Chief Financial Officer at Roper St. Francis Healthcare in Attachment 10). Historically, tax-exempt bonds have proven to be the most cost effective means of financing large capital projects for not-for-profit entities. The structure of the financing will be based on market conditions at the time of issuance. A letter from Richard Marvin, Managing Director of Wachovia Securities, has been included in Attachment 10 that documents the firm's opinion Roper St. Francis Healthcare can support the debt and will be able to issue tax-exempt revenue bonds.

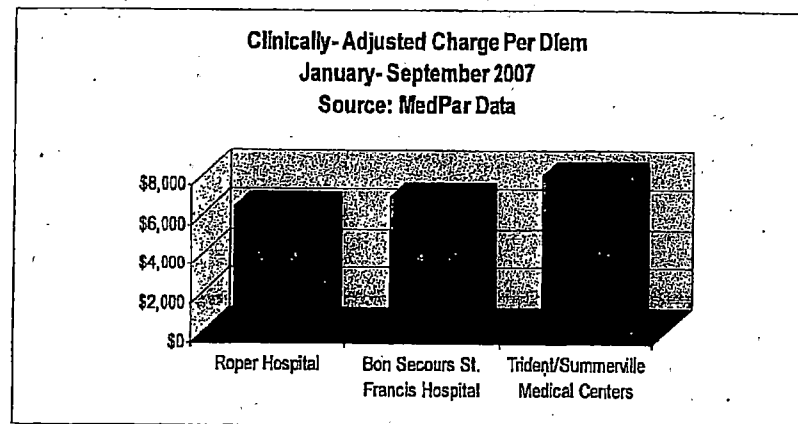
- B16. For an addition to an existing facility or service, provide a current annual budget and at least a three fiscal year projected budget for both the overall facility and the proposed project on forms provided by the department. The projections must be developed by an accountant. For a new facility or service, provide a projected annual budget for not less than three fiscal years following the completion of the proposed project on forms provided by the department. The projections must be developed by an accountant. These budgets must at a minimum include how proposed charges, proposed cost of service, utilization, depreciation, reimbursement rates and contractual adjustments were calculated. All assumptions used must be shown.*

Reference Attachment 10 for the Roper St. Francis Hospital-Berkeley pro-forma, a Roper St. Francis Healthcare system pro-forma both with and without the project, as well as a 2007-2017 Roper St. Francis Healthcare combined statement of operations.

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B17. Document that the proposed charges for the project are comparable to those established by other facilities for similar services within the health service area or state.

As seen in the chart below, the hospitals within the Roper St. Francis Healthcare system have lower clinically-adjusted charges per diem than Trident Health System, by 24% and 15% respectively.



A second cited source for charge information was the American Hospital Directory, which collects data for over 6,000 hospitals from both public and private sources including Medicare claims data, hospital cost reports, and other files obtained from the Centers for Medicare and Medicaid Services. Average charges (total gross charges divided by the number of discharges) are provided for the following four hospitals: Roper Hospital, Bon Secours St. Francis Xavier Hospital, Trident Medical Center (Summerville Medical Center did not have data), and East Cooper Regional Medical Center. The chart on the following page reflects average charges by service line:

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	Average Charges	Average Charges	Average Charges	Average Charges
	Roper Hospital	Bon Secours St. Francis	Trident Medical Center	East Cooper
Cardiology	\$22,133	\$22,312	\$25,269	\$24,887
Cardiovascular Surgery	\$73,114	\$65,868	\$111,523	
Gynecology	\$19,002	\$18,942	\$24,890	\$20,786
Medicine	\$28,736	\$22,813	\$30,320	\$25,436
Neurology	\$22,991	\$26,906	\$26,893	\$28,471
Neurosurgery	\$59,601	\$45,269	\$70,201	\$91,314
Oncology	\$38,222	\$26,681	\$57,111	\$34,557
Orthopedic Surgery	\$38,917	\$35,656	\$68,232	\$47,815
Orthopedics	\$23,168	\$18,097	\$40,989	\$21,587
Pulmonology	\$30,467	\$26,001	\$35,933	\$31,494
Surgery	\$74,572	\$56,865	\$101,957	\$68,913
Surgery for Malignancy	\$34,652	\$34,250	\$39,503	\$50,586
Urology	\$26,283	\$23,873	\$31,556	\$26,480

Source: American Hospital Directory (ahd.com) Inpatient Utilization Statistics by Medical Service (2007 period ended 12/31/07 for all providers except Trident which ended 3/31/07)

As shown above, the Roper St. Francis Healthcare hospitals have substantially lower average charges than their for-profit counterparts, Trident Medical Center and East Cooper Regional Medical Center.

The proposed charges for Roper St. Francis Hospital- Berkeley were developed based upon the charge structure at both Bon Secours St. Francis Xavier Hospital and Roper Hospital, which have been shown to be comparable to or less than these other hospitals within the region.

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- B18. Document that the proposed project is economically feasible, both immediately and long-term. In the case of existing facilities, what impact will the proposed project have on patient charges and cost per unit of service?*

The proposed project is economically feasible, as evidenced by the positive projected bottom line by the third year of operation. The proposed Roper St. Francis Hospital-Berkeley will not affect the system's patient charges. Inpatient gross revenue for Roper St. Francis Hospital-Berkeley was projected on a financial class-specific basis using Bon Secours St. Francis Xavier Hospital's and Roper Hospital's 2008 gross inpatient revenue per patient day multiplied by projected financial class-specific patient days and trended forward, assuming a 7 percent annual inflation rate, which mirrors the recent trends at both Bon Secours St. Francis Xavier Hospital and Roper Hospital. Cost per unit of service will initially be higher for Roper St. Francis Healthcare, owing to the ramping up of volume for the first years of operation for Roper St. Francis Hospital-Berkeley.

- B19. State how the project will foster cost containment and improve quality of care, promotion of shared services, economies of scale, and design and construction economies.*

The program will foster cost containment by benefiting from being a member of Roper St. Francis Healthcare, which provides an extensive corporate infrastructure for such support functions as human resources, finance, information technology, audit, planning, and compliance. These functions are centralized at the corporate level and can therefore operate more efficiently than duplicating these functions at each hospital venue. The incremental FTEs expected at this corporate level arising from the presence of Roper St. Francis Hospital-Berkeley are less than 10, creating economies of scale. Also, it is important to note that Roper St. Francis Healthcare hospital department managers have demonstrated the ability over time to cost effectively manage the delivery of high quality healthcare, and are held accountable for significant departmental variances from budgeted expense targets, which results in prompt reaction to adverse trends and the cost effective provision of services.

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B20. In the case of projects involving additional long-term care beds, discuss how the plans of other agencies, organizations, or programs responsible for providing and financing long-term care have been considered.

Not Applicable

B21. Provide a three-year projected manpower budget in full-time equivalents (FTE's) detailing the existing and proposed nursing, other professional, and non-professional personnel required for the staffing of the new project. Include the name of the Nurse Supervisor or Director, if available.

Job Title	Year 1 FTEs	Year 2 FTEs	Year 3 FTEs
Admin Secretary II	1.0	1.0	1.0
Administrator	1.0	1.0	1.0
ACT	8.0	12.0	18.3
Anesthesia Tech	2.6	2.6	2.6
Biomed Tech III	0.5	0.9	1.1
Case Cart Tech	1.0	1.6	2.0
Case Manager	2.0	2.0	2.0
Chaplain	1.0	1.0	1.0
Clinical Dietician	1.0	1.0	1.0
Clinical Manager	4.0	4.0	5.0
Coder II	0.5	0.8	1.0
CT Tech.	3.0	3.0	3.0
Dept Secretary	2.0	2.0	2.0
Dietary Production Supv	1.4	1.4	1.4
Dietary Pt. Svc Supv	1.0	1.0	1.0
Dietary Retail Svc Supv	1.4	1.4	1.4
Distribution Clerk	1.0	1.6	2.0
Echo/EKG Tech II	0.5	0.8	1.0
ED Case Manager	1.0	1.0	1.0
ED Tech	4.7	4.7	4.7
Environ Svcs Assoc	8.0	8.0	10.0
EVS Floor Tech	2.8	2.8	2.8
EVS Med Waste Tech	1.4	1.4	1.4
EVS Surg Tech	1.0	1.0	1.0
Financial Services Rep	2.5	4.1	5.1
Food Service Assoc I	4.2	4.2	5.2
Food Service Assoc II	6.2	6.2	9.2
Food Service Assoc III	6.6	6.6	6.6

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GI Tech	1.2	1.2	1.2
HR Asst	1.0	1.0	1.0
HR Generalist	1.0	1.0	1.0
Infection Control Prac	1.0	1.0	1.0
Information Clerk	0.5	0.8	1.0
Laundry Worker	1.4	1.4	1.4
LPN	0.0	0.0	0.0
Mammo Tech	1.5	1.5	1.5
Management Acct	0.0	0.5	0.5
Medical Records Clerk	1.5	2.4	2.9
Medical Staff Asst	0.5	0.8	1.0
MLT II	1.5	2.4	2.9
MT II	1.5	2.4	3.0
MRI Tech	2.0	2.0	2.0
Multi-Skill Tech I	0.5	0.8	1.0
Multi-Skill Tech II	0.5	0.8	1.0
Multi-Skill Tech III	0.5	0.8	1.0
Nuclear Med Tech	1.5	1.5	1.5
OT	0.5	0.9	1.1
PCC	1.0	1.6	2.0
Pharmacist	1.5	2.4	2.9
Pharmacy Tech	1.5	2.4	2.9
Phlebotomist	1.5	2.4	2.9
PTA	1.0	1.7	2.1
PT	1.0	1.6	2.1
Radiology Clerk	3.0	3.0	3.0
Radiology Director	1.0	1.0	1.0
Radiology Manager	1.0	1.0	1.0
Radiology Tech	9.0	9.0	9.0
Radiology Tech Asst	3.0	3.0	3.0
Resp Therapist II	1.5	2.4	2.9
RN	68.1	82.1	90.8
RN Admin Supv	2.5	2.5	2.5
RN Clinical Nurse Spec	0.0	1.0	1.0
RN Periop Spec Coord	1.0	1.6	2.1
Scrub Tech	8.7	8.7	8.7
Supv Environ Svcs	1.4	1.4	1.4
Supv Lab	1.0	1.0	1.0
Transcriptionist	1.5	2.4	2.9
Transporter	1.4	1.4	1.4
Ultrasound Tech	1.5	1.5	1.5

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Unit Secretary	8.0	11.5	11.5
Groundskeeper	0.5	0.5	0.5
Materials Mgmt Spec	1.0	1.0	1.0
RN Enterostomal Therapy	0.5	0.8	1.0
SLP	0.5	0.8	1.0
Student Nurse Extern	1.5	2.4	2.9
Total	214.1	253.7	286.7

The Senior Nurse Executive has not yet been determined.

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- B22. Provide the number of existing and proposed medical staff by specialty, to include physicians and dentists employees by, or with admission privileges to, the facility. Include the name of the Chief of the Medical Staff, if available.*

The medical staff will be open to anyone who wishes to apply for privileges. While Roper St. Francis Hospital- Berkeley will maintain a separate medical staff, all physicians currently maintaining privileges at Roper St. Francis Healthcare member hospitals (Roper and/or BSSFH) can apply for privileges via an abbreviated process. A current listing of medical staff specialties at both hospitals is located in Attachment 11. The Medical Director for Roper St. Francis Hospital- Berkeley has not yet been determined.

- B23. Indicate those physicians who have expressed a willingness to utilize the proposed services or to refer patients to the facility for the provision of services.*

81 letters of physician support for the project are located in Attachment 12. Additional letters will be forwarded to the Department as received.

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- B24. *Discuss the availability of health manpower resources for the provision of the proposed services, including the contemplated program and plan for recruiting and training personnel.*

Since the downsizing of the National Defense operations in Charleston, health care in general has served as one of the area's largest employers. Our workforce needs are being met by a variety of strategies that have proven successful over many years, and we believe these strategies will be of great assistance in providing for future needs. The four area colleges - College of Charleston (C of C), Medical University of South Carolina (MUSC), Charleston Southern University (CSU), and Tri-County Technical College (TTC) - provide a multitude of well-trained professionals and technicians annually. Our organization works in concert with the local universities to facilitate the education and development of healthcare workers. We are currently funding a nursing instructor position at Charleston Southern University to allow for an increased number of students to enter the nursing program. Our hospitals serve as a clinical site for the technical and clinical programs at TTC, CSU, and MUSC. In addition, we are currently in the design stages of a project with West Ashley High School and Trident Technical College to facilitate qualified high school students to enter into healthcare career education while still in high school. Roper St. Francis Healthcare also provides tuition assistance funds for employees to further their education, and we provide nursing scholarships annually through the RSFH Foundation.

The population growth in our region has kept pace with the growth in industry and business, and our local unemployment rate has remained lower than the national average. Overall, the cost of living in the Tri-County area is considered reasonable, making the coast an attractive place to live and work.

Roper St. Francis Healthcare is currently the largest private employer in the Tri-County area. Since the merger of our hospitals in 1998, we have grown in services and geographic locations. We have provided the manpower for these services through detailed need planning, successful recruitment, appropriate training, and seamless execution of the plan. Through the use of productivity tools, accepted staffing models, and historical data, we have the ability to accurately plan resource needs and allocate appropriate human resources to provide the planned services. As it relates to Roper St. Francis Hospital- Berkeley, each department will have a detailed roster of the required number of personnel needed, along with necessary competencies, licensure requirements, etc.

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Recruitment into these new staffing positions will be a multifaceted and multidimensional approach. We would be able to reassign (voluntarily) some of our current 4,000+ employees to a portion of the new jobs located at the new hospital. This would not put a significant drain on the manpower at the larger facilities, as we have "float pool" resources we can utilize while back filling the replacement personnel. This would allow for a contingency of seasoned, experienced RSFH staff to be in place upon opening of the facility, which would mirror RSFH policies and operating procedures. These employees would be able to orient the newer staff members to RSFH practice in addition to our standard human resource orientation process.

Our current Service Line structure would provide leadership for the new facility in the key areas of Emergency Services, Women and Children's, Imaging and Diagnostics, Pharmacy, Case Management, and Support Services. These service line directors would recruit and train unit level managers to be on site at Roper St. Francis Hospital-Berkeley prior to the actual facility opening. The recruitment process for open staff positions would begin 10 to 12 months prior to opening. We would utilize our normal process of hosting targeted recruitment fairs, attending community / regional recruitment events, and advertising locally and regionally as appropriate. If the usual recruitment activities failed to produce candidates for key positions, we would utilize the services of national professional recruitment organizations to assist our human resources staff in locating qualified applicants. New employees would be hired prior to facility opening would be routed through our established hospital new employee orientation program and assigned to continue orientation at one of our current acute care facilities until the new facility opened.

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B25. Describe the previous experience of the applicant in the proposed health care field. If the applicant has no prior experience, specify the anticipated sources of technical assistance, either from specific individuals or organizations.

The Roper St. Francis Healthcare system includes two licensed hospitals, with its third member hospital, Roper St. Francis Mount Pleasant Hospital, currently under construction. Roper Hospital was founded in 1850 as the first community hospital in the Carolinas. Bon Secours St. Francis Xavier Hospital was established in 1882 by the Sisters of Charity of Our Lady of Mercy, and is Charleston's oldest and only Catholic hospital. The Roper St. Francis Healthcare system also operates a variety of additional facilities, extending throughout areas of the Tri-County, as detailed in the following chart.

Area	Facility and/or Service
Downtown	Roper Hospital Roper St. Francis Diagnostics
West Ashley	Bon Secours St. Francis Xavier Hospital Roper St. Francis LowCountry PET/CT Center Roper West Ashley Surgery Center Roper St. Francis Farmfield Diagnostic Center Roper St. Francis Farmfield Mammography Center Roper St. Francis Home Health Care Lifelink Ambulance Service
North Chas.	Roper St. Francis Medical Center Northwoods 24-hour Emergency Room
James Island	Roper St. Francis Diagnostic Center Lowcountry Senior Center (Managed) Roper St. Francis James Island Surgery Center (Under Construction)
Johns Island	Roper St. Francis Kiawah Seabrook Medical and Urgent Care Center
Goose Creek	Roper St. Francis Medical Services
Mount Pleasant	Roper St. Francis Urgent Care Center Roper St. Francis Diagnostic Center Roper St. Francis Mount Pleasant Hospital (Opening 2010)
Moncks Corner	Roper St. Francis Medical Center Berkeley Roper Berkeley Ambulatory Surgery Center 24-hour Emergency Room

000053

In February of 2008 Roper St. Francis Healthcare was ranked #67 in Verispan's annual ranking of the Top 100 Integrated Health Networks, recognizing it among the best performing healthcare systems in the U.S. Roper St. Francis Healthcare is the highest-ranking S.C. health system and one of only two in the state to make the Top 100.

As seen above and documented in the need analysis, the proposed satellite hospital in Goose Creek will be a perfect complement to the array of services and facilities Roper St. Francis Healthcare currently provides.

B26. Discuss the impact of the project on the clinical training programs of health professional schools particularly the extent to which these schools will have access to the services for training.

Roper St. Francis Healthcare promotes health related and nursing education. It has clinical affiliation agreements with Trident Technical College, whereby first and second year students receive radiologic clinical training at Roper Berkeley Day Hospital, Farmfield, Northwoods Emergency Department, Roper Hospital, and Bon Secours St. Francis Xavier Hospital. In addition, agreements are in place with Greenville Technical College for MRI clinical training and Midlands Technical College for nuclear medicine and PET training. Clinical training programs at Roper St. Francis Healthcare hospitals also include the rotation of student nurses, physical therapists, occupational therapists, ultrasonographers, pharmacy techs and pharmacists in training. Many, if not all of these clinical training programs will extend to Roper St. Francis Hospital- Berkeley.

000054

B27. *Provide any additional information that would assist the department in evaluating this project.*

Please take into account the following accomplishments that distinguish Roper St. Francis Healthcare as an excellent provider of choice:

High Quality:

- Bone Marrow Transplant accredited by the National Marrow Donor Program to perform unrelated donor transplants (2nd in South Carolina)
- Cycle II Chest Pain Accreditation by the Society of Chest Pain Centers (1st in the Lowcountry, 2nd in South Carolina)
- Roper Sleep Center Accreditation by the American Academy of Sleep Medicine (Only Accredited Sleep Disorders Center in Charleston)
- Robotic Surgery (1st in the Lowcountry, 2nd in South Carolina)
- CyberKnife Stereotactic Radiosurgery (1st and only in South Carolina)
- Adult Inpatient Rehabilitation Hospital Program and Stroke Specialty Program Accreditation by the Commission on Accreditation of Rehabilitation Facilities (1st and only in Lowcountry, 1 of 5 in South Carolina for Adult Inpatient Rehab and 1 of 2 in South Carolina for Stroke Specialty)
- Roper's Radiation Therapy Department Accreditation by the National Cancer Institute for utilization of Intensity Modulated Radiotherapy
- Roper St. Francis Cancer Center- Accreditation with Commendation by the American College of Surgeons' Commission on Cancer
- Hyperbaric Oxygen Therapy Unit (HBO) Accreditation by the Undersea and Hyperbaric Medicine Society
- Primary Stroke Center Certification by JCAHO
- Vascular Lab Accreditation at both hospitals by the Intersocietal Commission for the Accreditation of Vascular Laboratories
- ECHO Lab Accreditation at both hospitals by the Intersocietal Commission for the Accreditation of Echocardiography Laboratories

000055

- Breast Care Centers- Accreditation by the American College of Radiology Mammography (Roper, BSSF, Farmfield, Mount Pleasant, Goose Creek, and Roper Berkeley centers)
- Diabetes Treatment Center at Bon Secours St. Francis Xavier Hospital accredited by the American Diabetes Association
- The Lowcountry Senior Center is the first nationally accredited Senior Center in South Carolina. In addition, it has been recognized for Geriatric Best Practice by the S.C. Hospital Association and SAGE Institute.
- Roper St. Francis Healthcare is named in the Nation's Top 25 Most Connected Healthcare Facilities by *Health Imaging & IT magazine*, August 2008 (2 years running)

Satisfaction:

- Roper St. Francis Healthcare was the recipient of 62 Professional Research Consultants (PRC) National Excellence in Health Care Awards in 2008 for Patient, Medical Staff and Employee Satisfaction
- Also a recipient of numerous 2008 Charleston City Paper Awards including:
 - Best Place to Work (Roper St. Francis Healthcare)
 - Best Hospital (Roper Hospital)
 - Best Place to Give Birth (Bon Secours St. Francis Hospital)
 - Best Day Care (Roper St. Francis Learning Center)

Community Benefit:

As the Lowcountry's only private not-for-profit healthcare system, it is a significant part of the Roper St. Francis Healthcare mission to provide healthcare services to everyone, regardless of their ability to pay. Roper St. Francis Healthcare is also committed to public service as part of its mission, as demonstrated by community outreach, sponsorships, and various support groups.

The following summarizes Roper St. Francis Healthcare's public service last year:

000056

\$81,062,615 as reported on the South Carolina Hospital Association Community Benefits Report, which consisted of the following:

- In 2007, the system served 77,291 citizens via community health education programs
- Community health improvement services and other community benefit totaled \$5,596,166
- Community benefit resulting from unpaid costs of patient care totaled \$75,466,449
- In addition, direct government revenues generated for the State totaled \$21,049,551

Community Outreach

- Roper St. Francis Healthcare employees showed their commitment to the community by providing approximately 43,700 hours of staff time to support community and health related initiatives
- Donated in excess of \$306,000 to the Trident United Way
- The system brings health and wellness education and screenings to the community it serves through health fairs and clinics. Health fairs and screenings serve an important role in detecting early onset illness and disease in many of our residents. In 2007, Roper St. Francis Healthcare sponsored 35 community health fairs and participated in over 80 screenings and health fairs reaching 77,291 residents.

Sponsorships

- Corporate donations, contributions of paid employee time and donations of supplies and equipment are among the many ways RSFH supports community organizations and events that are in alliance with its mission. Several of the 2007 recipients included: Lowcountry Alzheimer's Association, American Lung Association, East Cooper Community Outreach, Lowcountry Food Bank, American Cancer Society, Tri-County Cancer Survivors, Disabilities Foundation of Charleston City, Inc. Barrier Island Free Medical Clinic, Our Lady of Mercy Outreach, and the Leukemia and Lymphoma Society.

These accomplishments also demonstrate the commitment of Roper St. Francis Healthcare to fulfilling its mission- healing all people with compassion, faith, and excellence. Berkeley County would be well served by having a community-based hospital.

000057

c. Part C. Programmatic Documents

Provide adequate programmatic documents in support of the various elements of the proposed project. These documents will include as appropriate:

1. An Indigent Care Plan as required by the Board of Health and Environmental Control. It shall address at minimum, the following:

- a. The existing and proposed admission and treatment policies of the facility or agency with regard to race, sex, creed, national origin, and ability to pay.**

The current policy of Roper St. Francis Healthcare member hospitals is to provide required treatment and care to patients residing in the system's service area regardless of race, sex, creed, national origin, or ability to pay provided the patient is admitted by a member of the facility's medical staff. Emergency patients will be treated regardless of ability to pay before, during, or after their visits and will not be denied access to care because of ability to pay at time of admission. A similar policy will be adopted by the Roper St. Francis Hospital-Berkeley.

- b. The proposed admission and treatment policies of the facility or agency with respect to admission and care of indigent patients including those patients unable to pay at the time of admission and those whose benefits expire while in the care of the facility or agency.**

Refer to the response in "a" above.

- c. In existing facilities or agencies, provide the amount, in dollars and percent of gross revenues, that the facility or agency provided in indigent care during the past three fiscal years. NOTE: Indigent care does not include bad debt; contractual adjustments; or care which is reimbursed by a governmental program, church, or philanthropic organization.**

Roper Hospital	2005	2006	2007
Gross Revenues	\$857,417,045	\$916,552,708	\$986,165,129
Indigent Care	\$ 16,605,471	\$ 18,204,833	\$ 19,836,511
% G Rev	1.9%	2.0%	2.0%

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- d. *Provide the proposed amount of indigent care the facility or agency projects to provide during the existing fiscal year and next fiscal year. This projection should be expressed in dollars and a percent of gross revenues.*

Roper St. Francis Hospital-Berkeley Incremental	Year 1	Year 2
Gross Revenues	\$52,436,329	\$96,175,681
Indigent Care	\$ 1,153,599	\$ 2,115,865
% G Rev	2.2%	2.2%

- e. *A discussion of why the above figures are adequate or inadequate for the needs of the community; the need of indigent care within the proposed service area; and any solutions, remedial plans or proposals by the facility or agency to better address the indigent care problem in the service area. Include any initiatives or undertakings the facility or agency has begun to address the indigent care problem in the proposed service area.*

Projected indigent funding in conjunction with other programs at Roper St. Francis Healthcare facilities address many needs of indigent patients in our community. Roper St. Francis Healthcare plans to continue working with local and state leaders in efforts to better address the indigent care issues in conjunction with health care reform.

- f. *Describe any Board or Advisory Board established to implement or control the indigent problem at the facility or agency. Include the Board's functions, responsibilities, and limitations.*

The CareAlliance Health Services Board of Directors will be responsible for the Indigent Care Program by allocating funds on an annual basis for indigent and uncompensated care at each member hospital.

2. *A map of sufficiently large scale to be meaningful, indicating the location of the project site and its geographical area.*

Reference Attachment 3

000059

3. *A plot plan of the project site showing existing buildings, roads, parking areas, walks, service and entrance courts, existing utilities, and other natural land features necessary for adequate analysis of site conditions.*

See the site plans located in Attachment 3, as there are no existing buildings, parking areas, entrances, etc. at this time.

4. *A legal description of the project site indicating its physical characteristics and existing easements.*

Included in Attachment 13

5. *A square foot program of space and/or equipment elements, and scale drawings describing the existing space and proposed alterations and additions.*

Reference Attachment 4

6. *Evidence that the site will be properly zoned for the proposed project.*

Zoning verification for Carnes Crossroads is located in Attachment 14.

7. *Documentation from appropriate sources that utilities supplied to the site are adequate for the project to include electricity, gas, water, and sewerage.*

The proposed hospital will be located on the North Tract. Letters from SCE&G (gas), Berkeley County Water & Sanitation (sewer), Berkeley Electric Cooperative (electricity), and the City of Goose Creek (water) are located in Attachment 15.

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8. *Endorsement from the community that the project is desirable. This may include but is not limited to members of the medical community, citizen's groups, and other health and social service disciplines in the community.*

Letters of support we have received to date have been included in Attachment 12 and are categorized below:

Type	Number
Letters from Physicians	81
Other Healthcare Providers	13
Elected Officials	9
Community	388
Total	491

Additional letters will be forwarded to the Department as received.

9. *Documentation that the proposed project has been approved by the health facility's planning committee and governing body.*

Reference Attachment 16 for a copy of the CareAlliance Health Services Board of Directors' approval as excerpted from the minutes of the August 28, 2008 meeting.

10. *For the facilities or services not licensed by the Department of Health and Environmental Control, provided documentation of coordination and support from the appropriate licensing agency.*

Not applicable

000061

Part D. Assurances

The applicant must furnish written assurance of each of the following where applicable:

1. That the applicant has or will have a fee simple title or such other estate or interest in the site including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.
2. That approval by the department of the final drawings and specifications, which will be prepared by an architectural and/or engineer legally registered under the laws of the State of South Carolina, will be obtained.
3. That the applicant will submit to the Department for prior approval changes that substantially alter the scope of work, function, utilities, major items of equipment, safety or cost of the facility during construction.
4. That the applicant will cause the project to be completed in accordance with the Certificate of Need application.
5. That the applicant will cause the project to be completed in accordance with approved plans and specifications by maintaining competent and adequate architectural and engineering services throughout the construction administration phase of the project. That, at the completion of the project, the architect of record shall be required to issue a statement that to the best of his knowledge and belief, based upon available records, supplemental documents, and periodic observation of the work, the project was constructed according to those documents approved by the Department.
6. That the facility will be operated and maintained in accordance with the standards prescribed by law and regulations for the maintenance and operation of such facilities.
7. That the applicant understands that the Certificate of Need shall become void at the end of the specified time period from the date of issuance unless otherwise extended under Chapter 6 of these regulations.
8. That the Department or its authorized representatives may at any time during the course of construction and upon the completion of the project make an on-site inspection of the construction and equipment to check for compliance of the construction in accordance with the application for which the Certificate of Need was issued.

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9. That the controlling interest in any health care facility shall not be sold or leased or otherwise disposed of without a Certificate of Need or exemption by the Department being received by the appropriate individual.
10. That the applicant will notify the Department in writing that the contractual agreement has been completed. For a construction project, the letter shall indicate that a construction contract specifying the beginning and completion dates of the project, has been signed by both parties. For service projects, the letter should indicate that equipment purchase orders with estimated delivery dates have been properly negotiated.
11. That the applicant will notify the Department in writing of the date that a new or expanded services has been implemented, completed or terminated.
12. That the applicant will provide monthly progress reports and a final completion report which contains the information required by Section 607 of these regulations.

Roper St. Francis Hospital- Berkeley so assures

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Attachments

- 1: Publication Affidavit
- 2: Project Cost Supporting Documentation
- 3: Map, Deed, and Site Plans
- 4: Schematics, Narratives, and Written Square Footage Program
- 5: Roper Hospital Proposed Bed Chart
- 6: Organizational Chart
- 7: Population Data
- 8: ORS Summary of Discharge Data
- 9: Roper Hospital Joint Annual Reports
- 10: Financials and Funding Letters
- 11: Roper Hospital and Bon Secours St. Francis Xavier Hospital Medical Staffs
- 12: Support Letters
- 13: Legal Description of Property
- 14: Zoning Documentation
- 15: Utilities Documentation
- 16: CEO Letter re: Permanent Bed Transfer Board Approval

000004

Attachment 1
Affidavit of Publication

000065

ROPER ST. FRANCIS HEALTHCARE
ATTN: SHANNON CANTWELL 125 DOUGHTY ST STE # 760
Charleston SC 29403

Number of Copies: 1

AFFIDAVIT OF PUBLICATION

The Post and Courier

State of South Carolina

County of Charleston

Personally appeared before me, the undersigned advertising
Clerk of the above indicated newspaper published in the City
of Charleston, County and State aforesaid, who, being duly
sworn, says that the advertisement of

(Copy attached)

appeared in the issues of said newspaper on the following
day(s):

11/24/2008, 11/25/2008, 11/26/2008

at a cost of \$ 71.04
Account# C0655485
Order# C221GFOE
P.O. Number: goose
Subscribed and sworn to before
me this 2nd day
of December
A.D. 2008

NOTARY PUBLIC, SC
My Commission expires

Form 3020

ROPER HOSPITAL, INC.
will file a Certificate of
Need application with the
Department of Health and
Environmental Control
within twenty days to per-
manently transfer 50 acute
care beds in order to con-
struct a new hospital in
Goose Creek at an esti-
mated total project cost of
\$113,000,000.

000066

RECORD 005444

Attachment 2
Project Cost
Supporting Documentation

000067

**AMENDMENT TO
PURCHASE AND SALE AGREEMENT**

THIS AMENDMENT TO PURCHASE AND SALE AGREEMENT (this "Amendment") made as of February 7, 2008, by and between **CARNES CROSSROADS ASSOCIATES, LLC** (hereinafter referred to as "Seller"), and **MEDICAL SOCIETY OF SOUTH CAROLINA** (hereinafter referred to as "Purchaser").

WITNESSETH:

WHEREAS, pursuant to that certain Purchase and Sale Agreement by and between Purchaser, as assignee of CareAlliance Health Services d/b/a Roper Saint Francis Healthcare ("RSFH") pursuant to that certain Assignment of Purchase Contract of even date herewith, and Seller dated as of July 20, 2007 (the "Agreement"), Seller has agreed to sell to Purchaser and Purchaser has agreed to purchase from Seller certain property in Goose Creek, South Carolina being more particularly described in the Agreement;

WHEREAS, Purchaser and Seller desire to modify the Agreement in certain respects;

NOW, THEREFORE, for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration in hand paid by Purchaser to Seller and by Seller to Purchaser upon the execution of this Amendment, the receipt and sufficiency of which are hereby acknowledged, Purchaser and Seller hereby agree as follows:

1. **Definitions.** Any capitalized terms not otherwise defined herein shall have the meaning ascribed to such term as set forth in the Agreement.

2. **Amendments.** The Agreement is hereby modified as set forth below:

(A) Section 1 is amended and restated in its entirety to read as follows:

1. **Property.** Subject to the terms and conditions set forth herein, the Seller agrees to sell and the Purchaser agrees to purchase approximately sixty-eight and 62/100 (68.62) acres of highland located along Highway 17A, City of Goose Creek, Berkeley County, South Carolina consisting of two parcels, one containing approximately sixty and 49/100 (60.49) acres of highland ("Hospital Site") and the other approximately eight and 13/100 (8.13) acres of highland ("MOB Site") as more fully shown on the attached survey attached hereto as Exhibit A (the Hospital Site and MOB

Site, together with the wetlands located within TMS # 209-00-01-080 as shown on the attached Exhibit A, collectively, the "Property") together with such easements as may be necessary for Purchaser to utilize such Property and as further discussed herein. The Property is located partially within what was formerly known as Tract N (TMS 209-00-01-046) and Tract M (TMS 209-00-01-049) as more fully shown on the plat recorded in Plat Cabinet M, Pages 277H-287H (collectively, the "Tracts M & N Development").

(B) Section 2 is amended and restated in its entirety to read as follows:

2. **Purchase Price.** ~~The purchase price for the Hospital Site shall be One Hundred Twenty Five Thousand and No/100 (\$125,000.00) Dollars per acre or Seven Million Five Hundred Sixty One Thousand Two Hundred Fifty (\$7,561,250.00) Dollars and the purchase price for the MOB Site shall be One Hundred Sixty Five Thousand and No/100 (\$165,000.00) Dollars per acre or One Million Three Hundred Forty One Thousand Four Hundred Fifty (\$1,341,450.00) Dollars for an aggregate price of Eight Million Nine Hundred Two Thousand Seven Hundred (\$8,902,700.00) Dollars (the "Purchase Price").~~ The per acre cost shall be inclusive of the acreage in any easements and buffers but shall exclude the acreage of any Jurisdictional Wetlands as defined in Paragraph 3. The Purchase Price, as adjusted in accordance with the terms of this Agreement, shall be paid in full at the Closing by wire transfer, as directed by the Seller. In addition, the Purchaser shall pay at closing such other allocations, expenses, deposits, and prorations due from Purchaser as discussed herein.

(C) Section 3 is amended and restated in its entirety to read as follows:

3. **Survey and Wetlands.** No later than thirty (30) days prior to the expiration of the Inspection Period, the Seller shall cause a boundary survey of the Property to be made, at the Seller's sole expense, which shall be recorded and used for the deed description (the "Survey"). Seller shall cause a delineation of the wetlands ("Jurisdictional Wetlands") which are subject to the jurisdiction of the Army Corps of Engineers or the S.C. Office of Coastal Resource Management ("OCRM") to be prepared by Sabine and Waters with the acreage calculated by the surveyor. The Purchase Price shall be calculated by reference to the Survey and the Jurisdictional Wetlands delineation. Upon request of Purchaser after Closing, Seller shall cooperate with Purchaser's application for all permits required by the Army Corps of Engineers and OCRM to permit the construction of a bridge or other necessary improvements to provide vehicular and pedestrian access reasonably acceptable to Purchaser across the wetlands between the MOB Site and the Hospital Site ("Bridge

Application") and shall reimburse Purchaser for all reasonable costs incurred solely in connection with the Bridge Application. .

(D) Section 12 is amended and restated in its entirety to read as follows:

12. Roads, Access Ways, and Utilities. If the MOB Site does not currently have water and sewer service, Seller shall provide such utilities to the property line of the MOB Site, at Seller's sole cost, on or before the "Sewer and Water Deadline". The "Sewer and Water Deadline" is the later of the (a) January 1, 2009 or (b) six (6) months after Purchaser has received the appropriate permit or approval to start construction on the MOB Site under the August 1, 2006 NPDES General Permit for Stormwater Discharges for Large and Small Construction Activities ("General Permit") issued by South Carolina Department of Health and Environmental Control ("SC DHEC") (or, if the General Permit is not available or appropriate for the contemplated construction on the MOB Site, the appropriate permit or approval required from SC DHEC or the U.S. Army Corp of Engineers to clear the land and commence construction). IN THE EVENT THE SELLER FAILS TO PROVIDE WATER AND SEWER SERVICE TO THE MOB SITE PROPERTY LINE BY THE SEWER AND WATER DEADLINE, SELLER SHALL BE SUBJECT TO LIQUIDATED DAMAGES IN THE AMOUNT OF TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500.00) PER DAY FOR EACH DAY THE SELLER FAILS TO COMPLETE SUCH IMPROVEMENTS, WHICH SUMS ARE DUE AND PAYABLE WITHIN TEN (10) DAYS FOLLOWING DEMAND BY PURCHASER AFTER PURCHASER HAS POURED THE FOOTINGS FOR ITS CONTEMPLATED IMPROVEMENTS ON THE MOB SITE (THE "LIQUIDATED DAMAGES"). THE PARTIES HERETO ACKNOWLEDGE THE DIFFICULTY OF ASCERTAINING PURCHASER'S ACTUAL DELAY DAMAGES AND THEREFORE AGREE THAT THE ABOVE AMOUNTS ARE A GOOD FAITH ATTEMPT TO IDENTIFY AND QUANTIFY PURCHASER'S ACTUAL DAMAGES AND AS SUCH DO NOT CONSTITUTE A PENALTY.

The Property is located adjacent to a public road. Purchaser agrees that it is responsible for the construction of the internal road system within the Property, and agrees to permit the adjacent properties to connect to such roads at locations acceptable to Purchaser. The parties agree that Purchaser shall not be required to commence construction of such internal roads unless or until Purchaser or its assigns commence construction of buildings on the Hospital Site. Seller agrees to construct a public road from Highway 176 to the Hospital Site prior to the completion of the hospital construction. Without limiting the generality of the foregoing, in

the event that Purchaser is unable to obtain an encroachment permit from the South Carolina Department of Transportation and any other appropriate governmental agency, in form and substance reasonably acceptable to Purchaser, from the MOB Site onto Highway 17-A, Seller agrees to grant such easements across the Tracts M & N Development as reasonably requested by Purchaser to allow Purchaser to obtain access to Highway 17-A.

3. Open Space. Seller and Purchaser agree that Seller shall satisfy the obligation that at least 5% of the Carnes Crossroads Town Center Zone be open space contained in Section 6.2 of the Master Plan Zoning Text for Carnes Crossroads Goose Creek, Berkeley County, South Carolina from land other than the Property.

4. Survival. Without limiting the survivability of any other provisions of the Agreement or this Amendment, Purchaser and Seller agree that the provisions of Sections 11 and 12 of the Agreement, as amended by this Amendment, shall survive the Closing.

5. Confirmation. Except as specifically set forth herein, all other terms and conditions of the Agreement shall remain unmodified and in full force and effect, the same being confirmed and republished hereby.

6. Assignment. Seller agrees that Purchaser may assign its rights under this Amendment or the Agreement to RSFH or any affiliate thereof.

7. Facsimile; Counterparts. This Amendment may be executed by facsimile and in any number of counterparts all of which taken together shall constitute one and the same instrument and any of the parties or signatories hereto may execute this First Amendment by signing any such counterpart.

[SIGNATURES BEGIN ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the parties hereto have executed this Amendment under seal to be effective as of the date first above written.

SELLER:

CARNES CROSSROADS, LLC


Name: Matt Slay
Title: PRESIDENT

PURCHASER:

MEDICAL SOCIETY OF SOUTH
CAROLINA

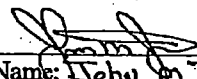
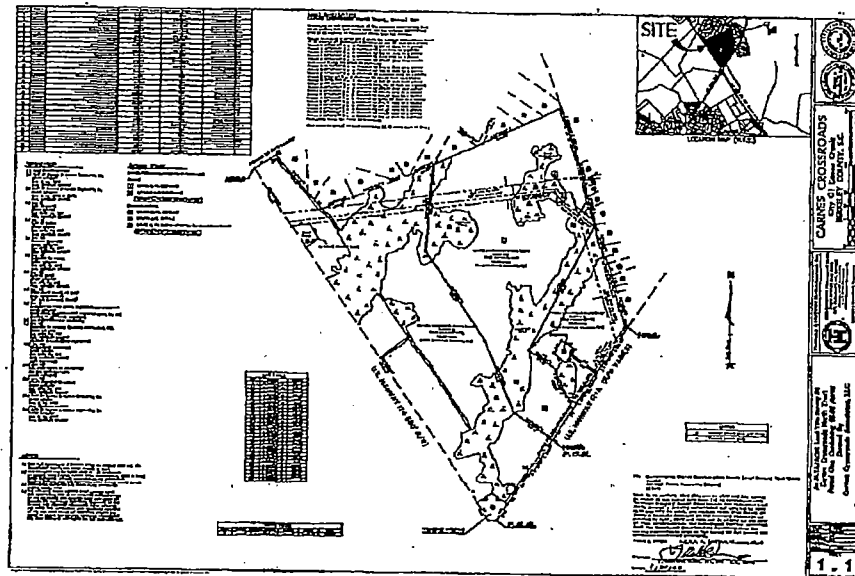

Name: John M. Jordan, Jr.
Title: Executive Director

Exhibit A



CHARLESTON296932v3

000073

Oct. 31. 2008 8:29AM

No. 4943 P. 2

BORROWER'S STATEMENT

Borrower: Medical Society of South Carolina
Seller: Carnes Crossroads Associates, LLC
Settlement Agent: Moore & Van Allen, PLLC
 (843)579-7000
Place of Settlement: 40 Calhoun Street, Suite 300
 Charleston, South Carolina 29401
Settlement Date: February 7, 2008
Property Location: Hwy 17 A & Hwy 17B
 Goose Creek, SC 29461
 Berkeley County, South Carolina
 North Tract Parcel One
 Berkeley County, SC
 209-00-01-080

DEBITS

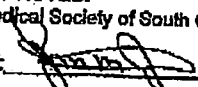
Purchase Price		8,902,700.00
Abstract or Title Search	Weathers Title Abstracting	100.00
Title Insurance Binder	Moore & Van Allen, PLLC	250.00
Title Insurance	Chicago Title Insurance Company	12,381.00
Endorsements	Chicago Title Insurance Company	2,874.28
Recording Fees	Berkeley County Register of Deeds	38.00
Certificate of Existence	SC Secretary of State	10.00
See additl disb. exhibit		85,301.89
Gross Amount Due From Borrower	TOTAL DEBITS	9,003,654.97

CREDITS

Deposit or Earnest money		101,042.22
Wired by Buyer		8,902,500.00
County Taxes	01/01/08 to 02/08/08 Berkeley County Tax Collector	112.75
Less Total Credits to Borrower	TOTAL CREDITS	9,003,654.97

BALANCE

APPROVED:
 Medical Society of South Carolina

BY: 


 Moore & Van Allen, PLLC

\$ 100955
 68.62 highland
 \$ 1471/acre
 000074



FreemanWhite

Consulting
Planning
Architecture
Engineering
Interiors
Healthcare
Senior Living

8845 Red Oak Blvd.
Charlotte, NC 28217-5593
704.523.2230
Fax 704.523.2235
www.freemanwhite.com

November 14, 2008

Mr. Doug Bowling
Vice President of System Development
Roper St. Francis Healthcare
125 Doughty Street, Suite 760
Charleston, SC 29403

Re: Roper St. Francis Hospital at Berkeley
Construction Cost Estimate

Dear Mr. Bowling:

FreemanWhite, Inc. is pleased to provide you with the following information regarding the new 50 bed Roper St. Francis Hospital at Berkeley as shown on preliminary drawings.

The new Roper St. Francis Hospital will be located near the intersection of US Highway 17-A and US Highway 176 in the town of Goose Creek, in Berkeley County, South Carolina. The 16.5 acres site is in the Carnes Crossroads Development and is integral to current development of a Medical Office Building on the site.

The hospital would consist of inpatient and outpatient serviced on two levels. First level will house diagnostic and treatment services including ED, Imaging, Surgery, Laboratory, and Food Service. Level two will house most of the inpatient services including 6-bed intensive care unit, 8 bed OB unit, 36 bed M/S Unit, Pharmacy Department and 4 Observation Beds.

The building would be categorized as construction type I-B Fully Sprinklered by the International Building Code. The project will be constructed to meet all applicable codes, including the guidelines for health care facilities set forth by the South Carolina Department of Health and Environmental Control.

This is to certify that I have reviewed the project scope and costs for this project. Based upon my review and comparison with similar projects, the costs indicated are reasonable for a project of this scope.

The following are the cost estimates by category: (not included are Site Acquisition Costs, Financing Costs and Miscellaneous Administration and Other Costs):

1. Site Cost	\$ 6,105,311
2. Construction Cost	\$ 57,876,525
3. Medical Equipment	\$ 13,691,910
4. Furnishings	\$ 1,956,027
5. Signage	\$ 447,873
6. Medical Comm./IT	\$ 4,990,642
7. Professional Fees	\$ 6,962,226
8. Contingency	\$ 7,459,218

Total \$ 99,489,732

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Mr. Doug Bowling
Page 2
November 14, 2008

The Construction of the project will take approximately 18 months.

If you have any questions regarding the information provided above, please give us a call.

Sincerely,

FreemanWhite, Inc.

A handwritten signature in dark ink, appearing to read 'Franklin H. Brooks', followed by a horizontal line.

Franklin H. Brooks, AIA, ACHA
Managing Principal
SC License No. AR.4315



000076

Certificate of Need Equipment Budget
Roper St. Francis, Berkeley County

11/14/2008

	MEDICAL EQMT & VENDOR INSTALLATION	INSTALLATION COSTS	
Administration	1,819.00	11.00	
Ambulatory Services	32,052.73	921.40	
Ancillary Services	8,986.62	11.00	
Building Support Services	148,041.87	11.00	
Cardiology Services	428,547.96	204.20	
Central Registration	1,255.00	11.00	
Diagnostic Imaging	4,172,838.70	1,287.30	
Emergency Department	828,178.41	9,804.00	
Food Service	0.00	0.00	
Human Resources	0.00	0.00	
Intensive Care Unit	799,105.02	3,347.00	
IV Therapy	48,457.58	539.60	
Laboratory	568,312.73	6,002.80	
Medical Records	2,431.00	11.00	
Medical Staff Services	954.00	11.00	
Medical/Surgical Unit	669,777.57	12,348.20	
Mother Baby Unit - LDRP	1,225,314.69	15,569.60	
Nursing Administration - included in Admi	0.00	0.00	
Nursing Case Manager - included in Admi	0.00	0.00	
Pharmacy	103,962.08	518.60	
Rehab	34,540.50	40.00	
Respiratory Therapy	83,539.79	0.00	
Sterile Processing	937,730.31	12,308.25	
Surgery ADMIN	5,345.49	643.50	
Surgery Endoscopy	289,314.00	5,466.00	
Surgery OR	1,730,161.96	34,906.00	
Surgery PACU	215,437.71	1,386.40	
Surgery Pre-Post	293,331.49	1,865.60	
totals	12,629,436.21	107,224.45	12,736,660.66
7.5% sales tax	947,207.72	8,041.83	955,249.55
contingency	0.00	0.00	0.00
grand total	13,576,643.93	115,266.28	13,691,910.21

RECORD 005455

000077

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Administration

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$1,819.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$11.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$1,819.00	\$0.00	\$0.00	\$0.00	\$11.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$55.00	\$11.00	\$0.00	\$66.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$1,764.00	\$0.00	\$0.00	\$1,764.00
	\$1,819.00	\$11.00	\$0.00	\$1,830.00

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$55.00	\$11.00	\$0.00	\$66.00
2 - Major Medical Electrical Requirements	\$1,764.00	\$0.00	\$0.00	\$1,764.00
	\$1,819.00	\$11.00	\$0.00	\$1,830.00

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$1,819.00	\$11.00	\$0.00	\$1,830.00
	\$1,819.00	\$11.00	\$0.00	\$1,830.00

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$1,819.00	\$11.00	\$0.00	\$1,830.00
	\$1,819.00	\$11.00	\$0.00	\$1,830.00

000078

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Ambulatory Diagnostic Ctr.

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$32,052.73	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$4.80	\$0.00	\$0.00	\$0.00	\$916.60
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$32,057.53	\$0.00	\$0.00	\$0.00	\$916.60

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$5,804.00	\$916.60	\$0.00	\$6,720.60
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$26,248.73	\$4.80	\$0.00	\$26,253.53
	\$32,052.73	\$921.40	\$0.00	\$32,974.13

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$5,525.00	\$921.40	\$0.00	\$6,446.40
2 - Major Medical Electrical Requirements	\$18,687.00	\$0.00	\$0.00	\$18,687.00
3 - Minor Medical Non-Electrical	\$7,840.73	\$0.00	\$0.00	\$7,840.73
	\$32,052.73	\$921.40	\$0.00	\$32,974.13

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$32,052.73	\$921.40	\$0.00	\$32,974.13
	\$32,052.73	\$921.40	\$0.00	\$32,974.13

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$32,052.73	\$921.40	\$0.00	\$32,974.13
	\$32,052.73	\$921.40	\$0.00	\$32,974.13

000079

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Ancillary Services

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$8,986.62	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$11.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$8,986.62	\$0.00	\$0.00	\$0.00	\$11.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFI Owner Furnished / Contractor Installed	\$153.00	\$11.00	\$0.00	\$164.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFI Owner Furnished / Owner Installed	\$8,833.62	\$0.00	\$0.00	\$8,833.62
	\$8,986.62	\$11.00	\$0.00	\$8,997.62

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$55.00	\$11.00	\$0.00	\$66.00
2 - Major Medical Electrical Requirements	\$2,525.00	\$0.00	\$0.00	\$2,525.00
3 - Minor Medical Non-Electrical	\$6,406.62	\$0.00	\$0.00	\$6,406.62
	\$8,986.62	\$11.00	\$0.00	\$8,997.62

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$8,986.62	\$11.00	\$0.00	\$8,997.62
	\$8,986.62	\$11.00	\$0.00	\$8,997.62

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$8,986.62	\$11.00	\$0.00	\$8,997.62
	\$8,986.62	\$11.00	\$0.00	\$8,997.62

000080

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Building Support Services

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$148,041.87	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$11.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$148,041.87	\$0.00	\$0.00	\$0.00	\$11.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$55.00	\$11.00	\$0.00	\$66.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$147,986.87	\$0.00	\$0.00	\$147,986.87
	\$148,041.87	\$11.00	\$0.00	\$148,052.87

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$55.00	\$11.00	\$0.00	\$66.00
2 - Major Medical Electrical Requirements	\$134,098.18	\$0.00	\$0.00	\$134,098.18
3 - Minor Medical Non-Electrical	\$13,888.69	\$0.00	\$0.00	\$13,888.69
	\$148,041.87	\$11.00	\$0.00	\$148,052.87

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$148,041.87	\$11.00	\$0.00	\$148,052.87
	\$148,041.87	\$11.00	\$0.00	\$148,052.87

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$148,041.87	\$11.00	\$0.00	\$148,052.87
	\$148,041.87	\$11.00	\$0.00	\$148,052.87

000081

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Cardiology Services

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$428,547.96	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$145.00	\$0.00	\$0.00	\$0.00	\$59.20
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$428,692.96	\$0.00	\$0.00	\$0.00	\$59.20

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$680.00	\$59.20	\$0.00	\$739.20
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$143,367.96	\$145.00	\$0.00	\$143,512.96
OFVI Owner Furnished / Vendor Installed	\$284,500.00	\$0.00	\$0.00	\$284,500.00
	\$428,547.96	\$204.20	\$0.00	\$428,752.16

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$1,050.00	\$104.20	\$0.00	\$1,154.20
2 - Major Medical Electrical Requirements	\$399,184.25	\$0.00	\$0.00	\$399,184.25
3 - Minor Medical Non-Electrical	\$28,313.71	\$100.00	\$0.00	\$28,413.71
	\$428,547.96	\$204.20	\$0.00	\$428,752.16

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$143,052.96	\$104.20	\$0.00	\$143,157.16
0	\$285,495.00	\$100.00	\$0.00	\$285,595.00
	\$428,547.96	\$204.20	\$0.00	\$428,752.16

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$428,547.96	\$204.20	\$0.00	\$428,752.16
	\$428,547.96	\$204.20	\$0.00	\$428,752.16

000082

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Central Registration

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$1,255.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$11.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$1,255.00	\$0.00	\$0.00	\$0.00	\$11.00

COST CODE

	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCJ Owner Furnished / Contractor Installed	\$55.00	\$11.00	\$0.00	\$66.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$1,200.00	\$0.00	\$0.00	\$1,200.00
	\$1,255.00	\$11.00	\$0.00	\$1,266.00

GROUP

	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$55.00	\$11.00	\$0.00	\$66.00
2 - Major Medical Electrical Requirements	\$1,200.00	\$0.00	\$0.00	\$1,200.00
3 - Minor Medical Non-Electrical	\$0.00	\$0.00	\$0.00	\$0.00
	\$1,255.00	\$11.00	\$0.00	\$1,266.00

CATEGORY

	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$1,255.00	\$11.00	\$0.00	\$1,266.00
	\$1,255.00	\$11.00	\$0.00	\$1,266.00

FISCAL YEAR

	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$1,255.00	\$11.00	\$0.00	\$1,266.00
	\$1,255.00	\$11.00	\$0.00	\$1,266.00

000083

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Diagnostic Imaging

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$4,172,838.70	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$913.50	\$0.00	\$0.00	\$0.00	\$373.80
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$4,173,752.20	\$0.00	\$0.00	\$0.00	\$373.80

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$4,953.00	\$373.80	\$0.00	\$5,326.80
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$114,193.70	\$913.50	\$0.00	\$115,107.20
OFVI Owner Furnished / Vendor Installed	\$4,053,692.00	\$0.00	\$0.00	\$4,053,692.00
SPACE Carry for Space and utility requirements	\$0.00	\$0.00	\$0.00	\$0.00
	\$4,172,838.70	\$1,287.30	\$0.00	\$4,174,126.00

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$1,830,125.00	\$0.00	\$0.00	\$1,830,125.00
1 - Fixed (Non Plant) Architecturally Significant	\$12,996.35	\$1,287.30	\$0.00	\$14,283.65
2 - Major Medical Electrical Requirements	\$2,025,190.81	\$0.00	\$0.00	\$2,025,190.81
3 - Minor Medical Non-Electrical	\$304,526.54	\$0.00	\$0.00	\$304,526.54
	\$4,172,838.70	\$1,287.30	\$0.00	\$4,174,126.00

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$2,340,468.70	\$1,287.30	\$0.00	\$2,341,756.00
0	\$1,832,370.00	\$0.00	\$0.00	\$1,832,370.00
	\$4,172,838.70	\$1,287.30	\$0.00	\$4,174,126.00

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$4,172,838.70	\$1,287.30	\$0.00	\$4,174,126.00
	\$4,172,838.70	\$1,287.30	\$0.00	\$4,174,126.00

000084

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Emergency Department

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>ISATEQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$828,178.41	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$320.00	\$0.00	\$0.00	\$0.00	\$9,484.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$828,498.41	\$0.00	\$0.00	\$0.00	\$9,484.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$48,884.35	\$7,234.00	\$0.00	\$56,118.35
OFCI Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFCI Owner Furnished / Owner Installed	\$335,508.67	\$320.00	\$0.00	\$335,828.67
OFVI Owner Furnished / Vendor Installed	\$443,785.39	\$2,250.00	\$0.00	\$446,035.39
	\$828,178.41	\$9,804.00	\$0.00	\$837,982.41

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$76,248.35	\$9,804.00	\$0.00	\$86,052.35
2 - Major Medical Electrical Requirements	\$507,310.99	\$0.00	\$0.00	\$507,310.99
3 - Minor Medical Non-Electrical	\$244,619.07	\$0.00	\$0.00	\$244,619.07
	\$828,178.41	\$9,804.00	\$0.00	\$837,982.41

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$819,004.41	\$9,804.00	\$0.00	\$828,808.41
0	\$9,174.00	\$0.00	\$0.00	\$9,174.00
	\$828,178.41	\$9,804.00	\$0.00	\$837,982.41

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$828,178.41	\$9,804.00	\$0.00	\$837,982.41
	\$828,178.41	\$9,804.00	\$0.00	\$837,982.41

000085

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Human Resources

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>	
<u>EXTENDED</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<u>TOTAL</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<u>COST CODE</u>			<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFIS Owner Furnished / IT Budget			\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00
<u>GROUP</u>			<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
2 - Major Medical Electrical Requirements			\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00
<u>CATEGORY</u>			<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned			\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00
<u>FISCAL YEAR</u>			<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned			\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00

000086

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Intensive Care

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$799,105.02	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$3,347.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$799,105.02	\$0.00	\$0.00	\$0.00	\$3,347.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$102,915.56	\$3,247.00	\$0.00	\$106,162.56
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$302,972.09	\$0.00	\$0.00	\$302,972.09
OFVI Owner Furnished / Vendor Installed	\$393,217.37	\$100.00	\$0.00	\$393,317.37
VPNC Vendor Provided No Cost	\$0.00	\$0.00	\$0.00	\$0.00
	\$799,105.02	\$3,347.00	\$0.00	\$802,452.02

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$102,951.68	\$3,347.00	\$0.00	\$106,298.68
2 - Major Medical Electrical Requirements	\$596,932.79	\$0.00	\$0.00	\$596,932.79
3 - Minor Medical Non-Electrical	\$99,220.55	\$0.00	\$0.00	\$99,220.55
	\$799,105.02	\$3,347.00	\$0.00	\$802,452.02

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$799,105.02	\$3,347.00	\$0.00	\$802,452.02
	\$799,105.02	\$3,347.00	\$0.00	\$802,452.02

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$799,105.02	\$3,347.00	\$0.00	\$802,452.02
	\$799,105.02	\$3,347.00	\$0.00	\$802,452.02

000087

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: IV Therapy

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$48,457.58	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$539.60
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$48,457.58	\$0.00	\$0.00	\$0.00	\$539.60

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$5,073.54	\$539.60	\$0.00	\$5,613.14
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$35,736.04	\$0.00	\$0.00	\$35,736.04
OFVI Owner Furnished / Vendor Installed	\$7,648.00	\$0.00	\$0.00	\$7,648.00
	\$48,457.58	\$539.60	\$0.00	\$48,997.18

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$4,993.54	\$539.60	\$0.00	\$5,533.14
2 - Major Medical Electrical Requirements	\$20,526.75	\$0.00	\$0.00	\$20,526.75
3 - Minor Medical Non-Electrical	\$22,937.29	\$0.00	\$0.00	\$22,937.29
	\$48,457.58	\$539.60	\$0.00	\$48,997.18

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$48,457.58	\$539.60	\$0.00	\$48,997.18
	\$48,457.58	\$539.60	\$0.00	\$48,997.18

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$48,457.58	\$539.60	\$0.00	\$48,997.18
	\$48,457.58	\$539.60	\$0.00	\$48,997.18

000088

14-Nov-08

Room Equipment Report / Department Summary

6:04 AM

C.O.N. - Roper St. Francis Hospital - Berkeley

DEPT: Laboratory

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$568,312.43	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$317.30	\$0.00	\$0.00	\$0.00	\$5,685.50
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$568,629.73	\$0.00	\$0.00	\$0.00	\$5,685.50

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$61,173.00	\$5,685.50	\$0.00	\$66,858.50
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$160,849.41	\$317.30	\$0.00	\$161,166.71
OFVI Owner Furnished / Vendor Installed	\$346,290.02	\$0.00	\$0.00	\$346,290.02
VPNC Vendor Provided No Cost	\$0.00	\$0.00	\$0.00	\$0.00
	\$568,312.43	\$6,002.80	\$0.00	\$574,315.23

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$55,000.00	\$5,500.00	\$0.00	\$60,500.00
1 - Fixed (Non Plant) Architecturally Significant	\$10,443.00	\$502.80	\$0.00	\$10,945.80
2 - Major Medical Electrical Requirements	\$402,215.25	\$0.00	\$0.00	\$402,215.25
3 - Minor Medical Non-Electrical	\$100,654.18	\$0.00	\$0.00	\$100,654.18
	\$568,312.43	\$6,002.80	\$0.00	\$574,315.23

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$512,170.43	\$502.80	\$0.00	\$512,673.23
0	\$56,142.00	\$5,500.00	\$0.00	\$61,642.00
	\$568,312.43	\$6,002.80	\$0.00	\$574,315.23

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$568,312.43	\$6,002.80	\$0.00	\$574,315.23
	\$568,312.43	\$6,002.80	\$0.00	\$574,315.23

000089

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Medical Records

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$2,431.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$11.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$2,431.00	\$0.00	\$0.00	\$0.00	\$11.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$55.00	\$11.00	\$0.00	\$66.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$2,376.00	\$0.00	\$0.00	\$2,376.00
	\$2,431.00	\$11.00	\$0.00	\$2,442.00

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$55.00	\$11.00	\$0.00	\$66.00
2 - Major Medical Electrical Requirements	\$1,200.00	\$0.00	\$0.00	\$1,200.00
3 - Minor Medical Non-Electrical	\$1,176.00	\$0.00	\$0.00	\$1,176.00
	\$2,431.00	\$11.00	\$0.00	\$2,442.00

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$2,431.00	\$11.00	\$0.00	\$2,442.00
	\$2,431.00	\$11.00	\$0.00	\$2,442.00

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$2,431.00	\$11.00	\$0.00	\$2,442.00
	\$2,431.00	\$11.00	\$0.00	\$2,442.00

000090

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Medical Staff Services

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$954.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$11.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$954.00	\$0.00	\$0.00	\$0.00	\$11.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$55.00	\$11.00	\$0.00	\$66.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$899.00	\$0.00	\$0.00	\$899.00
	\$954.00	\$11.00	\$0.00	\$965.00

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$55.00	\$11.00	\$0.00	\$66.00
2 - Major Medical Electrical Requirements	\$899.00	\$0.00	\$0.00	\$899.00
	\$954.00	\$11.00	\$0.00	\$965.00

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$954.00	\$11.00	\$0.00	\$965.00
	\$954.00	\$11.00	\$0.00	\$965.00

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$954.00	\$11.00	\$0.00	\$965.00
	\$954.00	\$11.00	\$0.00	\$965.00

000091

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Medical Surgical Unit A

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$669,777.57	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$12,348.20
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$669,777.57	\$0.00	\$0.00	\$0.00	\$12,348.20

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$59,127.18	\$12,343.40	\$0.00	\$71,470.58
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$565,020.39	\$0.00	\$0.00	\$565,020.39
QFVI Owner Furnished / Vendor Installed	\$45,630.00	\$4.80	\$0.00	\$45,634.80
VPNC Vendor Provided No Cost	\$0.00	\$0.00	\$0.00	\$0.00
	\$669,777.57	\$12,348.20	\$0.00	\$682,125.77

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$57,392.18	\$12,348.20	\$0.00	\$69,740.38
2 - Major Medical Electrical Requirements	\$531,536.40	\$0.00	\$0.00	\$531,536.40
3 - Minor Medical Non-Electrical	\$80,848.99	\$0.00	\$0.00	\$80,848.99
	\$669,777.57	\$12,348.20	\$0.00	\$682,125.77

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$669,777.57	\$12,348.20	\$0.00	\$682,125.77
	\$669,777.57	\$12,348.20	\$0.00	\$682,125.77

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$669,777.57	\$12,348.20	\$0.00	\$682,125.77
	\$669,777.57	\$12,348.20	\$0.00	\$682,125.77

000092

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Mother-Baby Unit

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$1,225,314.69	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$320.00	\$0.00	\$0.00	\$0.00	\$15,249.60
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$1,225,634.69	\$0.00	\$0.00	\$0.00	\$15,249.60

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCl Owner Furnished / Contractor Installed	\$83,806.70	\$9,229.60	\$0.00	\$93,036.30
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOl Owner Furnished / Owner Installed	\$709,415.47	\$320.00	\$0.00	\$709,735.47
OFVI Owner Furnished / Vendor Installed	\$432,092.52	\$6,020.00	\$0.00	\$438,112.52
	\$1,225,314.69	\$15,569.60	\$0.00	\$1,240,884.29

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$131,327.70	\$15,569.60	\$0.00	\$146,897.30
2 - Major Medical Electrical Requirements	\$990,682.13	\$0.00	\$0.00	\$990,682.13
3 - Minor Medical Non-Electrical	\$103,304.86	\$0.00	\$0.00	\$103,304.86
	\$1,225,314.69	\$15,569.60	\$0.00	\$1,240,884.29

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$1,214,843.69	\$15,569.60	\$0.00	\$1,230,413.29
0	\$10,471.00	\$0.00	\$0.00	\$10,471.00
	\$1,225,314.69	\$15,569.60	\$0.00	\$1,240,884.29

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$1,225,314.69	\$15,569.60	\$0.00	\$1,240,884.29
	\$1,225,314.69	\$15,569.60	\$0.00	\$1,240,884.29

000093

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Pharmacy

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$103,962.08	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$518.60
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$103,962.08	\$0.00	\$0.00	\$0.00	\$518.60

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$21,965.00	\$518.60	\$0.00	\$22,483.60
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFCI Owner Furnished / Owner Installed	\$25,881.08	\$0.00	\$0.00	\$25,881.08
OFVI Owner Furnished / Vendor Installed	\$56,115.00	\$0.00	\$0.00	\$56,115.00
	\$103,962.08	\$518.60	\$0.00	\$104,480.68

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$7,965.00	\$518.60	\$0.00	\$8,483.60
2 - Major Medical Electrical Requirements	\$28,825.00	\$0.00	\$0.00	\$28,825.00
3 - Minor Medical Non-Electrical	\$67,172.08	\$0.00	\$0.00	\$67,172.08
	\$103,962.08	\$518.60	\$0.00	\$104,480.68

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$103,962.08	\$518.60	\$0.00	\$104,480.68
	\$103,962.08	\$518.60	\$0.00	\$104,480.68

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$103,962.08	\$518.60	\$0.00	\$104,480.68
	\$103,962.08	\$518.60	\$0.00	\$104,480.68

000094

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Rehab

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$34,540.50	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$40.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$34,540.50	\$0.00	\$0.00	\$0.00	\$40.00
<u>COST CODE</u>					
OFI Owner Furnished / Contractor Installed			\$400.00	\$40.00	\$0.00
OFIS Owner Furnished / IT Budget			\$0.00	\$0.00	\$0.00
OFI Owner Furnished / Owner Installed			\$34,140.50	\$0.00	\$0.00
			\$34,540.50	\$40.00	\$0.00
					\$34,580.50
<u>GROUP</u>					
1 - Fixed (Non Plant) Architecturally Significant			\$976.00	\$40.00	\$0.00
2 - Major Medical Electrical Requirements			\$32,320.00	\$0.00	\$0.00
3 - Minor Medical Non-Electrical			\$1,244.50	\$0.00	\$0.00
			\$34,540.50	\$40.00	\$0.00
					\$34,580.50
<u>CATEGORY</u>					
Un-Assigned			\$34,540.50	\$40.00	\$0.00
			\$34,540.50	\$40.00	\$0.00
					\$34,580.50
<u>FISCAL YEAR</u>					
Un-Assigned			\$34,540.50	\$40.00	\$0.00
			\$34,540.50	\$40.00	\$0.00
					\$34,580.50

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Respiratory Therapy

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$83,539.79	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$83,539.79	\$0.00	\$0.00	\$0.00	\$0.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$4,900.00	\$0.00	\$0.00	\$4,900.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$78,639.79	\$0.00	\$0.00	\$78,639.79
	\$83,539.79	\$0.00	\$0.00	\$83,539.79

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
2 - Major Medical Electrical Requirements	\$77,045.00	\$0.00	\$0.00	\$77,045.00
3 - Minor Medical Non-Electrical	\$6,494.79	\$0.00	\$0.00	\$6,494.79
	\$83,539.79	\$0.00	\$0.00	\$83,539.79

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$83,539.79	\$0.00	\$0.00	\$83,539.79
	\$83,539.79	\$0.00	\$0.00	\$83,539.79

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$83,539.79	\$0.00	\$0.00	\$83,539.79
	\$83,539.79	\$0.00	\$0.00	\$83,539.79

000096

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Sterile Processing

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$937,730.31	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$400.00	\$0.00	\$0.00	\$0.00	\$11,908.25
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$938,130.31	\$0.00	\$0.00	\$0.00	\$11,908.25
<u>COST CODE</u>		<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed		\$39,828.49	\$1,208.25	\$0.00	\$41,036.74
OFIS Owner Furnished / IT Budget		\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed		\$553,238.01	\$400.00	\$0.00	\$553,638.01
OFVI Owner Furnished / Vendor Installed		\$344,663.81	\$10,700.00	\$0.00	\$355,363.81
		\$937,730.31	\$12,308.25	\$0.00	\$950,038.56
<u>GROUP</u>		<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant		\$222,540.15	\$12,308.25	\$0.00	\$234,848.40
2 - Major Medical Electrical Requirements		\$179,933.75	\$0.00	\$0.00	\$179,933.75
3 - Minor Medical Non-Electrical		\$535,256.41	\$0.00	\$0.00	\$535,256.41
		\$937,730.31	\$12,308.25	\$0.00	\$950,038.56
<u>CATEGORY</u>		<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned		\$437,730.31	\$12,308.25	\$0.00	\$450,038.56
0		\$500,000.00	\$0.00	\$0.00	\$500,000.00
		\$937,730.31	\$12,308.25	\$0.00	\$950,038.56
<u>FISCAL YEAR</u>		<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned		\$937,730.31	\$12,308.25	\$0.00	\$950,038.56
		\$937,730.31	\$12,308.25	\$0.00	\$950,038.56

000097

14-Nov-08

Room Equipment Report / Department Summary

6:04 AM

C.O.N. - Roper St. Francis Hospital - Berkeley

DEPT: Surgery

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$5,345.49	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$643.50
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$5,345.49	\$0.00	\$0.00	\$0.00	\$643.50

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$3,627.00	\$643.50	\$0.00	\$4,270.50
OFOI Owner Furnished / Owner Installed	\$1,718.49	\$0.00	\$0.00	\$1,718.49
	\$5,345.49	\$643.50	\$0.00	\$5,988.99

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$3,627.00	\$643.50	\$0.00	\$4,270.50
2 - Major Medical Electrical Requirements	\$1,680.60	\$0.00	\$0.00	\$1,680.60
3 - Minor Medical Non-Electrical	\$37.89	\$0.00	\$0.00	\$37.89
	\$5,345.49	\$643.50	\$0.00	\$5,988.99

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$5,345.49	\$643.50	\$0.00	\$5,988.99
	\$5,345.49	\$643.50	\$0.00	\$5,988.99

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$5,345.49	\$643.50	\$0.00	\$5,988.99
	\$5,345.49	\$643.50	\$0.00	\$5,988.99

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Surgery, Endoscopy

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$289,314.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$5,466.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$289,314.00	\$0.00	\$0.00	\$0.00	\$5,466.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$11,960.00	\$1,196.00	\$0.00	\$13,156.00
OFOI Owner Furnished / Owner Installed	\$202,859.00	\$0.00	\$0.00	\$202,859.00
OFVI Owner Furnished / Vendor Installed	\$74,495.00	\$4,270.00	\$0.00	\$78,765.00
	\$289,314.00	\$5,466.00	\$0.00	\$294,780.00

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$83,460.00	\$5,466.00	\$0.00	\$88,926.00
2 - Major Medical Electrical Requirements	\$61,964.00	\$0.00	\$0.00	\$61,964.00
3 - Minor Medical Non-Electrical	\$13,710.00	\$0.00	\$0.00	\$13,710.00
4 - Instruments	\$130,180.00	\$0.00	\$0.00	\$130,180.00
	\$289,314.00	\$5,466.00	\$0.00	\$294,780.00

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$56,960.00	\$2,816.00	\$0.00	\$59,776.00
0	\$232,354.00	\$2,650.00	\$0.00	\$235,004.00
	\$289,314.00	\$5,466.00	\$0.00	\$294,780.00

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$289,314.00	\$5,466.00	\$0.00	\$294,780.00
	\$289,314.00	\$5,466.00	\$0.00	\$294,780.00

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14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Surgery, O.R.

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$1,730,161.96	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$34,906.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$1,730,161.96	\$0.00	\$0.00	\$0.00	\$34,906.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$58,495.00	\$5,816.00	\$0.00	\$64,313.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$856,912.56	\$0.00	\$0.00	\$856,912.56
OFVI Owner Furnished / Vendor Installed	\$814,754.40	\$29,088.00	\$0.00	\$843,842.40
	\$1,730,161.96	\$34,906.00	\$0.00	\$1,765,067.96

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$300,000.00	\$0.00	\$0.00	\$300,000.00
1 - Fixed (Non Plant) Architecturally Significant	\$416,710.00	\$34,906.00	\$0.00	\$451,616.00
2 - Major Medical Electrical Requirements	\$853,700.57	\$0.00	\$0.00	\$853,700.57
3 - Minor Medical Non-Electrical	\$159,751.39	\$0.00	\$0.00	\$159,751.39
	\$1,730,161.96	\$34,906.00	\$0.00	\$1,765,067.96

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$1,388,110.96	\$33,452.00	\$0.00	\$1,421,562.96
0	\$342,051.00	\$1,454.00	\$0.00	\$343,505.00
	\$1,730,161.96	\$34,906.00	\$0.00	\$1,765,067.96

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$1,730,161.96	\$34,906.00	\$0.00	\$1,765,067.96
	\$1,730,161.96	\$34,906.00	\$0.00	\$1,765,067.96

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14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Surgery, PACU

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$215,437.71	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$1,386.40
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$215,437.71	\$0.00	\$0.00	\$0.00	\$1,386.40

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$11,915.35	\$1,386.40	\$0.00	\$13,301.75
OFS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFCI Owner Furnished / Owner Installed	\$118,791.92	\$0.00	\$0.00	\$118,791.92
OFCI Owner Furnished / Vendor Installed	\$84,730.44	\$0.00	\$0.00	\$84,730.44
VPNC Vendor Provided No Cost	\$0.00	\$0.00	\$0.00	\$0.00
	\$215,437.71	\$1,386.40	\$0.00	\$216,824.11

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$11,320.19	\$1,386.40	\$0.00	\$12,706.59
2 - Major Medical Electrical Requirements	\$145,278.36	\$0.00	\$0.00	\$145,278.36
3 - Minor Medical Non-Electrical	\$58,839.16	\$0.00	\$0.00	\$58,839.16
	\$215,437.71	\$1,386.40	\$0.00	\$216,824.11

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$215,437.71	\$1,386.40	\$0.00	\$216,824.11
	\$215,437.71	\$1,386.40	\$0.00	\$216,824.11

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$215,437.71	\$1,386.40	\$0.00	\$216,824.11
	\$215,437.71	\$1,386.40	\$0.00	\$216,824.11

000101

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

DEPT: Surgery, PrePost

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$293,331.49	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$1,865.60
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$293,331.49	\$0.00	\$0.00	\$0.00	\$1,865.60

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$16,503.35	\$1,865.60	\$0.00	\$18,368.95
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$209,521.14	\$0.00	\$0.00	\$209,521.14
OFVI Owner Furnished / Vendor Installed	\$67,307.00	\$0.00	\$0.00	\$67,307.00
	\$293,331.49	\$1,865.60	\$0.00	\$295,197.09

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$15,788.33	\$1,865.60	\$0.00	\$17,653.93
2 - Major Medical Electrical Requirements	\$171,158.92	\$0.00	\$0.00	\$171,158.92
3 - Minor Medical Non-Electrical	\$106,384.24	\$0.00	\$0.00	\$106,384.24
	\$293,331.49	\$1,865.60	\$0.00	\$295,197.09

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$293,331.49	\$1,865.60	\$0.00	\$295,197.09
	\$293,331.49	\$1,865.60	\$0.00	\$295,197.09

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$293,331.49	\$1,865.60	\$0.00	\$295,197.09
	\$293,331.49	\$1,865.60	\$0.00	\$295,197.09

000102

14-Nov-08

Room Equipment Report / Department Summary
C.O.N. - Roper St. Francis Hospital - Berkeley

6:04 AM

TOTALS FOR PROJECT:

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$12,629,435.91	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$2,420.60	\$0.00	\$0.00	\$0.00	\$104,803.81
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$12,631,856.51	\$0.00	\$0.00	\$0.00	\$104,803.81

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
ALLOW Allowance/Owner Installed	\$0.00	\$0.00	\$0.00	\$0.00
CFCI Contractor Furnished / Contractor Installed	\$0.00	\$0.00	\$0.00	\$0.00
DEFRD Owner Furnished (Deferred) / Owner Installed	\$0.00	\$0.00	\$0.00	\$0.00
FFE Owner Furnished / FF&E Budget	\$0.00	\$0.00	\$0.00	\$0.00
FYCI Capital Replacement / Contractor Installed	\$0.00	\$0.00	\$0.00	\$0.00
FYOI Capital Replacement/ Owner Installed	\$0.00	\$0.00	\$0.00	\$0.00
FYSS Operating Expense / Communication Services Provided	\$0.00	\$0.00	\$0.00	\$0.00
LEAS Lease	\$0.00	\$0.00	\$0.00	\$0.00
LM Lease Annual Cost	\$0.00	\$0.00	\$0.00	\$0.00
NIC Not In Contract / Owner Installed	\$0.00	\$0.00	\$0.00	\$0.00
OECI Owner Reuse / Contractor Installed	\$0.00	\$0.00	\$0.00	\$0.00
OEFFE Owner Reuse/ FF&E	\$0.00	\$0.00	\$0.00	\$0.00
OEIS Owner Reuse / Information Services	\$0.00	\$0.00	\$0.00	\$0.00
OEI Owner Reuse / Owner Installed	\$0.00	\$0.00	\$0.00	\$0.00
OESS Owner Reuse / Communications Services Supplies	\$0.00	\$0.00	\$0.00	\$0.00
OFCI Owner Furnished / Contractor Installed	\$542,440.52	\$52,371.05	\$0.00	\$594,811.57
OFFO Owner Furnished (Future) / Owner Installed	\$0.00	\$0.00	\$0.00	\$0.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFIO Owner Furnished / Owner Installed	\$4,638,074.44	\$2,420.60	\$0.00	\$4,640,495.04
OFSS Owner Furnished / Communication Services Supplied	\$0.00	\$0.00	\$0.00	\$0.00
OFVI Owner Furnished / Vendor Installed	\$7,448,920.95	\$52,432.80	\$0.00	\$7,501,353.75
SPACE Carry for Space and utility requirements	\$0.00	\$0.00	\$0.00	\$0.00
VPNC Vendor Provided No Cost	\$0.00	\$0.00	\$0.00	\$0.00
	\$12,629,435.91	\$107,224.45	\$0.00	\$12,736,660.36

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$2,185,125.00	\$5,500.00	\$0.00	\$2,190,625.00
1 - Fixed (Non Plant) Architecturally Significant	\$1,165,644.47	\$101,624.45	\$0.00	\$1,267,268.92
2 - Major Medical Electrical Requirements	\$7,185,858.75	\$0.00	\$0.00	\$7,185,858.75
3 - Minor Medical Non-Electrical	\$1,962,627.69	\$100.00	\$0.00	\$1,962,727.69
4 - Instruments	\$130,180.00	\$0.00	\$0.00	\$130,180.00
	\$12,629,435.91	\$107,224.45	\$0.00	\$12,736,660.36

<u>CATEGORY</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$9,361,378.91	\$97,520.45	\$0.00	\$9,458,899.36
0	\$3,268,057.00	\$9,704.00	\$0.00	\$3,277,761.00

Room Equipment Report / Department Summary				
C.O.N. - Roper St. Francis Hospital - Berkeley				
14-Nov-08				6:04 AM
	\$12,629,435.91	\$107,224.45	\$0.00	\$12,736,660.36
<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$12,629,435.91	\$107,224.45	\$0.00	\$12,736,660.36
	\$12,629,435.91	\$107,224.45	\$0.00	\$12,736,660.36

000104

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Administration

Room#: AD01 Secretarial Workstation & Wait

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4286	Printer, Laser, 2 Drawers		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: AD03 Office, CEO

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: AD04 Office, CNO

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: AD05 Office, Infect. Control, 2 FTE

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: AD06 Office, House Super, 2 FTE

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: AD07 Office, Nursing, 2 FTE

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

000105

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Administration

Room#: AD08 *Work Room & Storage*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
COP0050	Copier, Medium Volume		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM						\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00Room#: AD09 *Cubicles, Secretarial, 2 FTE*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM						\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00Room#: AD11 *Office, Multifunction*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM						\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00Room#: AD15 *Kitchenette Alcove*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
OVN3928	Microwave Oven, 2.1 Cf		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft.		\$566.00	1	\$566.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM						\$764.00	\$0.00	\$0.00		

ROOM TOTAL: \$764.00Room#: AD16 *Staff Toilet*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM						\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00Room#: AD17 *Meeting Room*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRX2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
PRJ3001	Projector, Digital		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4672	TV/Monitor, LCD, 42"		\$1,000.00	1	\$1,000.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM						\$1,055.00	\$11.00	\$0.00		

ROOM TOTAL: \$1,066.00

000106

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Administration

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$1,819.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$11.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$1,819.00	\$0.00	\$0.00	\$0.00	\$11.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$55.00	\$11.00	\$0.00	\$66.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$1,764.00	\$0.00	\$0.00	\$1,764.00
	\$1,819.00	\$11.00	\$0.00	\$1,830.00

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$55.00	\$11.00	\$0.00	\$66.00
2 - Major Medical Electrical Requirements	\$1,764.00	\$0.00	\$0.00	\$1,764.00
	\$1,819.00	\$11.00	\$0.00	\$1,830.00

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$1,819.00	\$11.00	\$0.00	\$1,830.00
	\$1,819.00	\$11.00	\$0.00	\$1,830.00

000107

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Ambulatory Diagnostic Ctr.

Room#: DX01 Waiting

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
TEL0510	Television/Video Monitor, Flat Panel, 32", Wall Mounted		\$1,200.00	1	\$1,200.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$1,255.00	\$11.00	\$0.00			

ROOM TOTAL: \$1,266.00

Room#: DX05,6 Staff Lounge & Lockers

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
OVN3928	Microwave Oven, 2.1 Ct		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft		\$566.00	1	\$566.00	\$0.00	\$0.00	OFOI	2	
TBA4523	Television/Video Monitor, Flat Panel, 25"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$1,755.89	\$11.00	\$0.00			

ROOM TOTAL: \$1,766.89

Room#: DX07 Staff Toilet

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: DX08 Alcove, Scales

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
SCL0909	Scale, Pediatric / Infant		\$1,795.00	1	\$1,795.00	\$0.00	\$0.00	OFOI	2	
SCL1607	Scale, Patient with Stadiometer		\$180.00	1	\$180.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$1,975.00	\$0.00	\$0.00			

ROOM TOTAL: \$1,975.00

Room#: DX10, 11 Work Area / Collection Bay

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$397.89	\$0.00	\$0.00			

ROOM TOTAL: \$397.89

000108

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Ambulatory Diagnostic Ctr.

Room#: DX12a PSTT Exam 01

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	1	\$791.00	\$0.00	\$0.00	OFOI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
OTS0002	Otoscope/Ophthalmoscope Set, Wall/Column/Headwall Mtd.		\$669.00	1	\$669.00	\$30.00	\$0.00	OFCI	1	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1	
TBA4488	Cart, Phlebotomy		\$999.00	1	\$999.00	\$0.00	\$0.00	OFOI	3	
TBL0516	Table, Examination		\$1,430.00	1	\$1,430.00	\$0.00	\$0.00	OFOI	2	

TOTALS FOR SINGLE ROOM

\$5,739.65

\$299.80

\$0.00

ROOM TOTAL:

\$6,039.45

Room#: DX12b PSTT Exam 02

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	1	\$791.00	\$0.00	\$0.00	OFOI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
OTS0002	Otoscope/Ophthalmoscope Set, Wall/Column/Headwall Mtd.		\$669.00	1	\$669.00	\$30.00	\$0.00	OFCI	1	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1	
TBA4488	Cart, Phlebotomy		\$999.00	1	\$999.00	\$0.00	\$0.00	OFOI	3	
TBL0516	Table, Examination		\$1,430.00	1	\$1,430.00	\$0.00	\$0.00	OFOI	2	

TOTALS FOR SINGLE ROOM

\$5,739.65

\$299.80

\$0.00

ROOM TOTAL:

\$6,039.45

000109

14-Nov-08 **Room Equipment Report** 6:06 AM
C.O.N. - Roper St. Francis Hospital - Berkeley

DEPT: Ambulatory Diagnostic Ctr.

<u>Room#:</u> DX12c <u>PSTT Exam 03</u>		<u>Flr:</u> 1 <u>Space Qty:</u> 1							
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	1	\$791.00	\$0.00	\$0.00	OFOI	3
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFOI	3
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFOI	1
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3
OTS0002	Otoscope/Ophthalmoscope Set, Wall/Column/Headwall Mid.		\$669.00	1	\$669.00	\$30.00	\$0.00	OFOI	1
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFOI	1
TBA4488	Cart, Phlebotomy		\$999.00	1	\$999.00	\$0.00	\$0.00	OFOI	3
TBL0516	Table, Examination		\$1,430.00	1	\$1,430.00	\$0.00	\$0.00	OFOI	2
TOTALS FOR SINGLE ROOM					\$5,739.65	\$299.80	\$0.00		
ROOM TOTAL:									\$6,039.45

<u>Room#:</u> DX13 <u>Patient Toilet</u>		<u>Flr:</u> 1 <u>Space Qty:</u> 1							
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

<u>Room#:</u> DX14 <u>Alcove, EKG</u>		<u>Flr:</u> 1 <u>Space Qty:</u> 1							
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
ECG3901	Electrocardiograph, Multi-Channel, W/Cart		\$9,450.00	1	\$9,450.00	\$0.00	\$0.00	OFOI	2
TOTALS FOR SINGLE ROOM					\$9,450.00	\$0.00	\$0.00		
ROOM TOTAL:									\$9,450.00

000110

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Ambulatory Diagnostic Ctr.

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$32,052.73	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$4.80	\$0.00	\$0.00	\$0.00	\$916.60
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$32,057.53	\$0.00	\$0.00	\$0.00	\$916.60

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$5,804.00	\$916.60	\$0.00	\$6,720.60
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$26,248.73	\$4.80	\$0.00	\$26,253.53
	\$32,052.73	\$921.40	\$0.00	\$32,974.13

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$5,525.00	\$921.40	\$0.00	\$6,446.40
2 - Major Medical Electrical Requirements	\$18,687.00	\$0.00	\$0.00	\$18,687.00
3 - Minor Medical Non-Electrical	\$7,840.73	\$0.00	\$0.00	\$7,840.73
	\$32,052.73	\$921.40	\$0.00	\$32,974.13

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$32,052.73	\$921.40	\$0.00	\$32,974.13
	\$32,052.73	\$921.40	\$0.00	\$32,974.13

000111

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Ancillary Services

Room#: AS01 ReceptionFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFCL	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: AS02 Patient RepresentativeFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
SCN0403	Scanner, Desktop		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	3	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: AS03 Entrance VestibuleFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
MON2121	Monitor, Video, Flat Panel, 21"		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
WHC0110	Wheelchair, Adult		\$690.00	6	\$4,140.00	\$0.00	\$0.00	OFOL	3	

TOTALS FOR SINGLE ROOM

\$4,140.00

ROOM TOTAL:

\$4,140.00

Room#: AS04 Wheelchair AlcoveFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: AS05 Patient Information KioskFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: AS06 Public Toilet, MaleFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: AS07 Public Toilet, FemaleFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

000112

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Ancillary Services

Room#: AS08 *Housekeeping***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BUK1302	Bucket, Mopping		\$323.90	1	\$323.90	\$0.00	\$0.00	OFOI	3	
CAR0810	Cart, Housekeeping		\$1,187.45	1	\$1,187.45	\$0.00	\$0.00	OFOI	3	
DSP0304	Dispenser, Chemical Cleaning, Wall Mtd.		\$98.00	1	\$98.00	\$0.00	\$0.00	OFCI	2	
RCP2060	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 36.5" H		\$94.58	1	\$94.58	\$0.00	\$0.00	OFOI	3	
VAC3001	Vacuum, Domestic, Upright		\$584.91	1	\$584.91	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$2,288.84	\$0.00	\$0.00			

ROOM TOTAL: \$2,288.84**Room#:** AS09 *Chapel-Meditation***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** AS10 *Office, Pastoral Care***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** AS11 *Gift Shop***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** AS14 *Volunteer Office***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** AS15 *Volunteer Work***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
OVN3928	Microwave Oven, 2.1 Ct		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft		\$566.00	1	\$566.00	\$0.00	\$0.00	OFOI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$1,755.89	\$11.00	\$0.00			

ROOM TOTAL: \$1,766.89

000113

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Ancillary Services

<u>Room#:</u> AS16	Closet, Volunteer Storage	<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

<u>Room#:</u> AS18	Meeting Room, 400sf	<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

<u>Room#:</u> AS19	Meeting Room, 200sf	<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

<u>Room#:</u> AS20	Meeting Room Storage & Pantry	<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2
OVN3928	Microwave Oven, 2.1 Cf		\$198.00	1	\$198.00	\$0.00	\$0.00	OFCI	2
REF0408	Refrigerator, Domestic, 25 Cu.Ft		\$566.00	1	\$566.00	\$0.00	\$0.00	OFCI	2
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFCI	3
TOTALS FOR SINGLE ROOM					\$801.89	\$0.00	\$0.00		
ROOM TOTAL:									\$801.89

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Ancillary Services

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$8,986.62	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$11.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$8,986.62	\$0.00	\$0.00	\$0.00	\$11.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCl Owner Furnished / Contractor Installed	\$153.00	\$11.00	\$0.00	\$164.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$8,833.62	\$0.00	\$0.00	\$8,833.62
	\$8,986.62	\$11.00	\$0.00	\$8,997.62

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$55.00	\$11.00	\$0.00	\$66.00
2 - Major Medical Electrical Requirements	\$2,525.00	\$0.00	\$0.00	\$2,525.00
3 - Minor Medical Non-Electrical	\$6,406.62	\$0.00	\$0.00	\$6,406.62
	\$8,986.62	\$11.00	\$0.00	\$8,997.62

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$8,986.62	\$11.00	\$0.00	\$8,997.62
	\$8,986.62	\$11.00	\$0.00	\$8,997.62

000115

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Building Support Services

<u>Room#:</u> BS01 <u>Office, Plant Ops</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

<u>Room#:</u> BS03 <u>EVS Office</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

<u>Room#:</u> BS04 <u>Office, Dietary Supervisor</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

<u>Room#:</u> BS05 <u>Office, Dietitian</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

<u>Room#:</u> BS06 <u>Office, Materials Mgmt</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

<u>Room#:</u> BS07 <u>Workstation, Shared 2 FTE</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

000116

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Building Support Services

Room#: BS08 Workstation, Clerical

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: BS09 Workstation, Dispatch

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	3	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: BS13 Work/File/Copy

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
DOP0050	Copier, Medium Volume		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
FAX0002	Fax Machine, Plain Paper		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: BS22 Staff Lounge

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFIS	1	
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
OVN3828	Microwave Oven, 2.1 Cf		\$198.00	1	\$198.00	\$0.00	\$0.00	OFIS	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft		\$566.00	1	\$566.00	\$0.00	\$0.00	OFIS	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$699.00	1	\$699.00	\$0.00	\$0.00	OFIS	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFIS	3	

TOTALS FOR SINGLE ROOM

\$1,755.89 \$11.00 \$0.00

ROOM TOTAL: \$1,766.89

Room#: BS23 Lockers

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: BS24b Staff Toilet

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

000117

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Building Support Services

Room#: BS31 *EVS / Equip Storage***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BUR0003	Burnisher		\$4,987.00	1	\$4,987.00	\$0.00	\$0.00	OFOI	2	
SCB0001	Scrubber, Floor		\$4,758.59	2	\$9,517.18	\$0.00	\$0.00	OFOI	2	

TOTALS FOR SINGLE ROOM

\$14,504.18

ROOM TOTAL: \$14,504.18

Room#: BS33 *Equipment Clean-Up***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL: \$0.00

Room#: BS35 *Chemical Storage***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
SHL2317	Shelving, Wire, 5-Tier		\$742.31	2	\$1,484.62	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$1,484.62

ROOM TOTAL: \$1,484.62

Room#: BS36, 37 *Clean Linen & Storage***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1208	Cart, Linen, 24"X60" W/Cover		\$568.77	10	\$5,687.70	\$0.00	\$0.00	OFOI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$5,687.70

ROOM TOTAL: \$5,687.70

Room#: BS38 *Soiled Linen Holding***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL: \$0.00

Room#: BS39 *Mail/Copy***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0050	Copier, Medium Volume		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL: \$0.00

Room#: BS47 *Biohazard Waste***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
RCP4401	Receptacle, Rm/h, Mobile, 55 Gallon W/Lid		\$91.10	10	\$911.00	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$911.00

ROOM TOTAL: \$911.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Building Support Services

Room#: BS49 Med Gas StorageFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR3311	Cart, Gas Cylinder, 6 E-Tank Cap		\$239.00	2	\$478.00	\$0.00	\$0.00	OFOI	3

TOTALS FOR SINGLE ROOM

\$478.00 \$0.00 \$0.00

ROOM TOTAL: \$478.00

Room#: BS50 Receiving / BreakoutFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFOI	2
COP0050	Copier, Medium Volume		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: BS51 General SupplyFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR4507	Cart, Supply (Exchange), 24"x72"		\$440.79	12	\$5,289.48	\$0.00	\$0.00	OFOI	3

TOTALS FOR SINGLE ROOM

\$5,289.48 \$0.00 \$0.00

ROOM TOTAL: \$5,289.48

Room#: BS52 Storage Med EgmtFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: BS53 Patient Egmt Issue - IV PumpsFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
PMP0943	Pump, Infusion, Triple Channel		\$8,593.75	4	\$34,375.00	\$0.00	\$0.00	OFOI	2
PMP0944	Pump, Infusion, Dual Channel		\$5,953.00	12	\$33,556.00	\$0.00	\$0.00	OFOI	2

TOTALS FOR SINGLE ROOM

\$117,931.00 \$0.00 \$0.00

ROOM TOTAL: \$117,931.00

Room#: BS60 Biomed WorkshopFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
ANL8301	Analyzer, Electrical Safety		\$1,450.00	0	\$0.00	\$0.00	\$0.00	OFOI	2
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	0	\$0.00	\$0.00	\$0.00	OFOI	2

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: BS62 PC Tech & StorageFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFOI	2
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Building Support Services

Room#: BS64 Data CenterFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: BS66 Engineering ShopFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Building Support Services

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$148,041.87	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$11.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$148,041.87	\$0.00	\$0.00	\$0.00	\$11.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$55.00	\$11.00	\$0.00	\$66.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$147,986.87	\$0.00	\$0.00	\$147,986.87
	\$148,041.87	\$11.00	\$0.00	\$148,052.87

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$55.00	\$11.00	\$0.00	\$66.00
2 - Major Medical Electrical Requirements	\$134,098.18	\$0.00	\$0.00	\$134,098.18
3 - Minor Medical Non-Electrical	\$13,888.69	\$0.00	\$0.00	\$13,888.69
	\$148,041.87	\$11.00	\$0.00	\$148,052.87

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$148,041.87	\$11.00	\$0.00	\$148,052.87
	\$148,041.87	\$11.00	\$0.00	\$148,052.87

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Cardiology Services

<u>Room#:</u> CS10 <u>Vascular Lab (TCOM/PVR)</u>			<u>Flr:</u>	1	<u>Space Qty:</u> 1						
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2		
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3		
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1		
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3		
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3		
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3		
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3		
STL0513	Stool, Examination W/ Back And Casters		\$315.00	1	\$315.00	\$0.00	\$0.00	OFOI	3		
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3		
TRD0513	Treadmill, Exercise		\$5,995.00	1	\$5,995.00	\$0.00	\$0.00	OFOI	2		
TRK0306	Track, Cubicle Curtain		\$100.00	1	\$100.00	\$10.00	\$0.00	OFCI	1		
VAS0302	Vascular Lab System		\$595.00	1	\$595.00	\$0.00	\$0.00	OFOI	3		
WRM0704	Warmer, Gel, Wall Mounted		\$225.00	1	\$225.00	\$22.50	\$0.00	OFOI	1		
TOTALS FOR SINGLE ROOM					\$13,588.65	\$37.30	\$0.00				
					ROOM TOTAL:					\$13,625.95	

<u>Room#:</u> CS15 <u>Echo</u>		<u>Flr:</u>	<u>1 Space Qty: 1</u>							
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
EKO0003	Echocardiograph, W/Transesophageal Probe		\$249,500.00	1	\$249,500.00	\$0.00	\$0.00	OFOI	2	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
SFG0102	Sphygmomanometer, Aneroid, Mobile		\$130.23	1	\$130.23	\$0.00	\$0.00	OFOI	3	
STA2006	Station, Soak, Ultrasound Probes		\$995.00	1	\$995.00	\$100.00	\$0.00	OFOI	3	
STL0513	Stool, Examination W/ Back And Casters		\$315.00	1	\$315.00	\$0.00	\$0.00	OFOI	3	
STL0602	Stool, Foot, W/Handrail		\$219.00	1	\$219.00	\$0.00	\$0.00	OFOI	3	
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3	
TRK0306	Track, Cubicle Curtain		\$100.00	1	\$100.00	\$10.00	\$0.00	OFCI	1	
WRM0704	Warmer, Gel, Wall Mounted		\$225.00	1	\$225.00	\$22.50	\$0.00	OFOI	1	
TOTALS FOR SINGLE ROOM					\$257,842.88	\$137.30	\$0.00			
					ROOM TOTAL:					\$257,980.18

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Cardiology Services

Room#: CS18 **Stress Testing****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFCI	3	
MON4562	Monitor, Nibp/Temp/Spo2, Pole Mid.		\$3,595.00	1	\$3,595.00	\$0.00	\$0.00	OFOI	2	
PMP0945	Pump, Infusion, Single Channel		\$5,332.25	1	\$5,332.25	\$0.00	\$0.00	OFOI	2	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REF0307	Refrigerator, Compact, 1.7 Cu. Ft		\$189.00	1	\$189.00	\$0.00	\$0.00	OFOI	2	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	2	\$612.30	\$0.00	\$0.00	OFCI	3	
SFG0102	Sphygmomanometer, Aneroid, Mobile		\$130.23	1	\$130.23	\$0.00	\$0.00	OFOI	3	
STL0602	Stool, Foot, W/Handrail		\$219.00	1	\$219.00	\$0.00	\$0.00	OFOI	3	
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3	
SYS0350	System, Cardiac Stress Test, W/Treadmill		\$26,990.00	1	\$26,990.00	\$0.00	\$0.00	OFOI	2	
TRK0306	Track, Cubicle Curtain		\$100.00	1	\$100.00	\$10.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$43,220.28	\$14.80	\$0.00			

ROOM TOTAL: \$43,235.08**Room#:** CS20 **Pulmonary Function Testing****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
ANL9409	Analyzer, Pulmonary Function, VO2		\$12,000.00	1	\$12,000.00	\$0.00	\$0.00	OFOI	2	
ANL9410	Analyzer, Pulmonary Function, Plethysmograph		\$46,058.00	1	\$46,058.00	\$0.00	\$0.00	OFOI	2	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
ECG3901	Electrocardiograph, Multi-Channel, W/Cart		\$9,450.00	1	\$9,450.00	\$0.00	\$0.00	OFOI	2	
ERG0007	Bike, Ergonomic, Stationary		\$1,480.00	1	\$1,480.00	\$0.00	\$0.00	OFOI	2	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
MON4562	Monitor, Nibp/Temp/Spo2, Pole Mid.		\$3,595.00	1	\$3,595.00	\$0.00	\$0.00	OFOI	2	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3	
TRK0306	Track, Cubicle Curtain		\$100.00	1	\$100.00	\$10.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$78,895.15	\$14.80	\$0.00			

ROOM TOTAL: \$78,910.95**Room#:** CS24 **Central Cardiology Tech (4 FTE)****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	4	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4386	Printer, Laser, 2 Drawers		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Cardiology Services

Room#: CS25 Central Physician ReadingFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP0301	Computer, Cardio Workstation		\$2,500.00	1	\$2,500.00	\$0.00	\$0.00	OFVI	2
CMP1403	Computer, Nuclear Medicine, Processing Station Only		\$27,000.00	1	\$27,000.00	\$0.00	\$0.00	OFVI	2
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	4	\$0.00	\$0.00	\$0.00	OFIS	2
CMP2907	Computer, Cardiac Output		\$5,500.00	1	\$5,500.00	\$0.00	\$0.00	OFVI	2
FRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$35,000.00	\$0.00	\$0.00		

ROOM TOTAL: \$35,000.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Cardiology Services

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$428,547.96	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$145.00	\$0.00	\$0.00	\$0.00	\$59.20
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$428,692.96	\$0.00	\$0.00	\$0.00	\$59.20

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$680.00	\$59.20	\$0.00	\$739.20
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$143,367.96	\$145.00	\$0.00	\$143,512.96
OFVI Owner Furnished / Vendor Installed	\$284,500.00	\$0.00	\$0.00	\$284,500.00
	\$428,547.96	\$204.20	\$0.00	\$428,752.16

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$1,050.00	\$104.20	\$0.00	\$1,154.20
2 - Major Medical Electrical Requirements	\$399,184.25	\$0.00	\$0.00	\$399,184.25
3 - Minor Medical Non-Electrical	\$28,313.71	\$100.00	\$0.00	\$28,413.71
	\$428,547.96	\$204.20	\$0.00	\$428,752.16

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$428,547.96	\$204.20	\$0.00	\$428,752.16
	\$428,547.96	\$204.20	\$0.00	\$428,752.16

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:08 AM

DEPT: Central Registration

<u>Room#:</u> CR01 <u>Waiting</u>		<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1
TELOS10	Television/Video Monitor, Flat Panel, 32", Wall Mounted		\$1,200.00	1	\$1,200.00	\$0.00	\$0.00	OFOI	2
TOTALS FOR SINGLE ROOM					\$1,255.00	\$11.00	\$0.00		
ROOM TOTAL:									\$1,266.00

<u>Room#:</u> CR02 <u>Reception</u>		<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
SCN0403	Scanner, Desktop		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	3
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

<u>Room#:</u> CR03a <u>Reg. 1</u>		<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
SCN0403	Scanner, Desktop		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	3
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

<u>Room#:</u> CR03b <u>Reg. 2</u>		<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
SCN0403	Scanner, Desktop		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	3
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

<u>Room#:</u> CR03c <u>Reg. 3</u>		<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
SCN0403	Scanner, Desktop		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	3
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

<u>Room#:</u> CR03d <u>Reg. 4</u>		<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
SCN0403	Scanner, Desktop		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	3
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:									\$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:08 AM

DEPT: Central Registration

Room#: CR04 **Work****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
FAX0002	Fax Machine, Plain Paper		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4386	Printer, Laser, 2 Drawers		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** CR05 **Office, Financial Counseling****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
SCN0403	Scanner, Desktop		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	3	
TBA4485	Printer, Laser Jet, Color		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** CR06 **Office, Supervisor****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
SCN0403	Scanner, Desktop		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	3	
TBA4485	Printer, Laser Jet, Color		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** CR07 **Office, Cashier****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
SCN0403	Scanner, Desktop		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	3	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** CR08 **Staff Toilet****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** CR09 **Coffee Alcove-Coat Alcove****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Central Registration

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$1,255.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$11.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$1,255.00	\$0.00	\$0.00	\$0.00	\$11.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCl Owner Furnished / Contractor Installed	\$55.00	\$11.00	\$0.00	\$66.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFQI Owner Furnished / Owner Installed	\$1,200.00	\$0.00	\$0.00	\$1,200.00
	\$1,255.00	\$11.00	\$0.00	\$1,266.00

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$55.00	\$11.00	\$0.00	\$66.00
2 - Major Medical Electrical Requirements	\$1,200.00	\$0.00	\$0.00	\$1,200.00
3 - Minor Medical Non-Electrical	\$0.00	\$0.00	\$0.00	\$0.00
	\$1,255.00	\$11.00	\$0.00	\$1,266.00

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$1,255.00	\$11.00	\$0.00	\$1,266.00
	\$1,255.00	\$11.00	\$0.00	\$1,266.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Diagnostic Imaging

Room#: IM01 Office, Manager

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: IM02 Tech Work / PACS CD burn

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4300	Allowance, PACS		\$250,000.00	1	\$250,000.00	\$0.00	\$0.00	OFVI	3	
TBA4493	Pacs, Administrator Station, Single Display		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$250,000.00	\$0.00	\$0.00			

ROOM TOTAL: \$250,000.00

Room#: IM03 Medication

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR0031	Cart, C-Locker, Mobile		\$1,818.00	2	\$3,236.00	\$0.00	\$0.00	OFVI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
DSP1303	Dispenser, Medication, "4 Dr. Tower Unit"		\$1,512.00	1	\$1,512.00	\$0.00	\$0.00	OFVI	2	
DSP1306	Dispenser, Medication, Main Rx, 6 Drawer		\$11,676.00	1	\$11,676.00	\$0.00	\$0.00	OFVI	2	
DSP1307	Dispenser, Medication, 7 Drawer Aux		\$3,501.00	1	\$3,501.00	\$0.00	\$0.00	OFVI	2	
DSP1327	Dispenser, Medication, Remote Mgr.		\$1,118.00	1	\$1,118.00	\$0.00	\$0.00	OFVI	2	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REF2126	Refrigerator, Undercounter, 5.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2	
SCN4201	Scanner, Pharmacy		\$0.00	1	\$0.00	\$0.00	\$0.00	OFVI	3	
TBA4703	Dispenser, Medication, Cubie Drawer		\$588.00	1	\$588.00	\$0.00	\$0.00	OFVI	2	
TOTALS FOR SINGLE ROOM					\$22,043.00	\$4.80	\$0.00			

ROOM TOTAL: \$22,047.80

Room#: IM05 Radiologist Reading Room

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4494	PACS, Workstation, 3-Display		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	
TBA4682	Pacs, Review Station, 3 Display, 2-SMP Grey/2MP Color		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Diagnostic Imaging

Room#: IM14 Modality, Digital Rad

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
BRK1802	Bracket, Regulator, Suction		\$20.07	1	\$20.07	\$0.00	\$0.00	OFOI	1	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RAK0115	Rack, Apron, Wall Mid, 4-Apron		\$143.00	1	\$143.00	\$12.50	\$0.00	OFCI	1	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STL0602	Stool, Foot, W/Handrail		\$219.00	1	\$219.00	\$0.00	\$0.00	OFOI	3	
TBA4477	X-Ray System, Radiographic, Digital		\$425,000.00	1	\$425,000.00	\$0.00	\$0.00	OFVI	2	

TOTALS FOR SINGLE ROOM

\$425,933.72

\$17.30

\$0.00

ROOM TOTAL: \$425,951.02

Room#: IM14c Control (rad)

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

\$0.00

\$0.00

ROOM TOTAL: \$0.00

Room#: IM15 Modality, Digital Rad-Fluoro

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
BRK1802	Bracket, Regulator, Suction		\$20.07	1	\$20.07	\$0.00	\$0.00	OFOI	1	
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	1	\$791.00	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP0509	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STD6118	Stand, IV, Heavy Duty, Infusion Pump		\$314.00	1	\$314.00	\$0.00	\$0.00	OFOI	3	
STL0602	Stool, Foot, W/Handrail		\$219.00	1	\$219.00	\$0.00	\$0.00	OFOI	3	
TBA4478	X-Ray System, R/F, Digital		\$356,000.00	1	\$356,000.00	\$0.00	\$0.00	OFVI	2	

TOTALS FOR SINGLE ROOM

\$357,913.72

\$4.80

\$0.00

ROOM TOTAL: \$357,918.52

Room#: IM15c Control (R&F)

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

\$0.00

\$0.00

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Diagnostic Imaging

Room#: IM20 Tech Work / ImagingFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4245	PACS, CD Burner and Viewing Console		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	
TBA4351	PACS, Tech View, Single Monitor w/Document Scanner		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: IM21 Linen AlcoveFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1208	Cart, Linen, 24"X60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$568.77 \$0.00 \$0.00

ROOM TOTAL: \$568.77

Room#: IM25a Dressing, Mammo & USFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: IM25b Dressing, Mammo & USFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: IM26 Modality, Mammo, DigitalFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
STL0802	Stool, Foot, W/Handrail		\$219.00	1	\$219.00	\$0.00	\$0.00	OFOI	3	
TRK0305	Track, Cubicle Curtain		\$100.00	1	\$100.00	\$10.00	\$0.00	OFCI	1	
XRY1312	X-Ray Unit, Mammography		\$325,000.00	1	\$325,000.00	\$0.00	\$0.00	OFOI	2	

TOTALS FOR SINGLE ROOM

\$325,534.50 \$14.80 \$0.00

ROOM TOTAL: \$325,549.30

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Diagnostic Imaging

<u>Room#:</u> IM27		<u>Modality, Ultrasound</u>		<u>Flr:</u>		<u>1 Space Qty: 1</u>				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK1802	Bracket, Regulator, Suction		\$20.07	1	\$20.07	\$0.00	\$0.00	OFOI	1	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall- Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STL0802	Stool, Foot, W/Handrail		\$219.00	1	\$219.00	\$0.00	\$0.00	OFOI	3	
STR1503	Stretcher, OB/Gyn		\$8,860.00	1	\$8,860.00	\$0.00	\$0.00	OFOI	3	
TRK0305	Track, Cubicle Curtain		\$100.00	1	\$100.00	\$10.00	\$0.00	OFCI	1	
ULTD026	Ultrasound System		\$150,000.00	1	\$150,000.00	\$0.00	\$0.00	OFOI	2	
ULTD101	Ultrasound System, Accessory, Endocavity Transducer Soaking Cup		\$69.00	1	\$69.00	\$0.00	\$0.00	OFOI	3	
WRM0704	Warmer, Gel, Wall Mounted		\$225.00	1	\$225.00	\$22.50	\$0.00	OFOI	1	
TOTALS FOR SINGLE ROOM					\$158,044.72	\$37.30	\$0.00			
					ROOM TOTAL:		\$158,082.02			

<u>Room#:</u> IM28 <u>Patient Toilet, Ultrasound</u>			<u>Flr:</u> 1 <u>Space Qty:</u> 1						
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
					ROOM TOTAL:			\$0.00	

<u>Room#:</u> IM32a <u>Patient Holding 1</u>		<u>Flr:</u> 1 <u>Space Qty:</u> 1							
<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3
STD6118	Stand, IV, Heavy Duty, Infusion Pump		\$314.00	1	\$314.00	\$0.00	\$0.00	OFOI	3
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$6,457.15	\$0.00	\$0.00		
					ROOM TOTAL:			\$6,457.15	

<u>Room#:</u> IM32b		<u>Patient Holding 2</u>		<u>Flr:</u> 1		<u>Space Qty:</u> 1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STD6118	Stand, IV, Heavy Duty, Infusion Pump		\$314.00	1	\$314.00	\$0.00	\$0.00	OFOI	3	
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$6,457.15	\$0.00	\$0.00			
ROOM TOTAL:							\$6,457.15			

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Diagnostic Imaging

Room#: IM34 **Control (Angio-Specials)****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	SPACE	2	
TBA4351	PACS, Tech View, Single Monitor w/Document Scanner		\$0.00	1	\$0.00	\$0.00	\$0.00	SPACE	2	

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: IM39 **Sub-Waiting, CT & MRI****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: IM40 **Vestibule, Dressing Rooms****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: IM41a **Dressing****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: IM41b **Dressing****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: IM42a **Dressing, ADA****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: IM42b **Dressing, ADA****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Diagnostic Imaging

Room#: IM43a Patient Toilet

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

ROOM TOTAL: \$0.00

Room#: IM43b Patient Toilet

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

ROOM TOTAL: \$0.00

Room#: IM44a On-Deck Prep Room

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	4	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

ROOM TOTAL: \$0.00

Room#: IM44b On-Deck Prep Room

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	3	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

ROOM TOTAL: \$0.00

Room#: IM45 RN / Tech Work Area

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	3	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4508	Pacs, Cardiology Review Station		\$22,000.00	1	\$22,000.00	\$0.00	\$0.00	OFOI	2	

TOTALS FOR SINGLE ROOM

ROOM TOTAL: \$22,000.00

Room#: IM47 Modality, MRI

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	1	\$791.00	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
FLM1508	Flowmeter, Oxygen, Mri-Compatible		\$126.88	1	\$126.88	\$0.00	\$0.00	OFOI	3	
HMP1209	Hamper, Linen, Non-Ferrous, Mid		\$280.00	1	\$280.00	\$0.00	\$0.00	OFOI	3	
INJ0108	Injector, Angiographic, MRI, Pedestal Mid		\$17,550.00	1	\$17,550.00	\$0.00	\$0.00	OFVI	2	
MON5306	Monitor, Physiological, MRI Compatible		\$18,500.00	1	\$18,500.00	\$0.00	\$0.00	OFVI	2	
PMP0948	Pump, Infusion, Mri Compatible		\$5,210.00	1	\$5,210.00	\$0.00	\$0.00	OFOI	2	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG1901	Regulator, Suction, Mri Compatible		\$500.00	1	\$500.00	\$0.00	\$0.00	OFOI	3	
TBA20000	MRI, 1.5T, closed bore		\$1,080,125.00	1	\$1,080,125.00	\$0.00	\$0.00	OFVI		

TOTALS FOR SINGLE ROOM

ROOM TOTAL: \$1,123,255.88

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Diagnostic Imaging

Room#: IM48 **Control (MRI)****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4351	PACS, Tech View, Single Monitor w/Document Scanner		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00**Room#:** IM49 **MRI Equipment****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00**Room#:** IM50 **Modality, CT, 16 slice****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK1802	Bracket, Regulator, Suction		\$20.07	1	\$20.07	\$0.00	\$0.00	OFOI	1	
CAB2902	Cabinet, Catheter Storage, Mobile		\$2610.00	1	\$2610.00	\$0.00	\$0.00	OFOI	2	
CAR4224	Cart, Procedure, Supply		\$663.50	1	\$663.50	\$0.00	\$0.00	OFOI	3	
CLD0002	Ceiling Gas Hose Drop, W/Retractor, Oxygen		\$259.00	1	\$259.00	\$25.90	\$0.00	OFCI	1	
CLD0004	Ceiling Gas Hose Drop, W/Retractor, Vacuum		\$259.00	1	\$259.00	\$25.90	\$0.00	OFCI	1	
CLD0005	Ceiling Gas Hose Drop, W/Retractor, Air		\$259.00	1	\$259.00	\$25.90	\$0.00	OFCI	1	
CLD0007	Ceiling Gas Hose Drop, W/Retractor, WAGO & A.E.VAC		\$259.00	1	\$259.00	\$25.90	\$0.00	OFCI	1	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
MON4235	Monitor, Physiological, Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFOI	2	
RAK0115	Rack, Apron, Wall Mtd, 4-Apron		\$143.00	1	\$143.00	\$12.50	\$0.00	OFCI	1	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2060	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 38.5" H		\$94.58	2	\$189.16	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STL0502	Stool, Foot, W/Handrail		\$219.00	1	\$219.00	\$0.00	\$0.00	OFOI	3	
TBA20001	CT Scanner, 16 slice		\$750,000.00	1	\$750,000.00	\$0.00	\$0.00	OFOI		
TRK0813	Track, I.V., Stralght, W/Tree		\$250.00	1	\$250.00	\$25.00	\$0.00	OFCI	1	
WRM1303	Warmer, Media/Contrast		\$1,200.00	1	\$1,200.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$761,311.19	\$145.90	\$0.00			

ROOM TOTAL: \$761,457.09

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Diagnostic Imaging

Room#: IM51 **Control (CT)****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4688	PACS, Review Station, 2MP Display, Tech View		\$0.00	1	\$0.00	\$0.00	\$0.00	OFDI	2	

TOTALS FOR SINGLE ROOM

\$0.00

\$0.00

ROOM TOTAL:**\$0.00****Room#:** IM52 **Mobile X-Ray Parking****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
TBA4237	X-Ray System, Mobile, Digital		\$220,000.00	1	\$220,000.00	\$0.00	\$0.00	OFVI	2	

TOTALS FOR SINGLE ROOM

\$220,000.00

\$0.00

ROOM TOTAL:**\$220,000.00****Room#:** IM53 **Equipment / MRI Compatible****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
FLM1508	Flowmeter, Oxygen, Mri-Compatible		\$128.88	1	\$128.88	\$0.00	\$0.00	OFDI	3	
REG1901	Regulator, Suction, Mri Compatible		\$600.00	1	\$600.00	\$0.00	\$0.00	OFDI	3	
STD6104	Stand, I.V., Non-Ferrous, Mri		\$385.00	1	\$385.00	\$0.00	\$0.00	OFDI	3	
STR1301	Stretcher, Mri		\$1,995.00	1	\$1,995.00	\$0.00	\$0.00	OFDI	3	
VNT2214	Ventilator, Volume, Portable, Mri Compatible		\$6,240.00	1	\$6,240.00	\$0.00	\$0.00	OFDI	3	
WHC1301	Wheelchair, Mri, Non-Ferrous		\$1,880.00	1	\$1,880.00	\$0.00	\$0.00	OFDI	3	

TOTALS FOR SINGLE ROOM

\$11,206.88

\$0.00

ROOM TOTAL:**\$11,206.88****Room#:** IM57 **Modality, Nuclear Camera****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK1802	Bracket, Regulator, Suction		\$20.07	1	\$20.07	\$0.00	\$0.00	OFDI	1	
CAR4224	Cart, Procedure, Supply		\$663.50	1	\$663.50	\$0.00	\$0.00	OFDI	3	
CTR0001	Container, Radioisotope Storage, Lead		\$295.00	1	\$295.00	\$0.00	\$0.00	OFDI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFDI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFDI	1	
DSP1301	Dispenser, Medication, 2-Drawer Main Unit		\$1,046.00	1	\$1,046.00	\$0.00	\$0.00	OFVI	2	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFDI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFDI	3	
RAK0109	Rack, Apron, Wall Mid., 7 Apron		\$234.00	1	\$234.00	\$21.00	\$0.00	OFDI	1	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFDI	3	
REF0307	Refrigerator, Compact, 1.7 Cu. Ft		\$189.00	1	\$189.00	\$0.00	\$0.00	OFDI	2	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFDI	3	
SCN4201	Scanner, Pharmacy		\$0.00	1	\$0.00	\$0.00	\$0.00	OFVI	3	
STL0602	Stool, Foot, W/Handrail		\$219.00	1	\$219.00	\$0.00	\$0.00	OFDI	3	
TBA4299	Camera, Nuclear Medicine		\$425,000.00	1	\$425,000.00	\$0.00	\$0.00	OFVI	2	
TRK0913	Track, I.V., Straight, W/Tree		\$250.00	1	\$250.00	\$25.00	\$0.00	OFDI	1	
XEN0004	Xenon System		\$7,500.00	1	\$7,500.00	\$0.00	\$0.00	OFDI	2	

TOTALS FOR SINGLE ROOM

\$435,958.22

\$50.80

ROOM TOTAL:**\$436,019.02**

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Diagnostic Imaging

Room#: IM58 *Modality, Thyroid Uptake*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CHR1855	Chair, Recliner		\$1,783.33	1	\$1,783.33	\$0.00	\$0.00	OFOI	3	
THY0005	Thyroid Uptake System, Cart Mounted		\$13,840.00	1	\$13,840.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$15,623.33	\$0.00	\$0.00			

ROOM TOTAL: \$15,623.33Room#: IM59 *Hot Lab*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CHR1855	Chair, Recliner		\$1,783.33	1	\$1,783.33	\$0.00	\$0.00	OFOI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFOI	1	
MET1811	Meter, Survey W/Built In Gm Detector And Pancake Probe		\$850.00	1	\$850.00	\$0.00	\$0.00	OFOI	3	
OVN3928	Microwave Oven, 2.1 Cf		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REF0307	Refrigerator, Compact, 1.7 Cu. Ft		\$189.00	1	\$189.00	\$0.00	\$0.00	OFOI	2	
SHD1201	Shield, Table Top		\$985.00	1	\$985.00	\$0.00	\$0.00	OFOI	3	
STL0513	Stool, Examination W/ Back And Casters		\$315.00	1	\$315.00	\$0.00	\$0.00	OFOI	3	
TBA4497	Module, Enclosure Base		\$8,910.00	1	\$8,910.00	\$891.00	\$0.00	OFOI	1	
TBA4499	Cabinet, Sharps Disposal, Lead-Lined		\$625.00	1	\$625.00	\$0.00	\$0.00	OFOI	3	
TBA4499	Calibrator, Radioisotope		\$9,250.00	1	\$9,250.00	\$0.00	\$0.00	OFOI	2	
TBA4500	Container, Waste, Lead-Lined		\$495.00	1	\$495.00	\$0.00	\$0.00	OFOI	3	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$23,741.22	\$895.80	\$0.00			

ROOM TOTAL: \$24,637.02Room#: IM60 *Hot Patient Toilet*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: IM61 *Tech Work / Nuclear Med*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFOI	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	
TBA4351	PACS, Tech View, Single Monitor w/Document Scanner		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: IM65 *Clean Holding*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1208	Cart, Linen, 24"X60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFOI	3	
CAR4507	Cart, Supply (Exchange), 24"X72"		\$440.79	2	\$881.58	\$0.00	\$0.00	OFOI	3	
TBA4379	Bins, Storage, Wall Mounted, Allowance		\$1,000.00	1	\$1,000.00	\$100.00	\$0.00	OFOI	1	
TOTALS FOR SINGLE ROOM					\$2,450.35	\$100.00	\$0.00			

ROOM TOTAL: \$2,550.35

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Diagnostic Imaging

<u>Room#:</u> IM66 <u>Soiled Utility</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1					
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1215	Cart, Linen, Dirty		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
RCP0906	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
RCP2026	Receptacle, Trash/Recycle, 35 gal		\$48.39	3	\$139.17	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$284.17	\$4.80	\$0.00			
ROOM TOTAL:									\$288.97	

<u>Room#:</u> IM67 <u>Housekeeping</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1					
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BUK1302	Bucket, Mopping		\$323.90	1	\$323.90	\$0.00	\$0.00	OFOI	3	
CAR0810	Cart, Housekeeping		\$1,187.45	1	\$1,187.45	\$0.00	\$0.00	OFOI	3	
DSP0304	Dispenser, Chemical Cleaning, Wall Mtd.		\$98.00	1	\$98.00	\$0.00	\$0.00	OFCI	2	
RCP2050	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 36.5" H		\$94.58	1	\$94.58	\$0.00	\$0.00	OFOI	3	
VAC3001	Vacuum, Domestic, Upright		\$584.91	1	\$584.91	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$2,288.84	\$0.00	\$0.00			
ROOM TOTAL:									\$2,288.84	

<u>Room#:</u> IM68 <u>Staff Lounge</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1					
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
OVN3928	Microwave Oven, 2.1 Cf		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft		\$566.00	1	\$566.00	\$0.00	\$0.00	OFOI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$1,755.89	\$11.00	\$0.00			
ROOM TOTAL:									\$1,766.89	

<u>Room#:</u> IM69 <u>Staff Locker</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1					
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			
ROOM TOTAL:									\$0.00	

<u>Room#:</u> IM70a <u>Staff Toilet</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1					
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			
ROOM TOTAL:									\$0.00	

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Diagnostic Imaging

Room#: 1M70b Staff ToiletFir: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurbs\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

\$0.00

\$0.00

ROOM TOTAL:

\$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Diagnostic Imaging

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$4,172,838.70	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$913.50	\$0.00	\$0.00	\$0.00	\$373.80
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$4,173,752.20	\$0.00	\$0.00	\$0.00	\$373.80

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$4,953.00	\$373.80	\$0.00	\$5,326.80
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$114,193.70	\$913.50	\$0.00	\$115,107.20
OFVI Owner Furnished / Vendor Installed	\$4,053,692.00	\$0.00	\$0.00	\$4,053,692.00
SPACE Carry for Space and utility requirements	\$0.00	\$0.00	\$0.00	\$0.00
	\$4,172,838.70	\$1,287.30	\$0.00	\$4,174,126.00

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$1,830,125.00	\$0.00	\$0.00	\$1,830,125.00
1 - Fixed (Non Plant) Architecturally Significant	\$12,996.35	\$1,287.30	\$0.00	\$14,283.65
2 - Major Medical Electrical Requirements	\$2,025,190.81	\$0.00	\$0.00	\$2,025,190.81
3 - Minor Medical Non-Electrical	\$304,526.54	\$0.00	\$0.00	\$304,526.54
	\$4,172,838.70	\$1,287.30	\$0.00	\$4,174,126.00

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$4,172,838.70	\$1,287.30	\$0.00	\$4,174,126.00
	\$4,172,838.70	\$1,287.30	\$0.00	\$4,174,126.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

<u>Room#:</u> ED03	Walk-In Entry Vestibule	<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
MON2121	Monitor, Video, Flat Panel, 21"		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
WHC0110	Wheelchair, Adult		\$690.00	6	\$4,140.00	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$4,140.00	\$0.00	\$0.00		

ROOM TOTAL: \$4,140.00

<u>Room#:</u> ED04	Security Control Desk	<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

<u>Room#:</u> ED05	Wheelchair Alcove	<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

<u>Room#:</u> ED06	Waiting	<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1
TELO610	Television/Video Monitor, Flat Panel, 32", Wall Mounted		\$1,200.00	1	\$1,200.00	\$0.00	\$0.00	OFOI	2
TOTALS FOR SINGLE ROOM					\$1,255.00	\$11.00	\$0.00		

ROOM TOTAL: \$1,266.00

<u>Room#:</u> ED07	Registration Support Eqmt	<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

<u>Room#:</u> ED08f	Public Toilet, Female	<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

<u>Room#:</u> ED08m	Public Toilet, Male	<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED09 Vending

Flr: 1 Space Qty: 1

Cat No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: ED12 Registration

Flr: 1 Space Qty: 1

Cat No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0050	Copier, Medium Volume		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4386	Printer, Laser, 2 Drawers		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: ED13 Triage

Flr: 1 Space Qty: 1

Cat No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
ANL3306	Analyzer, Glucose, Bedside		\$1,150.00	1	\$1,150.00	\$0.00	\$0.00	OFOI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
MON4562	Monitor, Nibp/Temp/Spo2, Pole Mtd.		\$3,595.00	1	\$3,595.00	\$0.00	\$0.00	OFOI	2	
OTS0002	Otoscope/Ophthalmoscope Set, Wall/Column/Headwall Mtd.		\$669.00	1	\$669.00	\$30.00	\$0.00	OFCI	1	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
SCL0909	Scale, Pediatric / Infant		\$1,795.00	1	\$1,795.00	\$0.00	\$0.00	OFOI	2	
SCL2306	Scale, Wheelchair, Wall Mtd.		\$3,195.00	1	\$3,195.00	\$320.00	\$0.00	OFOI	1	

TOTALS FOR SINGLE ROOM

\$10,527.00

\$354.80

\$0.00

ROOM TOTAL:

\$10,881.80

Room#: ED14 LifeLink (future triage)

Flr: 1 Space Qty: 1

Cat No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: ED15 Sub-Waiting, Triage

Flr: 1 Space Qty: 1

Cat No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED16 **Triage Protocol (stretcher)****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STD6118	Stand, IV, Heavy Duty, Infusion Pump		\$314.00	1	\$314.00	\$0.00	\$0.00	OFOI	3	
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$8,457.15

ROOM TOTAL: \$6,457.15

Room#: ED17 **Toilet, Triage****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL: \$0.00

Room#: ED18 **Office, Registration Counsel****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL: \$0.00

Room#: ED19 **Consult / Grieving****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL: \$0.00

Room#: ED20 **Office, Nurse Manager****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL: \$0.00

Room#: ED22 **Office, Case Manager****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
MON7101	Monitor, Scheduling, Plasmasvision 42"		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL: \$0.00

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:08 AM

DEPT: Emergency Department

Room#: ED23 *Office, Physician, w/shower***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	3	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: ED24 *Office, Bed Manager, 2 FTE***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: ED25 *Staff Lounge-Conference***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
OVN3928	Microwave Oven, 2.1 Cf		\$198.00	1	\$198.00	\$0.00	\$0.00	OFDI	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft		\$566.00	1	\$566.00	\$0.00	\$0.00	OFDI	2	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFDI	3	

TOTALS FOR SINGLE ROOM

\$1,887.89

ROOM TOTAL:

\$2,152.89

Room#: ED26a *Staff Toilet***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: ED26b *Staff Toilet***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: ED27 *Office, Security***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED29		Office, Telephone Switchboard		Flr:	1		Space Qty: 1			
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: ED31		On-Call, Hospitalist		Flr:	1		Space Qty: 1			
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
9RK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$954.00	\$11.00	\$0.00			

ROOM TOTAL: \$965.00

Room#: ED32		On-Call Toilet-Shower		Flr: 1		Space Qty: 1			
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

<u>Room#:</u> ED35		<u>Ambulance Vestibule</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1		
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

Room#: ED36		Decontamination		Flr:	1	Space Qty:	1		
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

Room#: ED37		EMS Equipment		Flr:	1	Space Qty:	1		
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

Room#: ED39		Nurse Central Station A		Flr: 1		Space Qty: 1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CNP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CGP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
MON6886	Monitor, Central Station, 12 Bed		\$23,117.00	1	\$23,117.00	\$0.00	\$0.00	OFVI	2	
TOTALS FOR SINGLE ROOM					\$23,117.00	\$0.00	\$0.00			

ROOM TOTAL: \$23,117.00

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED40 *Nurse Central Station B***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
MON6886	Monitor, Central Station, 12 Bed		\$23,117.00	1	\$23,117.00	\$0.00	\$0.00	OFVI	2	
TOTALS FOR SINGLE ROOM					\$23,117.00	\$0.00	\$0.00			

ROOM TOTAL: \$23,117.00**Room#:** ED42 *Nourishment***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
ICE1312	Ice Maker/Dispenser, W/ Water Dispenser, Counter		\$4,123.35	1	\$4,123.35	\$690.00	\$0.00	OFCI	1	
OVN3928	Microwave Oven, 2.1 Ct		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2	
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$4,548.24	\$690.00	\$0.00			

ROOM TOTAL: \$5,338.24**Room#:** ED43 *Medication***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR0031	Cart, C-Locker, Mobile		\$1,618.00	2	\$3,236.00	\$0.00	\$0.00	OFVI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
DSP1303	Dispenser, Medication, "4 Dr. Tower Unit"		\$1,512.00	1	\$1,512.00	\$0.00	\$0.00	OFVI	2	
DSP1306	Dispenser, Medication, Main Rx, 6 Drawer		\$11,676.00	1	\$11,676.00	\$0.00	\$0.00	OFVI	2	
DSP1307	Dispenser, Medication, 7 Drawer Aux		\$3,501.00	1	\$3,501.00	\$0.00	\$0.00	OFVI	2	
DSP1327	Dispenser, Medication, Remote Mgr.		\$1,118.00	1	\$1,118.00	\$0.00	\$0.00	OFVI	2	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2	
SCN4201	Scanner, Pharmacy		\$0.00	1	\$0.00	\$0.00	\$0.00	OFVI	3	
TBA4703	Dispenser, Medication, Cubic Drawer		\$588.00	1	\$588.00	\$0.00	\$0.00	OFVI	2	
TOTALS FOR SINGLE ROOM					\$22,043.00	\$4.80	\$0.00			

ROOM TOTAL: \$22,047.80**Room#:** ED44 *Clean Supply***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR4507	Cart, Supply (Exchange), 24"X72"		\$440.79	2	\$881.58	\$0.00	\$0.00	OFOI	3	
TBA4379	Bins, Storage, Wall Mounted, Allowance		\$1,000.00	1	\$1,000.00	\$100.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$1,881.58	\$100.00	\$0.00			

ROOM TOTAL: \$1,981.58

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED45 Soiled Utility / P.O.C. Test

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
ANL2957	Analyzer, Chemistry, Blood Gas,		\$32,100.00	1	\$32,100.00	\$0.00	\$0.00	OFOI	3	
ANL3306	Analyzer, Glucose, Bedside		\$1,150.00	1	\$1,150.00	\$0.00	\$0.00	OFOI	3	
CAR1215	Cart, Linen, Dirty		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall- Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
RCP0806	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
RCP2026	Receptacle, Trash/Recycle, 35 gal		\$46.39	3	\$139.17	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$33,534.17	\$4.80	\$0.00			

ROOM TOTAL: \$33,538.97

Room#: ED46 Equipment Storage

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BR01605	Board, Patient Transfer		\$213.00	2	\$426.00	\$0.00	\$0.00	OFOI	3	
CAB2353	Cabinet, Warming, Dual Glass Door, Freestanding		\$7,352.80	1	\$7,352.80	\$0.00	\$0.00	OFOI	2	
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	2	\$3,824.00	\$0.00	\$0.00	OFOI	3	
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	6	\$4,746.00	\$0.00	\$0.00	OFOI	3	
CAR4507	Cart, Supply (Exchange), 24"X72"		\$440.79	1	\$440.79	\$0.00	\$0.00	OFOI	3	
COU3302	Counter, Geiger		\$485.00	1	\$485.00	\$0.00	\$0.00	OFOI	3	
HDL0611	Headlight, w/Light Source		\$1,645.00	1	\$1,645.00	\$0.00	\$0.00	OFOI	2	
HYS0010	Hyperthermia System (Bair Hugger)		\$2,500.00	2	\$5,000.00	\$0.00	\$0.00	OFOI	2	
LFT1625	Lit, Patient		\$7,463.00	1	\$7,463.00	\$0.00	\$0.00	OFOI	3	
STL0602	Stool, Foot, w/Handrail		\$219.00	1	\$219.00	\$0.00	\$0.00	OFOI	3	
TBA4255	Cutter, Ring		\$800.00	1	\$800.00	\$0.00	\$0.00	OFOI	3	
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	2	\$8,927.62	\$0.00	\$0.00	OFOI	2	
VNT2209	Ventilator, Volume, Adult		\$17,900.00	1	\$17,900.00	\$0.00	\$0.00	OFOI	2	
WRM2810	Warmer, Blood / Iv Fluids, Portable		\$1,795.00	1	\$1,795.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$61,024.21	\$0.00	\$0.00			

ROOM TOTAL: \$61,024.21

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED47 Cardiac / Resuscitation

Flr: 1 Space Qty: 1

Cat No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	Cost Code	Grp	Fiscal Yr
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CAR0031	Cart, C-Locker, Mobile		\$1,818.00	2	\$3,236.00	\$0.00	\$0.00	OFVI	3	
CAR0123	Cart, L-Frame, Bedside		\$950.00	1	\$950.00	\$0.00	\$0.00	OFVI	3	
CAR0520	Cart, Emergency (Crash), 5-Drawer W/Access		\$880.00	1	\$880.00	\$0.00	\$0.00	OFOI	3	
CUP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	2	\$40.00	\$0.00	\$0.00	OFCI	3	
DFB1311	Defibrillator, Monitor, Pacemaker, Automated		\$9,196.20	1	\$9,196.20	\$0.00	\$0.00	OFOI	2	
DOP0003	Doppler, Vascular, Handheld		\$535.00	1	\$535.00	\$0.00	\$0.00	OFOI	2	
DSP0707	Dispenser, Glove Box Caddy, Wall- Mount 3 Box		\$50.00	3	\$150.00	\$14.40	\$0.00	OFCI	1	
FLM0105	Flowmeter, Air		\$30.00	2	\$60.00	\$0.00	\$0.00	OFOI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	2	\$60.00	\$0.00	\$0.00	OFOI	3	
HNP1218	Hamper, Linen, Mobile W/Ld 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
LTS0548	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFVI	1	
MON2121	Monitor, Video, Flat Panel, 21"		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
MON4237	Monitor, Physiological, Ecg,BP,Nibp,Spo2,Temp,Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2	
MON4237	Monitor, Physiological, Ecg,BP,Nibp,Spo2,Temp,Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2	
PMP0943	Pump, Infusion, Triple Channel		\$8,593.75	1	\$8,593.75	\$0.00	\$0.00	OFOI	2	
RCP0905	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$308.15	4	\$1,224.60	\$0.00	\$0.00	OFOI	3	
STD6803	Stand, Monitor, Mobile, for Philips MP20 - 50		\$575.00	1	\$575.00	\$0.00	\$0.00	OFVI	3	
STL0601	Stool, Foot, Step, Stackable		\$139.00	1	\$139.00	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	2	\$390.00	\$0.00	\$0.00	OFOI	3	
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3	
TB44064	Oto/Ophthalmoscope, Spygno, Wall Mounted		\$1,130.00	1	\$1,130.00	\$89.00	\$0.00	OFCI	1	
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$44,008.67	\$264.40	\$0.00			

ROOM TOTAL: \$44,271.07

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED48a Exam 01

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	2	\$100.00	\$9.60	\$0.00	OFCI	1
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFCI	3
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFCI	3
HMP1216	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFCI	3
LTS0548	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFVI	1
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFCI	3
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFCI	3
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFCI	3
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFCI	3
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFCI	3
TBA4064	Oto/Ophthalmoscope, Spygmo, Wall Mounted		\$1,130.00	1	\$1,130.00	\$99.00	\$0.00	OFCI	1
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,085.00	1	\$1,085.00	\$265.00	\$0.00	OFCI	1
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2
TBA4523	Television/Video Monitor, Flat Panel, 25"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFCI	2
TBL5704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFCI	3
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFCI	3
TOTALS FOR SINGLE ROOM					\$19,033.26	\$553.40	\$0.00		

ROOM TOTAL: \$19,586.66

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED48b Exam 02

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
HMP1218	Hamper, Linen, Mobile W/Id 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3
LTS0548	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFVI	1
PMP0944	Pump, Infusion, Dual Channel		\$6,963.00	1	\$6,963.00	\$0.00	\$0.00	OFOI	2
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3
TBA4064	Oto/Ophthalmoscope, Spygmo, Wall Mounted		\$1,130.00	1	\$1,130.00	\$89.00	\$0.00	OFCI	1
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2
TBA4523	Television/Video Monitor, Flat Panel, 25"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$25,946.26	\$548.60	\$0.00		

ROOM TOTAL: \$26,494.86

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:08 AM

DEPT: Emergency Department

Room#: ED48c Exam 03

		<u>Flr:</u> 1 <u>Space Qty:</u> 1								
<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3	
CMP2009	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
LTS0546	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFVI	1	
PMP0944	Pump, Infusion, Dual Channel		\$6,963.00	1	\$6,963.00	\$0.00	\$0.00	OFOI	2	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFCI	3	
STR4817	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3	
TBA4094	Oto/Ophthalmoscope, Spygmo, Wall Mounted		\$1,130.00	1	\$1,130.00	\$89.00	\$0.00	OFCI	1	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1	
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$889.00	1	\$889.00	\$0.00	\$0.00	OFOI	2	
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3	
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$25,949.26	\$548.80	\$0.00			

ROOM TOTAL: \$26,494.86

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED48d Exam 04

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.90	\$0.00	OFCI	1	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFCI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFCI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFCI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFCI	3	
LTS0548	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFCI	1	
PMP0944	Pump, Infusion, Dual Channel		\$8,963.00	1	\$8,963.00	\$0.00	\$0.00	OFCI	2	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFCI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFCI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$308.15	1	\$308.15	\$0.00	\$0.00	OFCI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFCI	3	
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFCI	3	
TBA4064	Oto/Ophthalmoscope, Spygino, Wall Mounted		\$1,130.00	1	\$1,130.00	\$89.00	\$0.00	OFCI	1	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1	
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFCI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFCI	2	
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFCI	3	
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFCI	3	
TOTALS FOR SINGLE ROOM					\$25,946.28	\$548.60	\$0.00			

ROOM TOTAL: \$26,494.86

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED48e Exam 05 (gyn)

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	2	\$100.00	\$9.60	\$0.00	OFCI	1
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3
LTS0548	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFVI	1
PMP0945	Pump, Infusion, Single Channel		\$5,332.25	1	\$5,332.25	\$0.00	\$0.00	OFOI	2
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3
STR4619	Stretcher, Treatment, Ob/Gyn		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3
TBA4084	Ota/Ophthalmoscope, Spygmo, Wall Mounted		\$1,130.00	1	\$1,130.00	\$89.00	\$0.00	OFCI	1
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$24,365.51	\$553.40	\$0.00		

ROOM TOTAL: \$24,918.91

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED48f Exam 06 (gyn)Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK1316	Bracket, Monitor, Philips IntelliVue MP 3040/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	2	\$100.00	\$9.50	\$0.00	OFCI	1	
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
LTS0548	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFVI	1	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3	
STR4619	Stretcher, Treatment, Ob/Gyn		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3	
TBA4084	Ota/Ophthalmoscope, Spygmo, Wall Mounted		\$1,130.00	1	\$1,130.00	\$88.00	\$0.00	OFCI	1	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1	
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
TBL5704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3	
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$19,033.26	\$553.40	\$0.00			
ROOM TOTAL:									\$19,586.66	

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:08 AM

DEPT: Emergency Department

<u>Room#:</u> ED48g <u>Exam 07</u>		<u>Flr:</u> 1 <u>Space Qty:</u> 1							
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRK1316	Bracket, Monitor, Philips IntelliVue MP 3040/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.50	\$0.00	OFCI	1
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
HMP1218	Hamper, Linen, Mobile W/Lid 15"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3
LTS0548	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFVI	1
PMP0945	Pump, Infusion, Single Channel		\$5,332.25	1	\$5,332.25	\$0.00	\$0.00	OFOI	2
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFCI	3
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3
TBA4064	Oto/Ophthalmoscope, Sphygmo, Wall Mounted		\$1,130.00	1	\$1,130.00	\$89.00	\$0.00	OFCI	1
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2
TBA4623	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2
TBL6704	Table, Overhead		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$24,315.51	\$548.60	\$0.00		
ROOM TOTAL:									\$24,864.11

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED48h Exam 08 (psych)Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK1316	Bracket, Monitor, Philips IntelliVue MP 3040/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3	
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3	
TBA4064	Oto/Ophthalmoscope, Spygno, Wall Mounted		\$1,130.00	1	\$1,130.00	\$89.00	\$0.00	OFCI	1	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1	
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
TBL5704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3	
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$17,300.26	\$398.60	\$0.00			

ROOM TOTAL: \$17,698.86

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:05 AM

DEPT: Emergency Department

Room#: ED48i Exam 09 (ENT-eye)

Flr: 1 Space Qty: 1

Cnt No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CARD704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3	
CHR3110	Chair, Examination, Otolaryngology W/Procedure Cabinet		\$8,184.00	1	\$8,184.00	\$0.00	\$0.00	OFOI	2	
CMP2808	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1216	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
LMP1904	Lamp, Slt, W/Tonometer & Table		\$12,690.00	1	\$12,690.00	\$0.00	\$0.00	OFOI	2	
LTS0548	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFVI	1	
OPT0202	Ophthalmoscope, Binocular, Indirect		\$990.00	1	\$990.00	\$0.00	\$0.00	OFOI	2	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3	
TBA4054	Oto/Ophthalmoscope, Spygmo, Wall Mounted		\$1,130.00	1	\$1,130.00	\$89.00	\$0.00	OFCI	1	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1	
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2	
TBA4394	Tonometer, Ophthalmic, Pen		\$340.10	1	\$340.10	\$0.00	\$0.00	OFOI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$34,462.56	\$548.60	\$0.00			
ROOM TOTAL:									\$35,011.16	

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED48j Exam 10

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
LTS0548	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFVI	1	
RCP0309	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3	
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3	
TBA4064	Oto/Ophthalmoscope, Spygmo, Wall Mounted		\$1,130.00	1	\$1,130.00	\$89.00	\$0.00	OFCI	1	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1	
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
TBL5704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3	
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$18,983.28	\$548.60	\$0.00			
ROOM TOTAL:									\$19,531.86	

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED48k Exam 11

		<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>					
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurbs</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$289.00	1	\$289.00	\$28.80	\$0.00	OFCI	1	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
LTS0548	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFVI	1	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3	
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3	
TBA4064	Oto/Ophthalmoscope, Spygma, Wall Mounted		\$1,130.00	1	\$1,130.00	\$69.00	\$0.00	OFCI	1	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1	
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFCI	2	
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3	
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$16,963.26	\$548.60	\$0.00			
ROOM TOTAL:									\$19,531.86	

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED481 Exam 12

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
LTS0548	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFVI	1	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3	
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3	
TBA4064	Oto/Ophthalmoscope, Spygno, Wall Mounted		\$1,130.00	1	\$1,130.00	\$89.00	\$0.00	OFCI	1	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1	
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3	
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$16,981.26	\$548.60	\$0.00			
ROOM TOTAL:									\$19,531.86	

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED48m Exam 13

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFCI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFCI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFCI	3	
LTS0548	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFVI	1	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFCI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFCI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$308.15	1	\$308.15	\$0.00	\$0.00	OFCI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFCI	3	
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFCI	3	
TBA4064	Ota/Ophthalmoscope, Spygno, Wall Mounted		\$1,130.00	1	\$1,130.00	\$89.00	\$0.00	OFCI	1	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1	
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFCI	2	
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFCI	3	
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFCI	3	
TOTALS FOR SINGLE ROOM					\$18,983.26	\$548.60	\$0.00			

ROOM TOTAL: \$19,531.86

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED48n Exam 14

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1
FLM0108	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3
LTS0548	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFVI	1
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3
REG2201	Regulator, Vacuum, Constant/Intermittent		\$308.15	1	\$308.15	\$0.00	\$0.00	OFOI	3
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3
TBA064	Oto/Ophthalmoscope, Spygmo, Wall Mounted		\$1,130.00	1	\$1,130.00	\$88.00	\$0.00	OFCI	1
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3
THE0550	Thermometer, Electronic		\$250.00	1	\$250.00	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$18,983.26	\$548.60	\$0.00		

ROOM TOTAL: \$19,531.86

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

<u>Room#:</u> ED49 <u>Exam 15 (isolation)</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Installs</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1
FLM0108	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3
LTS0548	Light, Exam, Minor, Single Head, Ceiling		\$1,683.00	1	\$1,683.00	\$150.00	\$0.00	OFVI	1
PMP0945	Pump, Infusion, Single Channel		\$5,332.25	1	\$5,332.25	\$0.00	\$0.00	OFOI	2
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3
TBA4064	Oto/Ophthalmoscope, Spygmo, Wall Mounted		\$1,130.00	1	\$1,130.00	\$89.00	\$0.00	OFCI	1
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1
TBA4393	Monitor, Physiological, 12 lead Ecg, Nibp, Spo2, Temp, Resp		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFVI	2
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$24,315.51	\$548.80	\$0.00		

ROOM TOTAL: \$24,864.11

<u>Room#:</u> ED50 <u>Exam 15 Isolation Anteroom</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Installs</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3
RCP2022	Receptacle, Trash, Step-On, 8 Gal, Tan		\$73.92	1	\$73.92	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$234.42	\$4.80	\$0.00		

ROOM TOTAL: \$239.22

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED51 Orthopedic Equipment StorageFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	4	\$7,648.00	\$0.00	\$0.00	OFOI	3	
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	6	\$4,746.00	\$0.00	\$0.00	OFOI	3	
CAR4507	Cart, Supply (Exchange), 24"X72"		\$440.79	1	\$440.79	\$0.00	\$0.00	OFOI	3	
CUT0302	Cutler, Cast, W/Vacuum		\$3,300.00	1	\$3,300.00	\$0.00	\$0.00	OFOI	2	
PAN0801	Pan, Heating Unit, Splints		\$850.00	1	\$850.00	\$0.00	\$0.00	OFOI	2	
TBA4265	Cutler, Ring		\$800.00	1	\$800.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$17,784.79	\$0.00	\$0.00			

ROOM TOTAL: \$17,784.79Room#: ED53 Exam 12 Isolation ToiletFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: ED54a Patient ToiletFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: ED54b Patient ToiletFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: ED54c Patient ToiletFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: ED55 Code CartFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: ED56 Cart AlcoveFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR0123	Cart, L-Frame, Bedside		\$950.00	1	\$950.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$950.00	\$0.00	\$0.00			

ROOM TOTAL: \$950.00

FreemanWhite Technology Planning Services

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RECORD 005542

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED57 <i>Alcove (Wheelchair/Stretcher)</i>		Flr:	1	Space Qty:	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
WHC0107	Wheelchair, Adult, Extra Large		\$4,761.00	1	\$4,761.00	\$0.00	\$0.00	OFOI	3
WHC0110	Wheelchair, Adult		\$690.00	2	\$1,380.00	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$6,141.00	\$0.00	\$0.00		
ROOM TOTAL:									\$6,141.00

Room#: ED58 <i>Mobile X-Ray Parking</i>		Flr:	1	Space Qty:	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
TBA4237	X-Ray System, Mobile, Digital		\$220,000.00	1	\$220,000.00	\$0.00	\$0.00	OFOI	2
TOTALS FOR SINGLE ROOM					\$220,000.00	\$0.00	\$0.00		
ROOM TOTAL:									\$220,000.00

Room#: ED59 <i>Housekeeping</i>		Flr:	1	Space Qty:	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BUK1302	Bucket, Mopping		\$323.90	1	\$323.90	\$0.00	\$0.00	OFOI	3
CAR0810	Cart, Housekeeping		\$1,187.45	1	\$1,187.45	\$0.00	\$0.00	OFOI	3
OSP0304	Dispenser, Chemical Cleaning, Wall Mtd.		\$98.00	1	\$98.00	\$0.00	\$0.00	OFOI	2
RCP2060	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 36.5" H		\$94.58	1	\$94.58	\$0.00	\$0.00	OFOI	3
VAC3001	Vacuum, Domestic, Upright		\$584.91	1	\$584.91	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$2,288.84	\$0.00	\$0.00		
ROOM TOTAL:									\$2,288.84

Room#: ED60a <i>Storage (Mobile Cart)</i>		Flr:	1	Space Qty:	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	4	\$3,164.00	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$3,164.00	\$0.00	\$0.00		
ROOM TOTAL:									\$3,164.00

Room#: ED60b <i>Storage (Mobile Cart)</i>		Flr:	1	Space Qty:	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	4	\$3,164.00	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$3,164.00	\$0.00	\$0.00		
ROOM TOTAL:									\$3,164.00

Room#: ED62a <i>Alcove - Hamper</i>		Flr:	1	Space Qty:	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$92.50	\$0.00	\$0.00		
ROOM TOTAL:									\$92.50

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

Room#: ED62b Alcove - HamperFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
HMP1218	Hamper, Linen, Mobile W/Ld 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3

TOTALS FOR SINGLE ROOM

\$92.50

ROOM TOTAL:

\$92.50

Room#: ED62c Alcove - HamperFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
HMP1218	Hamper, Linen, Mobile W/Ld 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3

TOTALS FOR SINGLE ROOM

\$92.50

ROOM TOTAL:

\$92.50

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Emergency Department

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$828,178.41	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$320.00	\$0.00	\$0.00	\$0.00	\$9,484.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$828,498.41	\$0.00	\$0.00	\$0.00	\$9,484.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFI Owner Furnished / Contractor Installed	\$48,884.35	\$7,234.00	\$0.00	\$56,118.35
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$335,508.67	\$320.00	\$0.00	\$335,828.67
OFVI Owner Furnished / Vendor Installed	\$443,785.39	\$2,250.00	\$0.00	\$446,035.39
	\$828,178.41	\$9,804.00	\$0.00	\$837,982.41

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$76,248.35	\$9,804.00	\$0.00	\$86,052.35
2 - Major Medical Electrical Requirements	\$507,310.99	\$0.00	\$0.00	\$507,310.99
3 - Minor Medical Non-Electrical	\$244,619.07	\$0.00	\$0.00	\$244,619.07
	\$828,178.41	\$9,804.00	\$0.00	\$837,982.41

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$828,178.41	\$9,804.00	\$0.00	\$837,982.41
	\$828,178.41	\$9,804.00	\$0.00	\$837,982.41

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

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DEPT: Human Resources

Room#: HR02 *Waiting & Applicant Cubicle*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: HR03 *Office, Employee Relations*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: HR06 *File Storage*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Human Resources

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

COST CODE

OFIS Owner Furnished / IT Budget

<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00

GROUP

2 - Major Medical Electrical Requirements

<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00

FISCAL YEAR

Un-Assigned

<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

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DEPT: Intensive Care

Room#: IC01 **Family Waiting****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: IC02 **Family Kitchenette****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRV0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCL	2	
OVN3928	Microwave Oven, 2.1 Cf		\$198.00	1	\$198.00	\$0.00	\$0.00	OFCL	2	
REF2128	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCL	2	

TOTALS FOR SINGLE ROOM

\$487.00

ROOM TOTAL:

\$487.00

Room#: IC03 **Family Consult****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: IC04 **Family Toilet****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: IC08 **Nurse's Station****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	3	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
OTS0201	Otoscope/Ophthalmoscope Set, Battery Pwr'd, Desk Top		\$633.00	1	\$633.00	\$0.00	\$0.00	OFCL	2	
TBA4302	Monitor, Central Station, 10 Bed		\$254,000.00	1	\$254,000.00	\$0.00	\$0.00	OFVI	2	
TBA4386	Printer, Laser, 2 Drawers		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4503	Bracket, Monitor, Wall Mt'd, Articulating		\$822.00	1	\$822.00	\$82.00	\$0.00	OFCL	1	

TOTALS FOR SINGLE ROOM

\$255,455.00

ROOM TOTAL:

\$255,537.00

Room#: IC09 **Work Alcove (copy-fax)****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
FAX0002	Fax Machine, Plain Paper		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4386	Printer, Laser, 2 Drawers		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

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DEPT: Intensive Care

Room#: IC10		Communication Center (charge)		Flr:	1	Space Qty:	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	3	\$0.00	\$0.00	\$0.00	OFIS	2		
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2		
MON2121	Monitor, Video, Flat Panel, 21"		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2		
OTS0201	Otoscope/Ophthalmoscope Set, Battery Pwr'd, Desk Top		\$633.00	1	\$633.00	\$0.00	\$0.00	OFCI	2		
TBA4503	Bracket, Monitor, Wall Mt'd, Articulating		\$822.00	1	\$822.00	\$82.00	\$0.00	OFCI	1		
TOTALS FOR SINGLE ROOM					\$1,455.00	\$82.00	\$0.00				
ROOM TOTAL:										\$1,537.00	

Room#: IC11		Clinical Staff Work (2 FTE)		Flr:	1	Space Qty:	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00				
ROOM TOTAL:										\$0.00	

Room#: IC12		Physician Work		Flr:	1	Space Qty:	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2		
TBA4683	Pacs, Review Station, Dual Display, 3MP		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00				
ROOM TOTAL:										\$0.00	

Room#: IC13		Office, ICU Unit Manager		Flr:	1	Space Qty:	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2		
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00				
ROOM TOTAL:										\$0.00	

Room#: IC15		Office, Shared (2 FTE)		Flr:	1	Space Qty:	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2		
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00				
ROOM TOTAL:										\$0.00	

Room#: IC18a		Alcove (between rooms)		Flr:	1	Space Qty:	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00				
ROOM TOTAL:										\$0.00	

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Intensive Care

Room#: IC18b Alcove (between rooms)Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: IC18c Alcove (between rooms)Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: IC19a ICU 01Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BED0955	Bed, Electric, Total Care		\$18,074.00	1	\$18,074.00	\$0.00	\$0.00	OFOI	2	
BRK1316	Bracket, Monitor, Philips IntelliVue MP 3040/60/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1	
BRK1802	Bracket, Regulator, Suction		\$20.07	4	\$80.28	\$0.00	\$0.00	OFOI	1	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	2	\$40.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM1502	Flowmeter, Oxygen		\$30.00	3	\$90.00	\$0.00	\$0.00	OFOI	3	
HDW0909	Headwall Unit, Intensive		\$7,240.00	1	\$7,240.00	\$340.00	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFCI	3	
LFT1629	Lit, Patient, Ceiling Mounted		\$4,401.00	1	\$4,401.00	\$0.00	\$0.00	OFCI	3	
MOD1605	Module, Patient Care, Toilet, Sink, w/Dialysis box		\$8,200.00	1	\$8,200.00	\$0.00	\$0.00	OFCI	1	
MON1677	Monitor, Physiological, Ecg/Resp/Nibp/1-Bp/Spo2/Printer		\$13,483.76	1	\$13,483.76	\$0.00	\$0.00	OFCI	2	
PWP0944	Pump, Infusion, Dual Channel		\$6,963.00	1	\$6,963.00	\$0.00	\$0.00	OFOI	2	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$308.15	4	\$1,224.60	\$0.00	\$0.00	OFCI	3	
RSS0401	Resuscitator, Disposable		\$22.00	1	\$22.00	\$0.00	\$0.00	OFCI	3	
TBA4426	Pump, Feeding		\$250.00	1	\$250.00	\$0.00	\$0.00	OFCI	2	
TBA4523	Television/Video Monitor, Flat Panel, 25"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFCI	2	
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFCI	3	
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFCI	3	
TRK0306	Track, Cubicle Curtain		\$100.00	1	\$100.00	\$10.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$62,488.94	\$394.60	\$0.00			

ROOM TOTAL: \$62,883.54

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Intensive Care

Room#: IC19b ICU 02

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BED0955	Bed, Electric, Total Care		\$18,074.00	1	\$18,074.00	\$0.00	\$0.00	OFCI	2	
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1	
BRK1802	Bracket, Regulator, Suction		\$20.07	3	\$60.21	\$0.00	\$0.00	OFOI	1	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	2	\$40.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM1502	Flowmeter, Oxygen		\$30.00	3	\$90.00	\$0.00	\$0.00	OFOI	3	
HDW0909	Headwall Unit, Intensive		\$7,240.00	1	\$7,240.00	\$340.00	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
LFT1629	Lift, Patient, Ceiling Mounted		\$4,401.00	1	\$4,401.00	\$0.00	\$0.00	OFCI	3	
MDD1605	Module, Patient Care, Toilet, Sink, w/Dialysis box		\$8,200.00	1	\$8,200.00	\$0.00	\$0.00	OFCI	1	
MON1677	Monitor, Physiological, Ecg/Resp/Nibp/1-Bp/Spo2/Printer		\$13,483.76	1	\$13,483.76	\$0.00	\$0.00	OFCI	2	
PMP0844	Pump, Infusion, Dual Channel		\$5,963.00	1	\$5,963.00	\$0.00	\$0.00	OFOI	2	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFCI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	3	\$918.45	\$0.00	\$0.00	OFOI	3	
RSS0401	Resuscitator, Disposable		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
TBA4426	Pump, Feeding		\$250.00	1	\$250.00	\$0.00	\$0.00	OFOI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3	
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3	
TRK0306	Track, Cubicle Curtain		\$100.00	1	\$100.00	\$10.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$62,162.72	\$394.60	\$0.00			

ROOM TOTAL: \$62,557.32

14-Nov-08

Room Equipment Report
C.O.N. - Roper St Francis Hospital - Berkeley

6:06 AM

DEPT: Intensive Care

Room#: IC19c ICU 03

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BED0955	Bed, Electric, Total Care		\$18,074.00	1	\$18,074.00	\$0.00	\$0.00	OFOI	2	
BRK1318	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1	
BRK1802	Bracket, Regulator, Suction		\$20.07	3	\$60.21	\$0.00	\$0.00	OFCI	1	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	2	\$40.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM1502	Flowmeter, Oxygen		\$30.00	3	\$90.00	\$0.00	\$0.00	OFOI	3	
HDW0909	Headwall Unit, Intensive		\$7,240.00	1	\$7,240.00	\$340.00	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lkl 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
LFT1629	Lift, Patient, Ceiling Mounted		\$4,401.00	1	\$4,401.00	\$0.00	\$0.00	OFVI	3	
MOD1605	Module, Patient Care, Toilet, Sink, w/Dialysis box		\$8,200.00	1	\$8,200.00	\$0.00	\$0.00	OFCI	1	
MON1677	Monitor, Physiological, Ecg/Resp/Nibp/1-Bp/Spo2/Printer		\$13,483.76	1	\$13,483.76	\$0.00	\$0.00	OFVI	2	
PMP0944	Pump, Infusion, Dual Channel		\$6,963.00	1	\$6,963.00	\$0.00	\$0.00	OFOI	2	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$308.15	3	\$918.45	\$0.00	\$0.00	OFOI	3	
RSS0401	Resuscitator, Disposable		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
TBA4426	Pump, Feeding		\$250.00	1	\$250.00	\$0.00	\$0.00	OFOI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3	
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3	
TRK0306	Track, Cubicle Curtain		\$100.00	1	\$100.00	\$10.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$62,162.72	\$394.60	\$0.00			

ROOM TOTAL: \$62,557.32

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Intensive Care

Room#: IC19d ICU 04

Flr: 1 Space Qty: 1

Cat No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp FiscalYr
BED0955	Bed, Electric, Total Care		\$18,074.00	1	\$18,074.00	\$0.00	\$0.00	OFOI	2
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1
BRK1802	Bracket, Regulator, Suction		\$20.07	3	\$60.21	\$0.00	\$0.00	OFOI	1
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	2	\$40.00	\$0.00	\$0.00	OFCI	3
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1
FLM1502	Flowmeter, Oxygen		\$30.00	3	\$90.00	\$0.00	\$0.00	OFOI	3
HDW0809	Headwall Unit, Intensive		\$7,240.00	1	\$7,240.00	\$340.00	\$0.00	OFCI	1
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3
LFT1629	Lift, Patient, Ceiling Mounted		\$4,401.00	1	\$4,401.00	\$0.00	\$0.00	OFCI	3
MOD1605	Module, Patient Care, Toilet, Sink, w/Dialysis box		\$8,200.00	1	\$8,200.00	\$0.00	\$0.00	OFCI	1
MON1677	Monitor, Physiological, Ecg/Resp/Nibp/1-Bp/Spo2/Printer		\$13,483.76	1	\$13,483.76	\$0.00	\$0.00	OFCI	2
PMP0944	Pump, Infusion, Dual Channel		\$6,963.00	1	\$6,963.00	\$0.00	\$0.00	OFOI	2
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	3	\$918.45	\$0.00	\$0.00	OFOI	3
RSS0401	Resuscitator, Disposable		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3
TBA4426	Pump, Feeding		\$250.00	1	\$250.00	\$0.00	\$0.00	OFOI	2
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$699.00	1	\$699.00	\$0.00	\$0.00	OFOI	2
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3
THE0550	Thermometer, Electronic		\$250.00	1	\$250.00	\$0.00	\$0.00	OFOI	3
TRK0308	Track, Cubicle Curtain		\$100.00	1	\$100.00	\$10.00	\$0.00	OFCI	1
TOTALS FOR SINGLE ROOM					\$62,162.72	\$394.60	\$0.00		

ROOM TOTAL: \$62,557.32

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Intensive Care

Room#: IC19e ICU 05

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BED0365	Bed, Electric, Total Care		\$18,074.00	1	\$18,074.00	\$0.00	\$0.00	OFOI	2
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1
BRK1802	Bracket, Regulator, Suction		\$20.07	3	\$60.21	\$0.00	\$0.00	OFOI	1
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	2	\$40.00	\$0.00	\$0.00	OFCI	3
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1
FLM1502	Flowmeter, Oxygen		\$30.00	3	\$90.00	\$0.00	\$0.00	OFOI	3
HDW0909	Headwall Unit, Intensive		\$7,240.00	1	\$7,240.00	\$340.00	\$0.00	OFCI	1
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3
LFT1629	Lift, Patient, Ceiling Mounted		\$4,401.00	1	\$4,401.00	\$0.00	\$0.00	OFOI	3
MOD1805	Module, Patient Care, Toilet, Sink, w/Dialysis box		\$8,200.00	1	\$8,200.00	\$0.00	\$0.00	OFCI	1
MON1677	Monitor, Physiological, Ecg/Resp/Nibp/I-Bp/Spo2/Printer		\$13,483.76	1	\$13,483.76	\$0.00	\$0.00	OFOI	2
PMP0944	Pump, Infusion, Dual Channel		\$6,963.00	1	\$6,963.00	\$0.00	\$0.00	OFOI	2
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	3	\$918.45	\$0.00	\$0.00	OFOI	3
RSS0401	Resuscitator, Disposable		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3
TBA4426	Pump, Feeding		\$250.00	1	\$250.00	\$0.00	\$0.00	OFOI	2
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3
TRK0305	Track, Cubicle Curtain		\$100.00	1	\$100.00	\$10.00	\$0.00	OFCI	1
TOTALS FOR SINGLE ROOM					\$62,162.72	\$394.60	\$0.00		

ROOM TOTAL: \$62,557.32

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Intensive Care

Room#: IC19f ICU 06

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BED0955	Bed, Electric, Total Care		\$18,074.00	1	\$18,074.00	\$0.00	\$0.00	OFOI	2
BRK1318	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1
BRK1802	Bracket, Regulator, Suction		\$20.07	3	\$60.21	\$0.00	\$0.00	OFOI	1
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	2	\$40.00	\$0.00	\$0.00	OFCI	3
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1
FLM1502	Flowmeter, Oxygen		\$30.00	3	\$90.00	\$0.00	\$0.00	OFOI	3
HDW0909	Headwall Unit, Intensive		\$7,240.00	1	\$7,240.00	\$340.00	\$0.00	OFCI	1
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3
LFT1629	Lit, Patient, Ceiling Mounted		\$4,401.00	1	\$4,401.00	\$0.00	\$0.00	OFCI	3
MOD1605	Module, Patient Care, Toilet, Sink, w/Dialysis box		\$8,200.00	1	\$8,200.00	\$0.00	\$0.00	OFCI	1
MON1677	Monitor, Physiological, Ecg/Resp/Nibp/1-Bp/SpO2/Printer		\$13,483.76	1	\$13,483.76	\$0.00	\$0.00	OFCI	2
PMP0944	Pump, Infusion, Dual Channel		\$6,963.00	1	\$6,963.00	\$0.00	\$0.00	OFOI	2
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFCI	3
REG2201	Regulator, Vacuum, Constant/Intermittent		\$308.15	3	\$918.45	\$0.00	\$0.00	OFOI	3
RSS0401	Resuscitator, Disposable		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3
TBA4426	Pump, Feeding		\$250.00	1	\$250.00	\$0.00	\$0.00	OFOI	2
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2
TBL5704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3
TRK0305	Track, Cubicle Curtain		\$100.00	1	\$100.00	\$10.00	\$0.00	OFCI	1
TOTALS FOR SINGLE ROOM					\$62,162.72	\$394.80	\$0.00		

ROOM TOTAL: \$62,557.32

Room#: IC20 Ante

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR0123	Cart, L-Frame, Bedside		\$950.00	1	\$950.00	\$0.00	\$0.00	OFCI	3
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$1,163.50	\$4.80	\$0.00		

ROOM TOTAL: \$1,168.30

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Intensive Care

Room#: IC22 Medication

		<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	2	\$40.00	\$0.00	\$0.00	OFCI	3
DSP1303	Dispenser, Medication, "4 Dr. Tower Unit"		\$1,512.00	1	\$1,512.00	\$0.00	\$0.00	OFVI	2
DSP1306	Dispenser, Medication, Main Rx, 6 Drawer		\$11,676.00	1	\$11,676.00	\$0.00	\$0.00	OFVI	2
DSP1307	Dispenser, Medication, 7 Drawer Aux		\$3,501.00	1	\$3,501.00	\$0.00	\$0.00	OFVI	2
DSP1327	Dispenser, Medication, Remote Mgr.		\$1,118.00	1	\$1,118.00	\$0.00	\$0.00	OFVI	2
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2
SCN4201	Scanner, Pharmacy		\$0.00	1	\$0.00	\$0.00	\$0.00	OFVI	3
TBA4703	Dispenser, Medication, Cubie Drawer		\$588.00	1	\$588.00	\$0.00	\$0.00	OFVI	2
TOTALS FOR SINGLE ROOM					\$18,777.00	\$0.00	\$0.00		

ROOM TOTAL: \$18,777.00**Room#: IC23 Nourishment**

		<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2
ICE1312	Ice Maker/Dispenser, W / Water Dispenser, Counter		\$4,123.35	1	\$4,123.35	\$650.00	\$0.00	OFCI	1
OVN3928	Microwave Oven, 2.1 Ct		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2
TOTALS FOR SINGLE ROOM					\$4,610.35	\$650.00	\$0.00		

ROOM TOTAL: \$5,300.35**Room#: IC24 Clean Holding**

		<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAB2354	Cabinet, Warming, Single Glass Door, Freestanding		\$4,049.22	1	\$4,049.22	\$0.00	\$0.00	OFOI	2
CAR1208	Cart, Linen, 24"x60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFOI	3
CAR4507	Cart, Supply (Exchange), 24"x72"		\$440.79	1	\$440.79	\$0.00	\$0.00	OFOI	3
TBA4379	Bins, Storage, Wall Mounted, Allowance		\$1,000.00	1	\$1,000.00	\$100.00	\$0.00	OFVI	1
TOTALS FOR SINGLE ROOM					\$6,058.78	\$100.00	\$0.00		

ROOM TOTAL: \$6,158.78**Room#: IC25 Linen Alcove**

		<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR1208	Cart, Linen, 24"x60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$568.77	\$0.00	\$0.00		

ROOM TOTAL: \$568.77

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Intensive Care

Room#: IC26 **Soiled Utility**

			<u>Flr:</u>		<u>1</u>		<u>Space Qty: 1</u>				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>	
CAR1215	Cart, Linen, Dirty		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	3		
CAR4704	Cart, Utility, 3-Shelves		\$138.00	1	\$138.00	\$0.00	\$0.00	OFOI	3		
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3		
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1		
RCP0906	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3		
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3		
RCP2026	Receptacle, Trash/Recycle, 35 gal		\$46.39	3	\$139.17	\$0.00	\$0.00	OFOI	3		
TOTALS FOR SINGLE ROOM					\$422.17	\$4.80	\$0.00				

ROOM TOTAL: \$426.97**Room#:** IC27 **Equipment Storage**

			<u>Flr:</u>		<u>1</u>		<u>Space Qty: 1</u>				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>	
CAR0123	Cart, L-Frame, Bedside		\$950.00	6	\$5,700.00	\$0.00	\$0.00	OFOI	3		
CAR3311	Cart, Gas Cylinder, 6 E-Tank Cap		\$239.00	1	\$239.00	\$0.00	\$0.00	OFOI	3		
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	2	\$1,582.00	\$0.00	\$0.00	OFOI	3		
CCU0503	Intermittent Compression Unit, Extremity		\$0.00	6	\$0.00	\$0.00	\$0.00	VPNC	3		
CHR2907	Chair, Commode, Heavy-Duty, 450 lb. Capacity		\$244.00	2	\$488.00	\$0.00	\$0.00	OFOI	3		
CHR2909	Chair, Commode, Bariatric, 700 lb. Capacity		\$246.00	2	\$492.00	\$0.00	\$0.00	OFOI	3		
DOP0003	Doppler, Vascular, Handheld		\$535.00	2	\$1,070.00	\$0.00	\$0.00	OFOI	2		
HPO0011	Hypo/Hyperthermia Unit		\$7,450.00	1	\$7,450.00	\$0.00	\$0.00	OFOI	2		
HYS0010	Hyperthermia System (Bair Hugger)		\$2,500.00	2	\$5,000.00	\$0.00	\$0.00	OFOI	2		
LSF0015	Lightsource, Xenon		\$5,975.00	1	\$5,975.00	\$0.00	\$0.00	OFOI	2		
LTS0573	Light, Exam, Minor, Single Head, Mobile		\$1,400.00	1	\$1,400.00	\$0.00	\$0.00	OFOI	2		
MOD5401	Module, Bed Therapy, Rotation		\$8,475.00	3	\$25,425.00	\$0.00	\$0.00	OFOI	2		
MOD5402	Module, Bed Therapy, Percussion/Vibration		\$3,000.00	3	\$9,000.00	\$0.00	\$0.00	OFOI	2		
MON4262	Monitor, Physiological, Ecg, Nibp, Spo2, Temp, Resp, Rec		\$4,463.81	1	\$4,463.81	\$0.00	\$0.00	OFOI	2		
PMK0763	Pacemaker, Generator, Temporary		\$4,500.00	2	\$9,000.00	\$0.00	\$0.00	OFOI	3		
STM4203	Stimulator, Peripheral Nerve		\$390.00	1	\$390.00	\$0.00	\$0.00	OFOI	3		
WHC0110	Wheelchair, Adult		\$690.00	1	\$690.00	\$0.00	\$0.00	OFOI	3		
WRM2808	Warmer, Blood/Fluid, High Flow		\$8,500.00	1	\$8,500.00	\$0.00	\$0.00	OFOI	2		
TOTALS FOR SINGLE ROOM					\$88,864.81	\$0.00	\$0.00				

ROOM TOTAL: \$86,864.81

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Intensive Care

Room#: IC28 *Alcove - P.O.C. Testing***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
ANL2957	Analyzer, Chemistry, Blood Gas,		\$32,100.00	1	\$32,100.00	\$0.00	\$0.00	OFOI	3	
ANL3305	Analyzer, Glucose, Bedside		\$1,150.00	1	\$1,150.00	\$0.00	\$0.00	OFOI	3	
CAR1215	Cart, Linen, Dirty		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall- Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
RCP0905	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
RCP2026	Receptacle, Trash/Recycle, 35 gal		\$46.39	3	\$139.17	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$33,534.17	\$4.80	\$0.00			

ROOM TOTAL: \$33,538.97**Room#:** IC29 *Crash Cart Alcove***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR0514	Cart, Emergency (Crash), Pediatric 9-Dra		\$1,585.00	1	\$1,585.00	\$0.00	\$0.00	OFOI	3	
CAR0520	Cart, Emergency (Crash), 5-Drawer W/Acce		\$880.00	1	\$880.00	\$0.00	\$0.00	OFOI	3	
DFB1311	Defibrillator, Monitor, Pacemaker, Automated		\$9,195.20	1	\$9,195.20	\$0.00	\$0.00	OFOI	2	
TBA4266	Aspirator, Portable Battery-Powered		\$700.00	1	\$700.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$12,361.20	\$0.00	\$0.00			

ROOM TOTAL: \$12,361.20**Room#:** IC30 *Mobile X-Ray Alcove***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** IC31 *Housekeeping***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BUK1302	Bucket, Mopping		\$323.90	1	\$323.90	\$0.00	\$0.00	OFOI	3	
CAR0810	Cart, Housekeeping		\$1,187.45	1	\$1,187.45	\$0.00	\$0.00	OFOI	3	
DSP0304	Dispenser, Chemical Cleaning, Wall Mtd.		\$98.00	1	\$98.00	\$0.00	\$0.00	OFCI	2	
RCP2060	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 36.5" H		\$94.58	1	\$94.58	\$0.00	\$0.00	OFOI	3	
VAC3001	Vacuum, Domestic, Upright		\$584.91	1	\$584.91	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$2,288.84	\$0.00	\$0.00			

ROOM TOTAL: \$2,288.84

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Intensive Care

Room#: IC34 Staff Lounge

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
OVN3928	Microwave Oven, 2.1 Ct		\$198.00	1	\$198.00	\$0.00	\$0.00	OFCI	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft		\$566.00	1	\$566.00	\$0.00	\$0.00	OFCI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFCI	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFCI	3	
TOTALS FOR SINGLE ROOM					\$1,755.89	\$11.00	\$0.00			

ROOM TOTAL: \$1,766.89

Room#: IC35 Staff Locker

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: IC36 Staff Toilet

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: IC37 Conference

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRJ3001	Projector, Digital		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Intensive Care

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$799,105.02	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$3,347.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$799,105.02	\$0.00	\$0.00	\$0.00	\$3,347.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$102,915.56	\$3,247.00	\$0.00	\$106,162.56
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFDI Owner Furnished / Owner Installed	\$302,972.09	\$0.00	\$0.00	\$302,972.09
OFVI Owner Furnished / Vendor Installed	\$393,217.37	\$100.00	\$0.00	\$393,317.37
VPNC Vendor Provided No Cost	\$0.00	\$0.00	\$0.00	\$0.00
	\$799,105.02	\$3,347.00	\$0.00	\$802,452.02

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$102,951.68	\$3,347.00	\$0.00	\$106,298.68
2 - Major Medical Electrical Requirements	\$596,932.79	\$0.00	\$0.00	\$596,932.79
3 - Minor Medical Non-Electrical	\$99,220.55	\$0.00	\$0.00	\$99,220.55
	\$799,105.02	\$3,347.00	\$0.00	\$802,452.02

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$799,105.02	\$3,347.00	\$0.00	\$802,452.02
	\$799,105.02	\$3,347.00	\$0.00	\$802,452.02

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: IV Therapy

Room#: IV01 Waiting

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1.
TEL0610	Television/Video Monitor, Flat Panel, 32", Wall Mounted		\$1,200.00	1	\$1,200.00	\$0.00	\$0.00	OFOI	2
TOTALS FOR SINGLE ROOM					\$1,255.00	\$11.00	\$0.00		

ROOM TOTAL: \$1,266.00

Room#: IV02a Infusion Bay

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFCI	3
CHR1855	Chair, Recliner		\$1,783.33	1	\$1,783.33	\$0.00	\$0.00	OFCI	3
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	2	\$100.00	\$9.60	\$0.00	OFCI	1
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3
PMP0945	Pump, Infusion, Single Channel		\$5,332.25	1	\$5,332.25	\$0.00	\$0.00	OFOI	2
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3
SFG0105	Sphygmomanometer, Aneroid, Wall Mtd		\$76.18	1	\$76.18	\$14.00	\$0.00	OFCI	1
STD6118	Stand, IV, Heavy Duty, Infusion Pump		\$314.00	1	\$314.00	\$0.00	\$0.00	OFOI	3
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$11,715.06	\$34.60	\$0.00		

ROOM TOTAL: \$11,749.66

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: IV Therapy

Room#: IV02b **Infusion Bay****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3	
CHR1855	Chair, Recliner		\$1,783.33	1	\$1,783.33	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall- Mount 3 Box		\$50.00	2	\$100.00	\$9.60	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
PMP0945	Pump, Infusion, Single Channel		\$5,332.25	1	\$5,332.25	\$0.00	\$0.00	OFOI	2	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
SFG0105	Sphygmomanometer, Aneroid, Wall Mid		\$76.18	1	\$76.18	\$14.00	\$0.00	OFCI	1	
STD6118	Stand, IV, Heavy Duty, Infusion Pump		\$314.00	1	\$314.00	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3	
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$11,715.08	\$34.60	\$0.00			

ROOM TOTAL: \$11,749.66**Room#:** IV03 **Infusion Room****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall- Mount 3 Box		\$50.00	2	\$100.00	\$9.60	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
PMP0945	Pump, Infusion, Single Channel		\$5,332.25	1	\$5,332.25	\$0.00	\$0.00	OFOI	2	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
SFG0105	Sphygmomanometer, Aneroid, Wall Mid		\$76.18	1	\$76.18	\$14.00	\$0.00	OFCI	1	
STD6118	Stand, IV, Heavy Duty, Infusion Pump		\$314.00	1	\$314.00	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3	
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3	
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$15,738.73	\$34.60	\$0.00			

ROOM TOTAL: \$15,773.33**Room#:** IV04 **Toilet****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: IV Therapy

Room#: IV05 *Infusion, Nurse Work***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
OTS0201	Otoscope/Ophthalmoscope Set, Battery Pwr'd, Desk Top		\$633.00	1	\$633.00	\$0.00	\$0.00	OFOI	2	

TOTALS FOR SINGLE ROOM

\$633.00 \$0.00 \$0.00

ROOM TOTAL: \$633.00

Room#: IV05eq *Infusion, Nurse Work - Eqmt***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFVI	3	
SCL2306	Scale, Wheelchair, Wall Mid.		\$3,195.00	1	\$3,195.00	\$320.00	\$0.00	OFCI	1	

TOTALS FOR SINGLE ROOM

\$5,107.00 \$320.00 \$0.00

ROOM TOTAL: \$5,427.00

Room#: IV06 *Clean Supplies***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1208	Cart, Linen, 24"X60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFCI	3	
CAR4507	Cart, Supply (Exchange), 24"X72"		\$440.79	1	\$440.79	\$0.00	\$0.00	OFCI	3	
T3A4379	Bins, Storage, Wall Mounted, Allowance		\$1,000.00	1	\$1,000.00	\$100.00	\$0.00	OFCI	1	

TOTALS FOR SINGLE ROOM

\$2,009.56 \$100.00 \$0.00

ROOM TOTAL: \$2,109.56

Room#: IV07 *Soiled Hold***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1215	Cart, Linen, Dirty		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
RCP0905	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
RCP2026	Receptacle, Trash/Recycle, 35 gal		\$46.39	3	\$139.17	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$284.17 \$4.80 \$0.00

ROOM TOTAL: \$288.97

Room#: IV08 *Office / Work***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: IV Therapy

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$48,457.58	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$539.60
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$48,457.58	\$0.00	\$0.00	\$0.00	\$539.60

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$5,073.54	\$539.60	\$0.00	\$5,613.14
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$35,736.04	\$0.00	\$0.00	\$35,736.04
OFVI Owner Furnished / Vendor Installed	\$7,648.00	\$0.00	\$0.00	\$7,648.00
	\$48,457.58	\$539.60	\$0.00	\$48,997.18

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$4,993.54	\$539.60	\$0.00	\$5,533.14
2 - Major Medical Electrical Requirements	\$20,526.75	\$0.00	\$0.00	\$20,526.75
3 - Minor Medical Non-Electrical	\$22,937.29	\$0.00	\$0.00	\$22,937.29
	\$48,457.58	\$539.60	\$0.00	\$48,997.18

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$48,457.58	\$539.60	\$0.00	\$48,997.18
	\$48,457.58	\$539.60	\$0.00	\$48,997.18

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Laboratory

Room#: LB02 Admin Work Area & Copier

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0050	Copier, Medium Volume		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
FAX0002	Fax Machine, Plain Paper		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4386	Printer, Laser, 2 Drawers		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: LB03 Office, Pathologist

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
MIC0401	Microscope, Dual Head		\$6,316.00	1	\$6,316.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$6,316.00	\$0.00	\$0.00			

ROOM TOTAL: \$6,316.00

Room#: LB04 Office, Lab Manager

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: LB05 Office, Shift Supervisor

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: LB12 Specimen Receiving

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CNT0311	Centrifuge, Countertop, Air-Driven		\$9,300.00	1	\$9,300.00	\$0.00	\$0.00	OFOI	2	
CNT0335	Centrifuge, Countertop		\$1,748.00	1	\$1,748.00	\$0.00	\$0.00	OFOI	3	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft		\$566.00	1	\$566.00	\$0.00	\$0.00	OFOI	2	
TBA4395	Centrifuge, Countertop		\$2,470.00	2	\$4,940.00	\$0.00	\$0.00	OFOI	2	
TBA4436	Centrifuge, Countertop, Microfuge		\$5,900.00	1	\$5,900.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$22,454.00	\$0.00	\$0.00			

ROOM TOTAL: \$22,454.00

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Laboratory

Room#: LB12w Workstation, Receiving

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4485	Printer, Laser Jet, Color		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL: \$0.00

Room#: LB20 Phlebotomy

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CHR2807	Chair, Blood Drawing		\$759.00	1	\$759.00	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$759.00

ROOM TOTAL: \$759.00

Room#: LB20w Workstation, Phlebotomy

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4485	Printer, Laser Jet, Color		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL: \$0.00

Room#: LB21 Phlebotomy Storage

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CAR0704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	4	\$7,648.00	\$0.00	\$0.00	OFOI	3	
CAR4507	Cart, Supply (Exchange), 24"X72"		\$440.79	1	\$440.79	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$8,088.79

ROOM TOTAL: \$8,088.79

Room#: LB24 Blood Bank

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CNT0205	Centrifuge, Blood Bank		\$2,802.50	2	\$5,605.00	\$0.00	\$0.00	OFOI	3	
CNT5501	Centrifuge, Cell Washing		\$9,063.00	1	\$9,063.00	\$0.00	\$0.00	OFOI	2	
FRZ0205	Freezer, Blood Plasma, 16.9 Cu. Ft.		\$4,000.00	1	\$4,000.00	\$0.00	\$0.00	OFOI	2	
ICE0809	Ice Machine, Freestanding, Cuber, Undercounter		\$1,745.00	1	\$1,745.00	\$174.50	\$0.00	OFOI	1	
INC0404	Incubator, Dry Block, Fixed 37 Deg. C		\$1,809.00	2	\$3,618.00	\$0.00	\$0.00	OFOI	2	
INC1602	Incubator, Platelet		\$7,394.45	1	\$7,394.45	\$0.00	\$0.00	OFOI	2	
MIC0208	Microscope, Binocular		\$5,125.00	1	\$5,125.00	\$0.00	\$0.00	OFOI	2	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4396	Refrigerator, Blood Bank, Double Door		\$10,365.00	1	\$10,365.00	\$0.00	\$0.00	OFOI	2	
TBA4437	Balance, Hand Held, 320g		\$140.60	1	\$140.60	\$0.00	\$0.00	OFOI	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	2	\$75.78	\$0.00	\$0.00	OFOI	3	
THW1601	Thawer, Plasma		\$5,600.00	1	\$5,600.00	\$0.00	\$0.00	OFOI	2	
VIE0102	Viewer, Agglutination Test Tube		\$394.29	2	\$788.58	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$53,520.41

ROOM TOTAL: \$53,694.91

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Laboratory

Room#: LB24w Workstation, Blood Bank

		Flr:	1	Space Qty:	1				
Cat. No.	Description	Comments	Units	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TBA4465	Printer, Laser Jet, Color		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

Room#: LB37 Microbiology/Serology

		Flr:	1	Space Qty:	1				
Cat. No.	Description	Comments	Units	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp FiscalYr
INC0201	Incubator, Benchtop		\$445.00	1	\$445.00	\$0.00	\$0.00	OFOI	2
INC0702	Incubator, General Purpose, 37 Degrees		\$3,050.00	1	\$3,050.00	\$0.00	\$0.00	OFOI	2
MIC0208	Microscope, Binocular		\$5,125.00	1	\$5,125.00	\$0.00	\$0.00	OFOI	2
MIX2204	Mixer, Vortex		\$293.01	1	\$293.01	\$0.00	\$0.00	OFOI	2
REF1204	Refrigerator, Lab, Single Door		\$3,547.00	1	\$3,547.00	\$0.00	\$0.00	OFOI	2
ROT0003	Rotator		\$485.00	1	\$485.00	\$0.00	\$0.00	OFOI	2
STE3801	Sterilizer, Loop		\$335.00	1	\$335.00	\$0.00	\$0.00	OFOI	2
TOTALS FOR SINGLE ROOM					\$13,280.01	\$0.00	\$0.00		

ROOM TOTAL: \$13,280.01

Room#: LB37w Workstation, Microbiology

		Flr:	1	Space Qty:	1				
Cat. No.	Description	Comments	Units	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TBA4485	Printer, Laser Jet, Color		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

Room#: LB47 Histology / Pathology

		Flr:	1	Space Qty:	1				
Cat. No.	Description	Comments	Units	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp FiscalYr
CAB1904	Cabinet, Slide Storage, Stackable		\$174.33	10	\$1,743.30	\$0.00	\$0.00	OFOI	3
CAB3202	Cabinet, Flammable Storage		\$1,848.00	1	\$1,848.00	\$112.30	\$0.00	OFOI	1
HDS0615	Hood, Fume, Portable Absorption		\$2,390.00	1	\$2,390.00	\$205.00	\$0.00	OFOI	1
MIC0208	Microscope, Binocular		\$5,125.00	1	\$5,125.00	\$0.00	\$0.00	OFOI	2
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFOI	2
SCL1901	Scale, Specimen		\$383.00	1	\$383.00	\$0.00	\$0.00	OFOI	3
TBA4490	Camera, Photographic, Digital		\$180.00	1	\$180.00	\$0.00	\$0.00	OFOI	3
TBA4492	Cabinet, Tissue Storage, Vented		\$4,275.00	1	\$4,275.00	\$0.00	\$0.00	OFOI	1
TOTALS FOR SINGLE ROOM					\$16,033.30	\$317.30	\$0.00		

ROOM TOTAL: \$16,350.60

Room#: LB47w Workstation, Histo-Path

		Flr:	1	Space Qty:	1				
Cat. No.	Description	Comments	Units	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TBA4485	Printer, Laser Jet, Color		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Laboratory

Room#: LB57 Cold Room Lab Refrigerator

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
TBA20003	Refrigerator, Walk-In + Reach-In Doors		\$30,000.00	1	\$30,000.00	\$3,000.00	\$0.00	OFCI		

TOTALS FOR SINGLE ROOM

\$30,000.00 \$3,000.00 \$0.00

ROOM TOTAL: \$33,000.00

Room#: LB58 Biohazardous Holding

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
PAL1601	Pallet, Plastic		\$55.00	2	\$110.00	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$110.00 \$0.00 \$0.00

ROOM TOTAL: \$110.00

Room#: LB59 Flammable-Toxic Storage Alcove

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
TBA4389	Cabinet, Acid Storage, 4 Gallon		\$330.00	1	\$330.00	\$0.00	\$0.00	OFOI	1	

TOTALS FOR SINGLE ROOM

\$330.00 \$0.00 \$0.00

ROOM TOTAL: \$330.00

Room#: LB60 Lab General Storage

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CAR4512	Cart, Supply (Exchange), 24" X 48"		\$246.05	5	\$1,230.25	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$1,230.25 \$0.00 \$0.00

ROOM TOTAL: \$1,230.25

Room#: LB61 Housekeeping

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
BUK1302	Bucket, Mopping		\$323.90	1	\$323.90	\$0.00	\$0.00	OFOI	3	
CAR0810	Cart, Housekeeping		\$1,187.45	1	\$1,187.45	\$0.00	\$0.00	OFOI	3	
DSP0304	Dispenser, Chemical Cleaning, Wall Mtd.		\$98.00	1	\$98.00	\$0.00	\$0.00	OFCI	2	
RCP2060	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 36.5" H		\$94.58	1	\$94.58	\$0.00	\$0.00	OFOI	3	
VAC3001	Vacuum, Domestic, Upright		\$584.91	1	\$584.91	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$2,288.84 \$0.00 \$0.00

ROOM TOTAL: \$2,288.84

Room#: LB64 Staff Lounge

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
OVN3928	Microwave Oven, 2.1 Cl		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft		\$566.00	1	\$566.00	\$0.00	\$0.00	OFOI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$1,755.89 \$11.00 \$0.00

ROOM TOTAL: \$1,766.89

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Laboratory

Room#: LB65 Lockers & Lab CoatsFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: LB66 Staff ToiletFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: LB68 Body Hold, AlcoveFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: LB70 Body Refrigerator, Walk-InFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
TBA20002	Refrigerator, Walk-In, Body Holding		\$25,000.00	1	\$25,000.00	\$2,500.00	\$0.00	OFCI		
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$25,037.89

\$2,500.00

\$0.00

ROOM TOTAL:

\$27,537.89

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Laboratory

Room#: LB90

Core Lab - Chem/Hem/Coag/Urine

Flr:

1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
ANL0816	Analyzer, Hematology		\$75,000.00	2	\$150,000.00	\$0.00	\$0.00	OFVI	2	
ANL2110	Analyzer, Urine Chemistry		\$5,985.00	1	\$5,985.00	\$0.00	\$0.00	OFVI	2	
ANL2844	Analyzer, Chemistry		\$0.00	2	\$0.00	\$0.00	\$0.00	VPNC	2	
ANL4501	Analyzer, Sed Rate		\$4,208.50	1	\$4,208.50	\$0.00	\$0.00	OFVI	2	
ANL5503	Analyzer, Cardiac Marker		\$5,000.00	1	\$5,000.00	\$0.00	\$0.00	OFVI	2	
ANL6102	Analyzer, Automated Immunoassay System		\$28,100.00	1	\$28,100.00	\$0.00	\$0.00	OFVI	2	
CNT0315	Centrifuge, Countertop, Cyto		\$3,605.50	2	\$7,011.00	\$0.00	\$0.00	OFOI	2	
CNT1305	Centrifuge, Microhematocrit		\$2,470.00	1	\$2,470.00	\$0.00	\$0.00	OFOI	2	
COU0404	Counter, Differential, Electronic		\$684.26	2	\$1,188.52	\$0.00	\$0.00	OFVI	3	
FRZ1205	Freezer, Lab, Reach-In		\$4,218.00	1	\$4,218.00	\$0.00	\$0.00	OFOI	2	
FRZ1209	Freezer, Lab, Upright, 1-Door, 20.6 cu. ft.		\$1,884.37	1	\$1,884.37	\$0.00	\$0.00	OFOI	2	
MIC0207	Microscope, Binocular, W/Phase Contrast Capability		\$5,947.00	1	\$5,947.00	\$0.00	\$0.00	OFOI	2	
MIC0208	Microscope, Binocular		\$5,125.00	1	\$5,125.00	\$0.00	\$0.00	OFOI	2	
OSM0010	Osmometer		\$8,995.00	1	\$8,995.00	\$0.00	\$0.00	OFVI	2	
REF1204	Refrigerator, Lab, Single Door		\$3,547.00	1	\$3,547.00	\$0.00	\$0.00	OFOI	2	
REF1213	Refrigerator, Lab, Double Door		\$4,693.00	3	\$14,679.00	\$0.00	\$0.00	OFOI	2	
RFM0303	Refractometer, Clinical		\$1,260.00	1	\$1,260.00	\$0.00	\$0.00	OFOI	3	
ROC2003	Rocker, Tube		\$604.66	2	\$1,209.32	\$0.00	\$0.00	OFOI	2	
STN0010	Stainer		\$10,876.00	1	\$10,876.00	\$0.00	\$0.00	OFVI	2	
TBA4398	Centrifuge, Microfuge		\$1,177.00	1	\$1,177.00	\$0.00	\$0.00	OFOI	2	
TBA4489	Analyzer, Coagulation		\$49,000.00	1	\$49,000.00	\$0.00	\$0.00	OFVI	2	
TBA4705	Allowance, Lab Casework		\$75,000.00	1	\$75,000.00	\$0.00	\$0.00	OFVI	3	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	6	\$227.34	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$367,108.05	\$0.00	\$0.00			

ROOM TOTAL: \$387,108.05

Room#: LB90w1

Workstation, Hematology

Flr:

1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4485	Printer, Laser Jet, Color		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: LB90w2

Workstation, Chemistry

Flr:

1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4485	Printer, Laser Jet, Color		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Laboratory

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$568,312.43	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$317.30	\$0.00	\$0.00	\$0.00	\$5,685.50
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$568,629.73	\$0.00	\$0.00	\$0.00	\$5,685.50

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$61,173.00	\$5,685.50	\$0.00	\$66,858.50
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$160,849.41	\$317.30	\$0.00	\$161,166.71
OFVI Owner Furnished / Vendor Installed	\$346,290.02	\$0.00	\$0.00	\$346,290.02
VPNC Vendor Provided No Cost	\$0.00	\$0.00	\$0.00	\$0.00
	\$568,312.43	\$6,002.80	\$0.00	\$574,315.23

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$55,000.00	\$5,500.00	\$0.00	\$60,500.00
1 - Fixed (Non Plant) Architecturally Significant	\$10,443.00	\$502.80	\$0.00	\$10,945.80
2 - Major Medical Electrical Requirements	\$402,215.25	\$0.00	\$0.00	\$402,215.25
3 - Minor Medical Non-Electrical	\$100,654.18	\$0.00	\$0.00	\$100,654.18
	\$568,312.43	\$6,002.80	\$0.00	\$574,315.23

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$568,312.43	\$6,002.80	\$0.00	\$574,315.23
	\$568,312.43	\$6,002.80	\$0.00	\$574,315.23

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Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Records

Room#: MR01		Reception / Incoming Records		Flr: 1	Space Qty: 1				
<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
COP0050	Copier, Medium Volume		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:							\$0.00		

Room#: MR02		Waiting	Flr:		1	Space Qty: 1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFIS	1	
TEL0610	Television/Video Monitor, Flat Panel, 32", Wall Mounted		\$1,200.00	1	\$1,200.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$1,255.00	\$11.00	\$0.00			
ROOM TOTAL:									\$1,266.00	

<u>Room#:</u> MR03	Workroom, (copy-fax-storage)		<u>Flr:</u>	1		<u>Space Qty:</u> 1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
COP0050	Copier, Medium Volume		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
FAX0002	Fax Machine, Plain Paper		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
SHL1605	Shelving, Polymer, 24"x60", 4 shelves w/baskets		\$588.00	1	\$588.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$588.00	\$0.00	\$0.00			
ROOM TOTAL:									\$588.00	

Room#: MR04		Office, Manager		Flr:	1	Space Qty: 1			
<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:							\$0.00		

Room#: MR05		Coders, 4 cubicles		Flr: 1		Space Qty: 1			
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	4	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:							\$0.00		

Room#: MR07		Incomplete Charts		Flr:	1	Space Qty:	1		
<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:							\$0.00		

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Records

<u>Room#:</u> MR10		<u>Workroom, Scan-Analysis (4 FTE)</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	4	\$0.00	\$0.00	\$0.00	OFIS	2		
COP0050	Copier, Medium Volume		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2		
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2		
FAX0002	Fax Machine, Plain Paper		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2		
SCN0403	Scanner, Desktop		\$0.00	4	\$0.00	\$0.00	\$0.00	OFIS	3		
SHL1605	Shelving, Polymer, 24"x60", 4 shelves w/casters		\$588.00	1	\$588.00	\$0.00	\$0.00	OFOI	3		
TBA4386	Printer, Laser, 2 Drawers		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2		
TOTALS FOR SINGLE ROOM					\$588.00	\$0.00	\$0.00				
ROOM TOTAL:									\$588.00		

<u>Room#:</u> MR11		<u>Staff Toilet</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>	
			\$0.00		\$0.00	\$0.00	\$0.00				
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00				
ROOM TOTAL:									\$0.00		

<u>Room#:</u> MR12		<u>Coffee Alcove-Coat Alcove</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>	
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00				
ROOM TOTAL:									\$0.00		

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Records

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$2,431.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$11.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$2,431.00	\$0.00	\$0.00	\$0.00	\$11.00

COST CODE

	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCl Owner Furnished / Contractor Installed	\$55.00	\$11.00	\$0.00	\$66.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOf Owner Furnished / Owner Installed	\$2,376.00	\$0.00	\$0.00	\$2,376.00
	\$2,431.00	\$11.00	\$0.00	\$2,442.00

GROUP

	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$55.00	\$11.00	\$0.00	\$66.00
2 - Major Medical Electrical Requirements	\$1,200.00	\$0.00	\$0.00	\$1,200.00
3 - Minor Medical Non-Electrical	\$1,176.00	\$0.00	\$0.00	\$1,176.00
	\$2,431.00	\$11.00	\$0.00	\$2,442.00

FISCAL YEAR

	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$2,431.00	\$11.00	\$0.00	\$2,442.00
	\$2,431.00	\$11.00	\$0.00	\$2,442.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Staff Services

Room#: MD01 *Physicians' Lounge***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2

TOTALS FOR SINGLE ROOM

\$954.00 \$11.00 \$0.00

ROOM TOTAL: \$965.00

Room#: MD02 *Physician's Dining***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: MD03 *Staff Toilet***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: MD04 *Alcove, Mailboxes***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: MD05 *Workstations, 2 physicians***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	5	\$0.00	\$0.00	\$0.00	OFIS	2

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: MD09 *Office, VP MD***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Staff Services

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$954.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$11.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$954.00	\$0.00	\$0.00	\$0.00	\$11.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$55.00	\$11.00	\$0.00	\$66.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$899.00	\$0.00	\$0.00	\$899.00
	\$954.00	\$11.00	\$0.00	\$965.00

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$55.00	\$11.00	\$0.00	\$66.00
2 - Major Medical Electrical Requirements	\$899.00	\$0.00	\$0.00	\$899.00
	\$954.00	\$11.00	\$0.00	\$965.00

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$954.00	\$11.00	\$0.00	\$965.00
	\$954.00	\$11.00	\$0.00	\$965.00

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Surgical Unit A

Room#: MS01 Family Waiting

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS02 Family Kitchenette

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
OVN3928	Microwave Oven, 2.1 Cf		\$198.00	1	\$198.00	\$0.00	\$0.00	OFCI	2	
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2	

TOTALS FOR SINGLE ROOM

\$487.00

ROOM TOTAL:

\$487.00

Room#: MS03 Family Consult

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS04a Family Toilet

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS04b Family Toilet

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS08 Central (Nurse) Station

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
ANL3305	Analyzer, Glucose, Bedside		\$1,150.00	2	\$2,300.00	\$0.00	\$0.00	OFOI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	3	\$0.00	\$0.00	\$0.00	OFIS	2	
DOP2102	Doppler, Ultrasonic		\$595.00	2	\$1,190.00	\$0.00	\$0.00	OFOI	2	
OTS0201	Otoscope/Ophthalmoscope Set, Battery		\$633.00	1	\$633.00	\$0.00	\$0.00	OFOI	2	
TBA4386	Printer, Laser, 2 Drawers		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TELC610	Television/Video Monitor, Flat Panel, 32", Wall Mounted		\$1,200.00	1	\$1,200.00	\$0.00	\$0.00	OFOI	2	
THE0550	Thermometer, Electronic		\$260.00	4	\$1,040.00	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$6,363.00

ROOM TOTAL:

\$6,363.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Surgical Unit A

Room#: MS09 *Work Alcove (copy-fax)***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
FAX0002	Fax Machine, Plain Paper		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4386	Printer, Laser, 2 Drawers		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS10 *Communication Center (charge)***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	3	\$0.00	\$0.00	\$0.00	OFIS	2	
MON2121	Monitor, Video, Flat Panel, 21"		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
OTS0201	Otoscope/Ophthalmoscope Set, Battery Pwd, Desk Top		\$633.00	1	\$633.00	\$0.00	\$0.00	OFOI	2	
TBA4386	Printer, Laser, 2 Drawers		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4503	Bracket, Monitor, Wall Mtd, Articulating		\$822.00	1	\$822.00	\$82.00	\$0.00	OFCI	1	

TOTALS FOR SINGLE ROOM

\$1,455.00

\$82.00

\$0.00

ROOM TOTAL:

\$1,537.00

Room#: MS11a *Clinical Staff Workroom***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

\$0.00

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS11b *Clinical Staff Workroom***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

\$0.00

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS12a *Physician Workroom***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4683	Pacs, Review Station, Dual Display, 3MP		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	

TOTALS FOR SINGLE ROOM

\$0.00

\$0.00

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS12b *Physician Workroom***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4683	Pacs, Review Station, Dual Display, 3MP		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	

TOTALS FOR SINGLE ROOM

\$0.00

\$0.00

\$0.00

ROOM TOTAL:

\$0.00

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Surgical Unit A

Room#: MS13 Office, Nurse Manager

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS14 Office, Educator

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS15 Office, Shared (2 FTE)

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS19 Alcove (between rooms, 16 ea)

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS20x Private Patient (typ 35 ea)

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
BED0526	Bed, Electric, Med/Surg, w/Nurse Call, SideCom & Scale		\$5,915.00	35	\$207,025.00	\$0.00	\$0.00	OFOI	2	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	35	\$1,925.00	\$385.00	\$0.00	OFCI	1	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	35	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal		\$20.00	35	\$700.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	35	\$1,750.00	\$168.00	\$0.00	OFCI	1	
FLM1502	Flowmeter, Oxygen		\$30.00	35	\$1,050.00	\$0.00	\$0.00	OFOI	3	
PMP0945	Pump, Infusion, Single Channel		\$5,332.25	35	\$186,628.75	\$0.00	\$0.00	OFOI	2	
RCP2022	Receptacle, Trash, Step-On, 8 Gal, Tan		\$73.92	35	\$2,597.20	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	35	\$10,715.25	\$0.00	\$0.00	OFOI	3	
SFG0105	Sphygmomanometer, Aneroid, Wall Mtd		\$76.18	35	\$2,668.30	\$490.00	\$0.00	OFCI	1	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	35	\$38,010.00	\$9,275.00	\$0.00	OFCI	1	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	35	\$31,465.00	\$0.00	\$0.00	OFOI	2	
TBL6704	Table, Overbed		\$604.80	35	\$21,168.00	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$505,690.50

\$10,318.00

\$0.00

ROOM TOTAL:

\$516,008.50

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Surgical Unit A

Room#: MS20x01 Private Patient (typ 01 ea)Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BED0528	Bed, Electric, Med/Surg, w/Nurse Call, SideCom & Scale		\$5,915.00	1	\$5,915.00	\$0.00	\$0.00	OFOI	2	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFSI	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
PMP0945	Pump, Infusion, Single Channel		\$5,332.25	1	\$5,332.25	\$0.00	\$0.00	OFOI	2	
RCP2022	Receptacle, Trash, Step-On, 8 Gal., Tan		\$73.92	1	\$73.92	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
SFG0105	Sphygmomanometer, Aneroid, Wall Mtd		\$76.18	1	\$76.18	\$14.00	\$0.00	OFCI	1	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
TBL6704	Table, Overbed		\$804.80	1	\$804.80	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$14,448.30	\$294.80	\$0.00			
ROOM TOTAL:									\$14,743.10	

Room#: MS21-01 Patient Toilet-Shower 01Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: MS21-02 Patient Toilet-Shower 02Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: MS21-03 Patient Toilet-Shower 03Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: MS21-04 Patient Toilet-Shower 04Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

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C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Surgical Unit A

Room#: MS21-05 Patient Toilet-Shower 05Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$ Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00	\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS21-06 Patient Toilet-Shower 06Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$ Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00	\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS21-07 Patient Toilet-Shower 07Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$ Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00	\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS21-08 Patient Toilet-Shower 08Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$ Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00	\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS21-09 Patient Toilet-Shower 09Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$ Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00	\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS21-10 Patient Toilet-Shower 10Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$ Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00	\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS21-11 Patient Toilet-Shower 11Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$ Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00	\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

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C.O.N. - Roper St. Francis Hospital - Berkeley

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DEPT: Medical Surgical Unit A

Room#: MS21-12 Patient Toilet-Shower 12Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS21-13 Patient Toilet-Shower 13Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS21-14 Patient Toilet-Shower 14Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS21-15 Patient Toilet-Shower 15Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS21-16 Patient Toilet-Shower 16Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS21-17 Patient Toilet-Shower 17Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

Room#: MS21-18 Patient Toilet-Shower 18Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

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DEPT: Medical Surgical Unit A

Room#: MS21-19 Patient Toilet-Shower 19Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: MS21-20 Patient Toilet-Shower 20Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: MS21-21 Patient Toilet-Shower 21Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: MS21-22 Patient Toilet-Shower 22Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: MS21-23 Patient Toilet-Shower 23Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: MS21-24 Patient Toilet-Shower 24Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: MS21-25 Patient Toilet-Shower 25Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

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Room Equipment Report
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6:06 AM

DEPT: Medical Surgical Unit A

Room#: MS21-26 Patient Toilet-Shower 26Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

ROOM TOTAL: \$0.00

Room#: MS21-27 Patient Toilet-Shower 27Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

ROOM TOTAL: \$0.00

Room#: MS21-28 Patient Toilet-Shower 28Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

ROOM TOTAL: \$0.00

Room#: MS21-29 Patient Toilet-Shower 29Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

ROOM TOTAL: \$0.00

Room#: MS21-30 Patient Toilet-Shower 30Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

ROOM TOTAL: \$0.00

Room#: MS21-31 Patient Toilet-Shower 31Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

ROOM TOTAL: \$0.00

Room#: MS21-32 Patient Toilet-Shower 32Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Surgical Unit A

Room#: MS21-33 Patient Toilet-Shower 33Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: MS21-34 Patient Toilet-Shower 34Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: MS21-35 Patient Toilet-Shower 35Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: MS21-36 Patient Toilet-Shower 36Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: MS23a Isolation AnteroomFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2022	Receptacle, Trash, Step-On, 8 Gal., Tan		\$73.92	1	\$73.92	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$234.42 \$4.80 \$0.00

ROOM TOTAL: \$239.22

Room#: MS23a AnteFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2022	Receptacle, Trash, Step-On, 8 Gal., Tan		\$73.92	1	\$73.92	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$234.42 \$4.80 \$0.00

ROOM TOTAL: \$239.22

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:08 AM

DEPT: Medical Surgical Unit A

Room#: MS23a NE Isolation AnteroomFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2022	Receptacle, Trash, Step-On, 8 Gal, Tan		\$73.92	1	\$73.92	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$234.42	\$4.80	\$0.00			

ROOM TOTAL: \$239.22Room#: MS23a NE Isolation AnteroomFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2022	Receptacle, Trash, Step-On, 8 Gal, Tan		\$73.92	1	\$73.92	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$234.42	\$4.80	\$0.00			

ROOM TOTAL: \$239.22Room#: MS23a NE Isolation AnteroomFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2022	Receptacle, Trash, Step-On, 8 Gal, Tan		\$73.92	1	\$73.92	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$234.42	\$4.80	\$0.00			

ROOM TOTAL: \$239.22Room#: MS23b AnteFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2022	Receptacle, Trash, Step-On, 8 Gal, Tan		\$73.92	1	\$73.92	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$234.42	\$4.80	\$0.00			

ROOM TOTAL: \$239.22

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Surgical Unit A

Room#: MS23c Ante

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2022	Receptacle, Trash, Step-On, 8 Gal, Tan		\$73.92	1	\$73.92	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$234.42	\$4.80	\$0.00			

ROOM TOTAL: \$239.22

Room#: MS23d Ante

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2022	Receptacle, Trash, Step-On, 8 Gal, Tan		\$73.92	1	\$73.92	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$234.42	\$4.80	\$0.00			

ROOM TOTAL: \$239.22

Room#: MS26a Medication

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFVI	1	
DSP1303	Dispenser, Medication, "4 Dr. Tower Unit"		\$1,512.00	1	\$1,512.00	\$0.00	\$0.00	OFVI	2	
DSP1306	Dispenser, Medication, Main Rx, 6 Drawer		\$11,676.00	1	\$11,676.00	\$0.00	\$0.00	OFVI	2	
DSP1307	Dispenser, Medication, 7 Drawer Aux		\$3,501.00	1	\$3,501.00	\$0.00	\$0.00	OFVI	2	
DSP1327	Dispenser, Medication, Remote Mgt.		\$1,118.00	1	\$1,118.00	\$0.00	\$0.00	OFVI	2	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2	
SCN4201	Scanner, Pharmacy		\$0.00	1	\$0.00	\$0.00	\$0.00	OFVI	3	
TBA4703	Dispenser, Medication, Cubie Drawer		\$588.00	1	\$588.00	\$0.00	\$0.00	OFVI	2	
TOTALS FOR SINGLE ROOM					\$18,807.00	\$4.80	\$0.00			

ROOM TOTAL: \$18,811.80

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Surgical Unit A

Room#: MS26b MedicationFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
DSP1303	Dispenser, Medication, "4 Dr. Tower Unit"		\$1,512.00	1	\$1,512.00	\$0.00	\$0.00	OFVI	2	
DSP1306	Dispenser, Medication, Main Rx, 6 Drawer		\$11,676.00	1	\$11,676.00	\$0.00	\$0.00	OFVI	2	
DSP1307	Dispenser, Medication, 7 Drawer Aux		\$3,501.00	1	\$3,501.00	\$0.00	\$0.00	OFVI	2	
DSP1327	Dispenser, Medication, Remote Mgr.		\$1,118.00	1	\$1,118.00	\$0.00	\$0.00	OFVI	2	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2	
SCN4201	Scanner, Pharmacy		\$0.00	1	\$0.00	\$0.00	\$0.00	OFVI	3	
TBA4703	Dispenser, Medication, Cubic Drawer		\$588.00	1	\$588.00	\$0.00	\$0.00	OFVI	2	

TOTALS FOR SINGLE ROOM

\$18,807.00

ROOM TOTAL:

\$18,811.80

Room#: MS27a NourishmentFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
ICE1312	Ice Maker/Dispenser, W / Water Dispenser, Counter		\$4,123.35	1	\$4,123.35	\$690.00	\$0.00	OFCI	1	
OVN3928	Microwave Oven, 2.1 Cf		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft.		\$566.00	1	\$566.00	\$0.00	\$0.00	OFOI	2	

TOTALS FOR SINGLE ROOM

\$4,887.35

ROOM TOTAL:

\$5,577.35

Room#: MS27b NourishmentFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
ICE1312	Ice Maker/Dispenser, W / Water Dispenser, Counter		\$4,123.35	1	\$4,123.35	\$690.00	\$0.00	OFCI	1	
OVN3928	Microwave Oven, 2.1 Cf		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft.		\$566.00	1	\$566.00	\$0.00	\$0.00	OFOI	2	

TOTALS FOR SINGLE ROOM

\$4,887.35

ROOM TOTAL:

\$5,577.35

Room#: MS28a Clean HoldingFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1208	Cart, Linen, 24"X60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFOI	3	
CAR4507	Cart, Supply (Exchange), 24"X72"		\$440.79	2	\$881.58	\$0.00	\$0.00	OFOI	3	
TBA4379	Bins, Storage, Wall Mounted, Allowance		\$1,000.00	1	\$1,000.00	\$100.00	\$0.00	OFCI	1	

TOTALS FOR SINGLE ROOM

\$2,450.35

ROOM TOTAL:

\$2,550.35

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Surgical Unit A

Room#: MS28b *Clean Holding***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1208	Cart, Linen, 24"x60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFOI	3	
CAR4507	Cart, Supply (Exchange), 24"x72"		\$440.79	2	\$881.58	\$0.00	\$0.00	OFOI	3	
TBA4379	Bins, Storage, Wall Mounted, Allowance		\$1,000.00	1	\$1,000.00	\$100.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$2,450.35	\$100.00	\$0.00			

ROOM TOTAL: \$2,550.35**Room#:** MS29a *Linen Alcove***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1208	Cart, Linen, 24"x60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$568.77	\$0.00	\$0.00			

ROOM TOTAL: \$568.77**Room#:** MS29b *Linen Alcove***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1208	Cart, Linen, 24"x60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$568.77	\$0.00	\$0.00			

ROOM TOTAL: \$568.77**Room#:** MS30a *Soiled Workroom***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1215	Cart, Linen, Dirty		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
RCP0906	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
RCP2026	Receptacle, Trash/Recycle, 35 gal		\$46.39	3	\$139.17	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$284.17	\$4.80	\$0.00			

ROOM TOTAL: \$288.97**Room#:** MS30b *Soiled Workroom***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1215	Cart, Linen, Dirty		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
RCP0906	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
RCP2026	Receptacle, Trash/Recycle, 35 gal		\$46.39	3	\$139.17	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$284.17	\$4.80	\$0.00			

ROOM TOTAL: \$288.97

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Surgical Unit A

Room#: MS31 **P.O.C. Testing Alcove****Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
ANL3306	Analyzer, Glucose, Bedside		\$1,150.00	1	\$1,150.00	\$0.00	\$0.00	OFOI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall- Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
PRN3601	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
RCP0806	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$1,295.00	\$4.80	\$0.00			

ROOM TOTAL: \$1,299.80**Room#:** MS32 **Equipment Storage****Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR3311	Cart, Gas Cylinder, 6 E-Tank Cap		\$239.00	1	\$239.00	\$0.00	\$0.00	OFOI	3	
CAR4723	Cart, Utility, Polymer		\$189.00	2	\$378.00	\$0.00	\$0.00	OFOI	3	
CCU0503	Intermittent Compression Unit, Extremity		\$0.00	16	\$0.00	\$0.00	\$0.00	VPNC	3	
CHR2907	Chair, Commode, Heavy-Duty, 450 lb. Capacity		\$244.00	4	\$976.00	\$0.00	\$0.00	OFOI	3	
CHR2909	Chair, Commode, Bariatric, 700 lb. Capacity		\$246.00	2	\$492.00	\$0.00	\$0.00	OFOI	3	
LFT1625	Lift, Patient		\$7,463.00	2	\$14,926.00	\$0.00	\$0.00	OFOI	3	
MON2005	Monitor, Telemetry, Patient Side Display, w/transmitter		\$400.00	4	\$1,600.00	\$0.00	\$0.00	OFVI	2	
MON4562	Monitor, Nbp/Temp/Spo2, Pole Mt.		\$3,595.00	2	\$7,190.00	\$0.00	\$0.00	OFVI	2	
PMP0944	Pump, Infusion, Dual Channel		\$6,983.00	3	\$20,889.00	\$0.00	\$0.00	OFOI	2	
WHC0107	Wheelchair, Adult, Extra Large		\$4,761.00	1	\$4,761.00	\$0.00	\$0.00	OFOI	3	
WHC0110	Wheelchair, Adult		\$690.00	6	\$4,140.00	\$0.00	\$0.00	OFOI	3	
WLK0601	Walker, Folding, Adult		\$110.00	2	\$220.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$55,811.00	\$0.00	\$0.00			

ROOM TOTAL: \$55,811.00**Room#:** MS33a **Alcove (Wheelchair/Stretcher)****Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
WHC0110	Wheelchair, Adult		\$690.00	2	\$1,380.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$1,380.00	\$0.00	\$0.00			

ROOM TOTAL: \$1,380.00**Room#:** MS33b **Alcove (Wheelchair/Stretcher)****Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
WHC0110	Wheelchair, Adult		\$690.00	2	\$1,380.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$1,380.00	\$0.00	\$0.00			

ROOM TOTAL: \$1,380.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Surgical Unit A

Room#: MS34a *Crash Cart Alcove***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR0520	Cart, Emergency (Crash), 5-Drawer W/Access		\$880.00	1	\$880.00	\$0.00	\$0.00	OFOI	3
DFB1311	Defibrillator, Monitor, Pacemaker, Automated		\$9,196.20	1	\$9,196.20	\$0.00	\$0.00	OFOI	2
TBA4266	Aspirator, Portable Battery-Powered		\$700.00	1	\$700.00	\$0.00	\$0.00	OFOI	2
TOTALS FOR SINGLE ROOM					\$10,776.20	\$0.00	\$0.00		

ROOM TOTAL: \$10,776.20**Room#:** MS34b *Crash Cart Alcove***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR0520	Cart, Emergency (Crash), 5-Drawer W/Access		\$880.00	1	\$880.00	\$0.00	\$0.00	OFOI	3
DFB1311	Defibrillator, Monitor, Pacemaker, Automated		\$9,196.20	1	\$9,196.20	\$0.00	\$0.00	OFOI	2
TBA4266	Aspirator, Portable Battery-Powered		\$700.00	1	\$700.00	\$0.00	\$0.00	OFOI	2
TOTALS FOR SINGLE ROOM					\$10,776.20	\$0.00	\$0.00		

ROOM TOTAL: \$10,776.20**Room#:** MS36 *Housekeeping***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BUK1302	Bucket, Mopping		\$323.80	1	\$323.80	\$0.00	\$0.00	OFOI	3
CAR0810	Cart, Housekeeping		\$1,167.45	1	\$1,167.45	\$0.00	\$0.00	OFOI	3
DSP0304	Dispenser, Chemical Cleaning, Wall Mtd.		\$98.00	1	\$98.00	\$0.00	\$0.00	OFOI	2
RCP2050	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 38.5" H		\$94.58	1	\$94.58	\$0.00	\$0.00	OFOI	3
VAC3001	Vacuum, Domestic, Upright		\$584.91	1	\$584.91	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$2,288.84	\$0.00	\$0.00		

ROOM TOTAL: \$2,288.84**Room#:** MS41 *Staff Lounge***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFOI	1
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2
OVN3928	Microwave Oven, 2.1 Ct		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2
REF0408	Refrigerator, Domestic, 25 Cu.Ft		\$566.00	1	\$566.00	\$0.00	\$0.00	OFOI	2
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$1,755.89	\$11.00	\$0.00		

ROOM TOTAL: \$1,766.89**Room#:** MS42 *Staff Toilet***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Surgical Unit A

Room#: MS43 Conference / Classroom

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM						\$0.00	\$0.00	\$0.00	
							ROOM TOTAL:		\$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Medical Surgical Unit A

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$669,777.57	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$12,348.20
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$669,777.57	\$0.00	\$0.00	\$0.00	\$12,348.20

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$59,127.18	\$12,343.40	\$0.00	\$71,470.58
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$565,020.39	\$0.00	\$0.00	\$565,020.39
OFVI Owner Furnished / Vendor Installed	\$45,630.00	\$4.80	\$0.00	\$45,634.80
VPNC Vendor Provided No Cost	\$0.00	\$0.00	\$0.00	\$0.00
	\$669,777.57	\$12,348.20	\$0.00	\$682,125.77

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$57,392.18	\$12,348.20	\$0.00	\$69,740.38
2 - Major Medical Electrical Requirements	\$531,536.40	\$0.00	\$0.00	\$531,536.40
3 - Minor Medical Non-Electrical	\$80,848.99	\$0.00	\$0.00	\$80,848.99
	\$669,777.57	\$12,348.20	\$0.00	\$682,125.77

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$669,777.57	\$12,348.20	\$0.00	\$682,125.77
	\$669,777.57	\$12,348.20	\$0.00	\$682,125.77

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

Room#: LD001 *Family Room*Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
TEL0610	Television/Video Monitor, Flat Panel, 32", Wall Mounted		\$1,200.00	1	\$1,200.00	\$0.00	\$0.00	OFOI	2	

TOTALS FOR SINGLE ROOM

\$1,255.00

\$11.00

\$0.00

ROOM TOTAL:

\$1,266.00

Room#: LD002 *Family Kitchenette*Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
OVN3928	Microwave Oven, 2.1 Ct		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2	
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2	

TOTALS FOR SINGLE ROOM

\$487.00

\$0.00

\$0.00

ROOM TOTAL:

\$487.00

Room#: LD004 *Family Toilet*Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

\$0.00

\$0.00

ROOM TOTAL:

\$0.00

Room#: LD006 *Wheelchair Alcove*Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00

\$0.00

\$0.00

ROOM TOTAL:

\$0.00

Room#: LD009 *Office, Nurse Manager*Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00

\$0.00

\$0.00

ROOM TOTAL:

\$0.00

Room#: LD012 *Office, Lactation Consultant*Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
SCL0910	Scale, Infant, Milk Intake		\$2,230.00	1	\$2,230.00	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$2,230.00

\$0.00

\$0.00

ROOM TOTAL:

\$2,230.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

Room#: LD017 Alcove, Scales

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
SCL0909	Scale, Pediatric / Infant		\$1,795.00	1	\$1,795.00	\$0.00	\$0.00	OFOI	2	
SCL1607	Scale, Patient with Stadiometer		\$180.00	1	\$180.00	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

Extended\$ \$1,975.00 Install\$ \$0.00 Refurb\$ \$0.00

ROOM TOTAL: \$1,975.00

Room#: LD025 Alcove, Equipment

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

Extended\$ \$0.00 Install\$ \$0.00 Refurb\$ \$0.00

ROOM TOTAL: \$0.00

Room#: LD026 Triage Assess / C-Sect Prep

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
BRK1316	Bracket, Monitor, Philips IntelliVue MP 30/40/50/60/70, Wall Mounted		\$288.00	1	\$288.00	\$28.80	\$0.00	OFCI	1	
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
CARD704	Cart, General Purpose, Mobile, C-Locker		\$1,912.00	1	\$1,912.00	\$0.00	\$0.00	OFCI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	2	\$100.00	\$9.60	\$0.00	OFCI	1	
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile w/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
MON0813	Monitor, Fetal/Maternal		\$10,471.00	1	\$10,471.00	\$0.00	\$0.00	OFOI	2	
PMP0946	Pump, Infusion, Single Channel		\$5,332.25	1	\$5,332.25	\$0.00	\$0.00	OFOI	2	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3	
STR4619	Stretcher, Treatment, Ob/Gyn		\$5,607.00	1	\$5,607.00	\$0.00	\$0.00	OFOI	3	
TBA4064	Oto/Ophthalmoscope, Spygmo, Wall Mounted		\$1,130.00	1	\$1,130.00	\$89.00	\$0.00	OFCI	1	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$255.00	\$0.00	OFCI	1	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

Extended\$ \$28,429.70 Install\$ \$403.40 Refurb\$ \$0.00

ROOM TOTAL: \$28,833.10

Room#: LD028 Toilet, Triage

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

Extended\$ \$0.00 Install\$ \$0.00 Refurb\$ \$0.00

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

Room#: LD029 Lab Alcove, Triage

Flr: 1 Space Qty: 1

Cat No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
ANL3306	Analyzer, Glucose, Bedside		\$1,150.00	1	\$1,150.00	\$0.00	\$0.00	OFOI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
MIC0208	Microscope, Binocular		\$5,125.00	1	\$5,125.00	\$0.00	\$0.00	OFOI	2	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
SCL2306	Scale, Wheelchair, Wall Mid.		\$3,195.00	1	\$3,195.00	\$320.00	\$0.00	OFOI	1	
TOTALS FOR SINGLE ROOM					\$9,470.00	\$320.00	\$0.00			

ROOM TOTAL: \$9,790.00

Room#: LD031 Nurse Station (LDR)

Flr: 1 Space Qty: 1

Cat No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
TBA4301	Monitor, Central Station, Fetal, 6-Bed		\$170,000.00	1	\$170,000.00	\$0.00	\$0.00	OFOI	2	
TBA4386	Printer, Laser, 2 Drawers		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4503	Bracket, Monitor, Wall Mid, Articulating		\$822.00	1	\$822.00	\$82.00	\$0.00	OFOI	1	
TEL0610	Television/Video Monitor, Flat Panel, 32", Wall Mounted		\$1,200.00	1	\$1,200.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$172,075.00	\$82.00	\$0.00			

ROOM TOTAL: \$172,157.00

Room#: LD032 Nurse Work Alcove, LDRP

Flr: 1 Space Qty: 1

Cat No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
DSP1301	Dispenser, Medication, 2-Drawer Main Unit		\$1,046.00	1	\$1,046.00	\$0.00	\$0.00	OFVI	2	
SCN4201	Scanner, Pharmacy		\$0.00	1	\$0.00	\$0.00	\$0.00	OFVI	3	
TOTALS FOR SINGLE ROOM					\$1,046.00	\$0.00	\$0.00			

ROOM TOTAL: \$1,046.00

Room#: LD033 Clinical Staff Work (2 FTE)

Flr: 1 Space Qty: 1

Cat No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4386	Printer, Laser, 2 Drawers		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: LD034 Physician Work

Flr: 1 Space Qty: 1

Cat No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

Room#: LD035 Office, Charge Nurse

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: LD036 Medication, LDRP

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP1308	Dispenser, Medication, Main Rx, 6 Drawer		\$11,676.00	1	\$11,676.00	\$0.00	\$0.00	OFVI	2	
DSP1327	Dispenser, Medication, Remote Mgr.		\$1,118.00	1	\$1,118.00	\$0.00	\$0.00	OFVI	2	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2	
SCN4201	Scanner, Pharmacy		\$0.00	1	\$0.00	\$0.00	\$0.00	OFVI	3	
TBA4703	Dispenser, Medication, Cubia Drawer		\$588.00	1	\$588.00	\$0.00	\$0.00	OFVI	2	
TOTALS FOR SINGLE ROOM					\$13,744.00	\$0.00	\$0.00			

ROOM TOTAL: \$13,744.00

Room#: LD037 Crash Cart Alcove

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CAR0514	Cart, Emergency (Crash), Pediatric 9-Dra		\$1,585.00	1	\$1,585.00	\$0.00	\$0.00	OFOI	3	
CAR0520	Cart, Emergency (Crash), 5-Drawer W/Acce		\$880.00	1	\$880.00	\$0.00	\$0.00	OFOI	3	
DFB1311	Defibrillator, Monitor, Pacemaker, Automated		\$9,196.20	1	\$9,196.20	\$0.00	\$0.00	OFOI	2	
TBA4266	Aspirator, Portable Battery-Powered		\$700.00	2	\$1,400.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$13,061.20	\$0.00	\$0.00			

ROOM TOTAL: \$13,061.20

Room#: LD038 Nourishment

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
ICE1312	Ice Maker/Dispenser, W / Water Dispenser, Counter		\$4,123.35	1	\$4,123.35	\$690.00	\$0.00	OFCI	1	
OVN3928	Microwave Oven, 2.1 Cf		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft		\$566.00	1	\$566.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$4,887.35	\$690.00	\$0.00			

ROOM TOTAL: \$5,577.35

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

Room#: LD038 Nourishment

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
ICE1312	Ica Maker/Dispenser, W / Water Dispenser, Counter		\$4,123.35	1	\$4,123.35	\$690.00	\$0.00	OFCI	1	
OVN3928	Microwave Oven, 2.1 Cf		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft		\$566.00	1	\$566.00	\$0.00	\$0.00	OFCI	2	
TOTALS FOR SINGLE ROOM					\$4,887.35	\$690.00	\$0.00			

ROOM TOTAL: \$5,577.35

Room#: LD039x01 LDR (typ, 01 each)

Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BED0209	Bed, Birthing		\$14,072.54	1	\$14,072.54	\$0.00	\$0.00	OFOI	2	
BLN1502	Blender, Oxygen/Air		\$795.00	1	\$795.00	\$0.00	\$0.00	OFOI	3	
CAR8401	Cart, LDRP, Cluster		\$1,310.00	1	\$1,310.00	\$0.00	\$0.00	OFOI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
DVD0003	DVD Player		\$165.00	1	\$165.00	\$0.00	\$0.00	OFOI	2	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	2	\$60.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
LTS2850	Light, Birthing Room, Dual, Ceiling Mounted		\$7,990.00	1	\$7,990.00	\$800.00	\$0.00	OFCI	1	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	2	\$612.30	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3	
TBA4401	Monitor, Fetal/Maternal		\$15,571.00	1	\$15,571.00	\$0.00	\$0.00	OFOI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
TBL6704	Table, Overbed		\$604.80	1	\$604.80	\$0.00	\$0.00	OFOI	3	
WRM0915	Warmer, Infant, Delivery Room, W/ Bassinet		\$12,320.00	1	\$12,320.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$55,146.29	\$804.80	\$0.00			

ROOM TOTAL: \$55,951.09

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

Room#: LD039x07 LDR (typ. 07 each)

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
BED0209	Bed, Birthing		\$14,072.54	7	\$98,507.78	\$0.00	\$0.00	OFOI	2	
BLN1502	Blender, Oxygen/Air		\$795.00	7	\$5,565.00	\$0.00	\$0.00	OFOI	3	
CAR6401	Cart, LDRP, Cluster		\$1,310.00	7	\$9,170.00	\$0.00	\$0.00	OFOI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	7	\$0.00	\$0.00	\$0.00	OFOI	2	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	7	\$140.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	7	\$350.00	\$33.60	\$0.00	OFCI	1	
DVD0003	DVD Player		\$165.00	7	\$1,165.00	\$0.00	\$0.00	OFOI	2	
FLM1502	Flowmeter, Oxygen		\$30.00	7	\$210.00	\$0.00	\$0.00	OFOI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	14	\$420.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	7	\$647.50	\$0.00	\$0.00	OFOI	3	
LTS2850	Light, Birthing Room, Dual, Ceiling Mounted		\$7,990.00	7	\$55,930.00	\$5,600.00	\$0.00	OFCI	1	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	7	\$371.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$308.15	7	\$2,143.05	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$308.15	14	\$4,288.10	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	7	\$1,365.00	\$0.00	\$0.00	OFOI	3	
TBA4401	Monitor, Fetal/Maternal		\$15,571.00	7	\$108,997.00	\$0.00	\$0.00	OFOI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	7	\$6,693.00	\$0.00	\$0.00	OFOI	2	
TBL6704	Table, Overbed		\$604.80	7	\$4,233.60	\$0.00	\$0.00	OFOI	3	
WRM0915	Warmer, Infant, Delivery Room, W/ Bassinet		\$12,320.00	7	\$86,240.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$386,024.03	\$5,633.60	\$0.00			

ROOM TOTAL: \$391,657.63

Room#: LD041 LDRP Isolation Alcove

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$213.50	\$4.80	\$0.00			

ROOM TOTAL: \$218.30

Room#: LD043 Soiled Utility

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CAR1215	Cart, Linen, Dirty		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
RCP0906	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
RCP2026	Receptacle, Trash/Recycle, 35 gal		\$46.39	3	\$139.17	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$284.17	\$4.80	\$0.00			

ROOM TOTAL: \$288.97

000220

14-Nov-08

Room Equipment Report C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

<u>Room#:</u> LD044 <u>Clean Holding / Delivery Eqmt</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1					
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR120B	Cart, Linen, 24"x60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFOI	3	
CAR4507	Cart, Supply (Exchange), 24"x72"		\$440.79	1	\$440.79	\$0.00	\$0.00	OFOI	3	
TBA4379	Bins, Storage, Wall Mounted, Allowance		\$1,000.00	1	\$1,000.00	\$100.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$2,009.56	\$100.00	\$0.00			
ROOM TOTAL:									\$2,109.56	

<u>Room#:</u> LD045 <u>Housekeeping & Storage</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1					
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BUK1302	Bucket, Mopping		\$323.90	1	\$323.90	\$0.00	\$0.00	OFOI	3	
CAR0810	Cart, Housekeeping		\$1,187.45	1	\$1,187.45	\$0.00	\$0.00	OFOI	3	
DSP0304	Dispenser, Chemical Cleaning, Wall Mtd.		\$98.00	1	\$98.00	\$0.00	\$0.00	OFCI	2	
RCP2060	Recaplace, Trash, W/O Lid, 44 U.S. Gal, 36.5" H		\$94.58	1	\$94.58	\$0.00	\$0.00	OFOI	3	
VAC3001	Vacuum, Domestic, Upright		\$584.91	1	\$584.91	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$2,288.84	\$0.00	\$0.00			
ROOM TOTAL:									\$2,288.84	

<u>Room#:</u> LD046 <u>Staff Toilet, LDRP</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1					
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			
ROOM TOTAL:									\$0.00	

<u>Room#:</u> LD047 <u>Equipment Storage, LDRP</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1					
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
TBA4454	Scala, Patient, Standing, Bariatric		\$2,395.00	1	\$2,395.00	\$0.00	\$0.00	OFOI	3	
WHC0110	Wheelchair, Adult		\$690.00	1	\$690.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$3,085.00	\$0.00	\$0.00			
ROOM TOTAL:									\$3,085.00	

<u>Room#:</u> LD053 <u>Alcove, Nurse Work, C-Section</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1					
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			
ROOM TOTAL:									\$0.00	

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

Room#: LD054a C-Section, Surgical Suite

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
ANS0018	Anesthesia Unit		\$51,882.00	1	\$51,882.00	\$0.00	\$0.00	OFOI	2	
ASP2102	Aspirator, Uterine, Mobile		\$2,397.00	1	\$2,397.00	\$0.00	\$0.00	OFOI	2	
BRD1605	Board, Patient Transfer		\$213.00	1	\$213.00	\$0.00	\$0.00	OFOI	3	
BUK0001	Bucket, Kick		\$181.00	1	\$181.00	\$0.00	\$0.00	OFOI	3	
CAR0106	Cart, Anesthetist		\$987.00	1	\$987.00	\$0.00	\$0.00	OFOI	3	
CAR0350	Cart, Case, Closed		\$4,020.00	1	\$4,020.00	\$0.00	\$0.00	OFOI	3	
CLG0602	Celling Gas Column, Fixed		\$3,805.00	1	\$3,805.00	\$380.00	\$0.00	OFVI	1	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
ESU0030	Electrosurgical Unit		\$10,900.00	1	\$10,900.00	\$0.00	\$0.00	OFOI	2	
HMP1218	Hamper, Linen, Mobile WALd 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
INC0912	Incubator, Infant, w/Billi Light		\$19,500.00	1	\$19,500.00	\$0.00	\$0.00	OFOI	2	
LTS4553	Light, Surgical, 21" Dual Head, Ceiling Mid.		\$19,244.00	1	\$19,244.00	\$2,630.00	\$0.00	OFVI	1	
MON1672	Monitor, Physiological, Or- Ecg,Resp,Nibp,Spo2,2-Temp, 2-Bp, Bis,Anes. Id,Rec		\$13,483.76	1	\$13,483.76	\$0.00	\$0.00	OFVI	2	
RCP2060	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 36.5" H.		\$94.58	2	\$189.16	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STD1315	Stand, Mayo, Small		\$120.77	1	\$120.77	\$0.00	\$0.00	OFOI	3	
STD1901	Stand, Suction, Mobile		\$41.63	2	\$83.26	\$0.00	\$0.00	OFOI	3	
STD6118	Stand, IV, Heavy Duty, Infusion Pump		\$314.00	2	\$628.00	\$0.00	\$0.00	OFOI	3	
STL0102	Stool, Anesthetist's, W/Posture Back & Footrest		\$540.00	1	\$540.00	\$0.00	\$0.00	OFOI	3	
STL0601	Stool, Foot, Step, Stackable		\$139.00	4	\$556.00	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3	
TBA4281	Cart, Mobile, Computer		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	3	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFCI	1	
TBA4328	Cart, OR Supply		\$2,800.00	1	\$2,800.00	\$0.00	\$0.00	OFOI	3	
TBA4401	Monitor, Fetal/Maternal		\$15,571.00	1	\$15,571.00	\$0.00	\$0.00	OFVI	2	
TBL0908	Table, Instrument, 24"X48"		\$530.00	1	\$530.00	\$0.00	\$0.00	OFOI	3	
TBL4518	Table, Surgical		\$31,125.26	1	\$31,125.26	\$0.00	\$0.00	OFOI	2	
WRM2810	Warmer, Blood / Iv Fluids, Portable		\$1,795.00	1	\$1,795.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$182,230.86	\$3,275.00	\$0.00			

ROOM TOTAL: \$185,505.86

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

Room#: LD054b C-Section, Surgical Suite

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
ANS0018	Anesthesia Unit		\$51,882.00	1	\$51,882.00	\$0.00	\$0.00	OFOI	2	
ASP2102	Aspirator, Uterine, Mobile		\$2,397.00	1	\$2,397.00	\$0.00	\$0.00	OFOI	2	
BRD1605	Board, Patient Transfer		\$213.00	1	\$213.00	\$0.00	\$0.00	OFOI	3	
BUK0001	Bucket, Kick		\$181.00	1	\$181.00	\$0.00	\$0.00	OFOI	3	
CAR0106	Cart, Anesthetist		\$987.00	1	\$987.00	\$0.00	\$0.00	OFOI	3	
CAR0350	Cart, Case, Closed		\$4,020.00	1	\$4,020.00	\$0.00	\$0.00	OFOI	3	
CLG0602	Ceiling Gas Column, Fixed		\$3,805.00	1	\$3,805.00	\$383.00	\$0.00	OFOI	1	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	
ESU0030	Electrosurgical Unit		\$10,900.00	1	\$10,900.00	\$0.00	\$0.00	OFOI	2	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
INC0912	Incubator, Infant, w/Bili Light		\$19,500.00	1	\$19,500.00	\$0.00	\$0.00	OFOI	2	
LTS4553	Light, Surgical, 21" Dual Head, Ceiling Mid.		\$19,244.00	1	\$19,244.00	\$2,630.00	\$0.00	OFOI	1	
MON1672	Monitor, Physiological, Or-Ecg, Resp, Nibp, Spo2, 2-Temp, 2-Bp, Bt, Anes. M, Res		\$13,463.76	1	\$13,463.76	\$0.00	\$0.00	OFOI	2	
RCP2060	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 36.5" H		\$94.58	2	\$189.16	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
STD1315	Stand, Mayo, Small		\$120.77	1	\$120.77	\$0.00	\$0.00	OFOI	3	
STD1901	Stand, Suction, Mobile		\$41.63	2	\$83.26	\$0.00	\$0.00	OFOI	3	
STD6118	Stand, IV, Heavy Duty, Infusion Pump		\$314.00	2	\$628.00	\$0.00	\$0.00	OFOI	3	
STL0102	Stool, Anesthetist's, W/Posture Back & Footrest		\$540.00	1	\$540.00	\$0.00	\$0.00	OFOI	3	
STL0601	Stool, Foot, Step, Stackable		\$139.00	4	\$556.00	\$0.00	\$0.00	OFOI	3	
STL1811	Stool, Revolving, W/O Back, w/ Self Locking Casters		\$195.00	1	\$195.00	\$0.00	\$0.00	OFOI	3	
TBA4281	Cart, Mobile, Computer		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	3	
TBA4310	Bracket, Wall, Computer, w/CPU Holder		\$1,086.00	1	\$1,086.00	\$265.00	\$0.00	OFOI	1	
TBA4328	Cart, OR Supply		\$2,800.00	1	\$2,800.00	\$0.00	\$0.00	OFOI	3	
TBA4401	Monitor, Fetal/Maternal		\$15,571.00	1	\$15,571.00	\$0.00	\$0.00	OFOI	2	
TBL0908	Table, Instrument, 24"X48"		\$530.00	1	\$530.00	\$0.00	\$0.00	OFOI	3	
TBL4518	Table, Surgical		\$31,125.28	1	\$31,125.28	\$0.00	\$0.00	OFOI	2	
WRM2810	Warmer, Blood / Iv Fluids, Portable		\$1,795.00	1	\$1,795.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$182,230.86	\$3,275.00	\$0.00			
ROOM TOTAL:									\$185,505.86	

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

Room#: LD055 Infant Stabilization RoomFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BAS0006	Bassinets		\$775.00	1	\$775.00	\$0.00	\$0.00	OFOI	3	
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	1	\$791.00	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFOI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFOI	1	
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1216	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP0906	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
SCL0909	Scale, Pediatric / Infant		\$1,795.00	1	\$1,795.00	\$0.00	\$0.00	OFOI	2	
WRM0917	Warmer, Infant, Free Standing		\$6,150.00	1	\$6,150.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$10,114.65	\$4.80	\$0.00			

ROOM TOTAL: \$10,119.45Room#: LD057 Stretcher / Bed AlcoveFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: LD058a Scrub / Gowning AlcoveFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: LD058b Scrub / Gowning AlcoveFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: LD059a C-Section, Recovery (typ, 1ea)Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR0520	Cart, Emergency (Crash), 5-Drawer W/Acra		\$880.00	1	\$880.00	\$0.00	\$0.00	OFOI	3	
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	1	\$791.00	\$0.00	\$0.00	OFOI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	
DFB1311	Defibrillator, Monitor, Pacemaker, Automated		\$9,196.20	1	\$9,196.20	\$0.00	\$0.00	OFOI	2	
TBA4266	Aspirator, Portable Battery-Powered		\$700.00	1	\$700.00	\$0.00	\$0.00	OFOI	2	
TBA4281	Cart, Mobile, Computer		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$11,567.20	\$0.00	\$0.00			

ROOM TOTAL: \$11,567.20

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

Room#: LD059b *C-Section, Recovery (typ, 1ea)***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR0520	Cart, Emergency (Crash), 5-Drawer W/ACCA		\$880.00	1	\$880.00	\$0.00	\$0.00	OFOI	3
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	1	\$791.00	\$0.00	\$0.00	OFOI	3
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
DFB1311	Defibrillator, Monitor, Pacemaker, Automated		\$9,196.20	1	\$9,196.20	\$0.00	\$0.00	OFOI	2
TBA4266	Aspirator, Portable Battery-Powered		\$700.00	1	\$700.00	\$0.00	\$0.00	OFOI	2
TBA4281	Cart, Mobile, Computer		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	3
TOTALS FOR SINGLE ROOM					\$11,567.20	\$0.00	\$0.00		

ROOM TOTAL: \$11,567.20**Room#:** LD059c *C-Section, Recovery (typ, 1ea)***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR0520	Cart, Emergency (Crash), 5-Drawer W/ACCA		\$880.00	1	\$880.00	\$0.00	\$0.00	OFOI	3
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	1	\$791.00	\$0.00	\$0.00	OFOI	3
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
DFB1311	Defibrillator, Monitor, Pacemaker, Automated		\$9,196.20	1	\$9,196.20	\$0.00	\$0.00	OFOI	2
TBA4266	Aspirator, Portable Battery-Powered		\$700.00	1	\$700.00	\$0.00	\$0.00	OFOI	2
TBA4281	Cart, Mobile, Computer		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	3
TOTALS FOR SINGLE ROOM					\$11,567.20	\$0.00	\$0.00		

ROOM TOTAL: \$11,567.20**Room#:** LD060 *C-Section, Clean Holding***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR1208	Cart, Linen, 24"X60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFOI	3
CAR4507	Cart, Supply (Exchange), 24"X72"		\$440.79	1	\$440.79	\$0.00	\$0.00	OFOI	3
TBA4379	Bins, Storage, Wall Mounted, Allowance		\$1,000.00	1	\$1,000.00	\$100.00	\$0.00	OFOI	1
TOTALS FOR SINGLE ROOM					\$2,009.56	\$100.00	\$0.00		

ROOM TOTAL: \$2,109.56**Room#:** LD062 *Anesthesia Work, C-Section***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR0106	Cart, Anesthetist		\$987.00	2	\$1,974.00	\$0.00	\$0.00	OFOI	3
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	2	\$1,582.00	\$0.00	\$0.00	OFOI	3
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
PMP0944	Pump, Infusion, Dual Channel		\$6,963.00	1	\$6,963.00	\$0.00	\$0.00	OFOI	2
PMP0945	Pump, Infusion, Single Channel		\$5,332.25	2	\$10,664.50	\$0.00	\$0.00	OFOI	2
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFOI	2
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	2	\$612.30	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$22,114.80	\$0.00	\$0.00		

ROOM TOTAL: \$22,114.80

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

Room#: LD070 Staff LockerFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: LD071a Staff Changing RoomFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: LD071b DressingFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: LD072 Staff Toilet, FemaleFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: LD073 Staff Toilet, MaleFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: LD074 Staff LoungeFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
OVN3928	Microwave Oven, 2.1 Ct		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft		\$566.00	1	\$566.00	\$0.00	\$0.00	OFOI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$1,755.89 \$11.00 \$0.00

ROOM TOTAL: \$1,766.89

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

Room#: LD078 On-Call SleepFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2
TOTALS FOR SINGLE ROOM					\$954.00	\$11.00	\$0.00		

ROOM TOTAL: \$965.00Room#: LD080 On-Call Shower / ToiletFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00Room#: LD087 Scrub AlcoveFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
HMP1218	Hamper, Linen, Mobila W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$92.50	\$0.00	\$0.00		

ROOM TOTAL: \$92.50Room#: LD088 Admissions, LDRPFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
8AS0006	Bassinets		\$775.00	1	\$775.00	\$0.00	\$0.00	OFOI	3
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3
TRK0306	Track, Cubicle Curtain		\$100.00	1	\$100.00	\$10.00	\$0.00	OFCI	1
WYRM0917	Warmer, Infant, Free Standing		\$8,150.00	1	\$8,150.00	\$0.00	\$0.00	OFOI	2
TOTALS FOR SINGLE ROOM					\$7,532.15	\$14.80	\$0.00		

ROOM TOTAL: \$7,546.95

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

Room#: LD089 *Nursery, Well Baby***Ftr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BAS0006	Bassinet		\$775.00	4	\$3,100.00	\$0.00	\$0.00	OFOI	3	
CAB2354	Cabinet, Warming, Single Glass Door, Freestanding		\$4,049.22	1	\$4,049.22	\$0.00	\$0.00	OFOI	2	
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	1	\$791.00	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	4	\$80.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	4	\$200.00	\$19.20	\$0.00	OFCI	1	
FLM0106	Flowmeter, Air		\$30.00	4	\$120.00	\$0.00	\$0.00	OFOI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	4	\$120.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	2	\$185.00	\$0.00	\$0.00	OFOI	3	
LTS4208	Light, Phototherapy, Blanket		\$3,000.00	1	\$3,000.00	\$0.00	\$0.00	OFOI	2	
LTS4211	Light, Phototherapy, W/ Stand		\$3,995.00	1	\$3,995.00	\$0.00	\$0.00	OFOI	2	
MON4562	Monitor, Nbp/Temp/Spo2, Pole Mt.		\$3,595.00	1	\$3,595.00	\$0.00	\$0.00	OFOI	2	
RCP0906	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	2	\$106.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	4	\$1,224.60	\$0.00	\$0.00	OFOI	3	
SCL0909	Scale, Pediatric / Infant		\$1,795.00	1	\$1,795.00	\$0.00	\$0.00	OFOI	2	
WRM0917	Warmer, Infant, Free Standing		\$6,150.00	2	\$12,300.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$34,682.82	\$19.20	\$0.00			

ROOM TOTAL: \$34,702.02**Room#:** LD091 *Nursery, Isolation Room***Ftr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BAS0006	Bassinet		\$775.00	1	\$775.00	\$0.00	\$0.00	OFOI	3	
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	1	\$791.00	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FLM0106	Flowmeter, Air		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
RCP0906	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3	
SCL0909	Scale, Pediatric / Infant		\$1,795.00	1	\$1,795.00	\$0.00	\$0.00	OFOI	2	
WRM0917	Warmer, Infant, Free Standing		\$6,150.00	1	\$6,150.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$10,114.65	\$4.80	\$0.00			

ROOM TOTAL: \$10,119.45

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:05 AM

DEPT: Mother-Baby Unit

Room#: LD092 *Nursery Exam/Circumcision***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRD0301	Board, Circumcision		\$139.00	2	\$278.00	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$419.00	\$4.80	\$0.00			

ROOM TOTAL: \$423.80**Room#:** LD093 *Nursery, Hearing Screening***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
AUD0311	Audiometer, Clinical/Diagnostic, Newborn		\$14,995.00	1	\$14,995.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$14,995.00	\$0.00	\$0.00			

ROOM TOTAL: \$14,995.00**Room#:** LD094 *Staff Work, Nursery***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** LD095 *Physician Work, Nursery***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** LD097 *Nursery, Medication***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP1306	Dispenser, Medication, Main Rx, 6 Drawer		\$11,676.00	1	\$11,676.00	\$0.00	\$0.00	OFVI	2	
DSP1327	Dispenser, Medication, Remote Mgr.		\$1,118.00	1	\$1,118.00	\$0.00	\$0.00	OFVI	2	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2	
SCN4201	Scanner, Pharmacy		\$0.00	1	\$0.00	\$0.00	\$0.00	OFVI	3	
TBA4703	Dispenser, Medication, Cubic Drawer		\$588.00	1	\$588.00	\$0.00	\$0.00	OFVI	2	
TOTALS FOR SINGLE ROOM					\$13,744.00	\$0.00	\$0.00			

ROOM TOTAL: \$13,744.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

Room#: LD099 Clean Supply, Nursery

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1208	Cart, Linen, 24"X60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFOI	3	
CAR4507	Cart, Supply (Exchange), 24"X72"		\$440.79	2	\$881.58	\$0.00	\$0.00	OFOI	3	
TBA4379	Bins, Storage, Wall Mounted, Allowance		\$1,000.00	1	\$1,000.00	\$100.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$2,450.35	\$100.00	\$0.00			

ROOM TOTAL: \$2,550.35

Room#: LD100 Soiled Holding, Nursery

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1215	Cart, Linen, Dirty		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
RCP0905	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
RCP2026	Receptacle, Trash/Recycle, 35 gal		\$46.39	3	\$139.17	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$284.17	\$4.80	\$0.00			

ROOM TOTAL: \$288.97

Room#: LD102 Staff Toilet, Nursery Area

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

Room#: LD103 Housekeeping

Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BUK1302	Bucket, Mopping		\$323.90	1	\$323.90	\$0.00	\$0.00	OFOI	3	
CAR0810	Cart, Housekeeping		\$1,187.45	1	\$1,187.45	\$0.00	\$0.00	OFOI	3	
DSP0304	Dispenser, Chemical Cleaning, Wall Mid.		\$98.00	1	\$98.00	\$0.00	\$0.00	OFCI	2	
RCP2060	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 36.5" H		\$94.58	1	\$94.58	\$0.00	\$0.00	OFOI	3	
VAC3001	Vacuum, Domestic, Upright		\$584.91	1	\$584.91	\$0.00	\$0.00	OFCI	3	
TOTALS FOR SINGLE ROOM					\$2,288.84	\$0.00	\$0.00			

ROOM TOTAL: \$2,288.84

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Mother-Baby Unit

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$1,225,314.69	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$320.00	\$0.00	\$0.00	\$0.00	\$15,249.60
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$1,225,634.69	\$0.00	\$0.00	\$0.00	\$15,249.60

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$83,806.70	\$9,229.60	\$0.00	\$93,036.30
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$709,415.47	\$320.00	\$0.00	\$709,735.47
OFVI Owner Furnished / Vendor Installed	\$432,092.52	\$6,020.00	\$0.00	\$438,112.52
	\$1,225,314.69	\$15,569.60	\$0.00	\$1,240,884.29

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$131,327.70	\$15,569.60	\$0.00	\$146,897.30
2 - Major Medical Electrical Requirements	\$990,682.13	\$0.00	\$0.00	\$990,682.13
3 - Minor Medical Non-Electrical	\$103,304.86	\$0.00	\$0.00	\$103,304.86
	\$1,225,314.69	\$15,569.60	\$0.00	\$1,240,884.29

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$1,225,314.69	\$15,569.60	\$0.00	\$1,240,884.29
	\$1,225,314.69	\$15,569.60	\$0.00	\$1,240,884.29

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Pharmacy

Room#: RX02 Office, Clinical PharmacistFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: RX03 Workstation, SecretaryFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0050	Copier, Medium Volume		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
FAX0002	Fax Machine, Plain Paper		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: RX04 Staff LoungeFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
OVN3928	Microwave Oven, 21 Cf		\$198.00	1	\$198.00	\$0.00	\$0.00	OFOI	2	
REF0408	Refrigerator, Domestic, 25 Cu.Ft		\$566.00	1	\$566.00	\$0.00	\$0.00	OFOI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFOI	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$1,755.89	\$11.00	\$0.00			

ROOM TOTAL: \$1,766.89Room#: RX05 Staff LockersFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: RX06 Staff ToiletFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: RX07 Cubicle, MultifunctionFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:08 AM

DEPT: Pharmacy

Room#: RX12 Bulk Storage

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
SHL1605	Shelving, Polymer, 24"x60", 4 shelves w/casters		\$588.00	8	\$4,704.00	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$4,704.00 \$0.00 \$0.00

ROOM TOTAL: \$4,704.00

Room#: RX14 Receiving / Return

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: RX16 Crash Cart Holding Alcove

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CAR0514	Cart, Emergency (Crash), Pediatric 9-Dra		\$1,585.00	1	\$1,585.00	\$0.00	\$0.00	OFOI	3	
CAR0520	Cart, Emergency (Crash), 5-Drawer w/Access		\$880.00	1	\$880.00	\$0.00	\$0.00	OFOI	3	
CAR4507	Cart, Supply (Exchange), 24"x72"		\$440.79	1	\$440.79	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$2,905.79 \$0.00 \$0.00

ROOM TOTAL: \$2,905.79

Room#: RX17 Pre-Packing

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CAR4723	Cart, Utility, Polymer		\$189.00	2	\$378.00	\$0.00	\$0.00	OFOI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	

TOTALS FOR SINGLE ROOM

\$378.00 \$0.00 \$0.00

ROOM TOTAL: \$378.00

Room#: RX18 Refrigerators

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
FRZ1603	Freezer, Pharmaceutical, 5.5 Cu. Ft.		\$3,838.00	1	\$3,838.00	\$0.00	\$0.00	OFOI	2	
REF1615	Refrigerator, Pharmaceutical, Double Door, Glass, Sliding		\$4,370.00	1	\$4,370.00	\$0.00	\$0.00	OFOI	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	2	\$75.78	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$8,283.78 \$0.00 \$0.00

ROOM TOTAL: \$8,283.78

Room#: RX21 Pyxis Work

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4701	Dispenser, Medication, Main Console		\$670.00	1	\$670.00	\$0.00	\$0.00	OFVI	2	
TBA4702	Dispenser, Connected Base system		\$445.00	1	\$445.00	\$0.00	\$0.00	OFVI	2	

TOTALS FOR SINGLE ROOM

\$1,115.00 \$0.00 \$0.00

ROOM TOTAL: \$1,115.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Pharmacy

Room#: RX22 *Pneumatic Tube Station*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN3803	Printer, Label		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4706	Allowance, Pharmacy Casework		\$55,000.00	1	\$55,000.00	\$0.00	\$0.00	OFVI	3	
TOTALS FOR SINGLE ROOM					\$55,000.00	\$0.00	\$0.00			

ROOM TOTAL: \$55,000.00Room#: RX23 *Ante - IV Prep*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
FRZ1603	Freezer, Pharmaceutical, 5.5 Cu. Ft.		\$3,838.00	1	\$3,838.00	\$0.00	\$0.00	OFOI	2	
REF1622	Refrigerator, Pharmaceutical, Pass-Thru, 2-Door, 51.1 Cu Ft		\$7,479.00	1	\$7,479.00	\$0.00	\$0.00	OFCI	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	2	\$75.78	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$11,442.78	\$4.80	\$0.00			

ROOM TOTAL: \$11,447.58Room#: RX25 *Housekeeping*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BUK1302	Bucket, Mopping		\$323.90	1	\$323.90	\$0.00	\$0.00	OFOI	3	
CAR0810	Cart, Housekeeping		\$1,187.45	1	\$1,187.45	\$0.00	\$0.00	OFOI	3	
DSP0304	Dispenser, Chemical Cleaning, Wall Mtd.		\$98.00	1	\$98.00	\$0.00	\$0.00	OFCI	2	
RCP2090	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 38.5" H		\$94.58	1	\$94.58	\$0.00	\$0.00	OFOI	3	
VAC3001	Vacuum, Domestic, Upright		\$584.91	1	\$584.91	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$2,288.84	\$0.00	\$0.00			

ROOM TOTAL: \$2,288.84Room#: RX26 *IV Prep*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR2302	Cart, Wire Basket		\$314.00	2	\$628.00	\$0.00	\$0.00	OFOI	3	
HDS1201	Hood, Laminar Flow, Horizontal, 6Ft		\$8,424.00	1	\$8,424.00	\$0.00	\$0.00	OFCI	2	
SHL1605	Shelving, Polymer, 24"x60", 4 shelves w/casters		\$588.00	1	\$588.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$7,640.00	\$0.00	\$0.00			

ROOM TOTAL: \$7,640.00Room#: RX27 *Chemo Prep*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
HDS0214	Hood, Biological, Vertical, Bench Mod., 4 Ft		\$7,860.00	1	\$7,860.00	\$502.80	\$0.00	OFCI	1	
SHL1605	Shelving, Polymer, 24"x60", 4 shelves w/casters		\$588.00	1	\$588.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$8,448.00	\$502.80	\$0.00			

ROOM TOTAL: \$8,950.80

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Pharmacy

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$103,962.08	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$518.60
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$103,962.08	\$0.00	\$0.00	\$0.00	\$518.60

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$21,966.00	\$518.60	\$0.00	\$22,484.60
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$25,881.08	\$0.00	\$0.00	\$25,881.08
OFVI Owner Furnished / Vendor Installed	\$56,115.00	\$0.00	\$0.00	\$56,115.00
	\$103,962.08	\$518.60	\$0.00	\$104,480.68

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$7,965.00	\$518.60	\$0.00	\$8,483.60
2 - Major Medical Electrical Requirements	\$28,825.00	\$0.00	\$0.00	\$28,825.00
3 - Minor Medical Non-Electrical	\$67,172.08	\$0.00	\$0.00	\$67,172.08
	\$103,962.08	\$518.60	\$0.00	\$104,480.68

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$103,962.08	\$518.60	\$0.00	\$104,480.68
	\$103,962.08	\$518.60	\$0.00	\$104,480.68

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Rehab

Room#: PT01 *Office, Rehab Supervisor***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** PT02 *PT Tech Work - 4 FTE***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	4	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** PT03 *PT Clean Storage & Supplies***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** PT04 *PT Gym***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
EXR3102	Exerciser, Elliptical Trainer, Semi-Recumbent		\$3,995.00	1	\$3,995.00	\$0.00	\$0.00	OFOI	2	
EXR4506	Exerciser, Recumbent Stepper		\$3,195.00	1	\$3,195.00	\$0.00	\$0.00	OFOI	2	
EXR4508	Exerciser, Stairs		\$1,099.00	1	\$1,099.00	\$0.00	\$0.00	OFOI	3	
EXR5402	Exerciser, Balance System		\$9,995.00	1	\$9,995.00	\$0.00	\$0.00	OFOI	2	
HMP1218	Hemper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
HYD0804	Hydrocollator, Hotpack, Small		\$1,295.00	1	\$1,295.00	\$0.00	\$0.00	OFOI	2	
PAN0801	Pan, Heating Unit, Splints		\$850.00	1	\$850.00	\$0.00	\$0.00	OFOI	2	
PBR0105	Parallel Bars, Adult, Floor mtd, Adjustable, 7 Ft		\$576.00	1	\$576.00	\$0.00	\$0.00	OFOI	1	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
TBA4203	Stimulator, Ultrasonic/Electrotherapy w/cart		\$3,600.00	1	\$3,600.00	\$0.00	\$0.00	OFOI	2	
TBL7229	Table, Treatment		\$3,395.00	1	\$3,395.00	\$0.00	\$0.00	OFOI	2	
TRD0513	Treadmill, Exercise		\$5,995.00	1	\$5,995.00	\$0.00	\$0.00	OFOI	2	
TRK0308	Track, Cubicle Curtain		\$100.00	4	\$400.00	\$40.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$34,540.50	\$40.00	\$0.00			

ROOM TOTAL: \$34,580.50

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Rehab

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$34,540.50	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$40.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$34,540.50	\$0.00	\$0.00	\$0.00	\$40.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$400.00	\$40.00	\$0.00	\$440.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$34,140.50	\$0.00	\$0.00	\$34,140.50
	\$34,540.50	\$40.00	\$0.00	\$34,580.50

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$976.00	\$40.00	\$0.00	\$1,016.00
2 - Major Medical Electrical Requirements	\$32,320.00	\$0.00	\$0.00	\$32,320.00
3 - Minor Medical Non-Electrical	\$1,244.50	\$0.00	\$0.00	\$1,244.50
	\$34,540.50	\$40.00	\$0.00	\$34,580.50

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$34,540.50	\$40.00	\$0.00	\$34,580.50
	\$34,540.50	\$40.00	\$0.00	\$34,580.50

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Respiratory Therapy

Room#: RT02		RT Tech Work - 3 FTE		Flr:	1		Space Qty: 1		
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	3	\$0.00	\$0.00	\$0.00	OFIS	2
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:								\$0.00	

<u>Room#:</u> RT04		RT Eqmt Clean-Up		<u>Flr:</u>	1	<u>Space Qty:</u>	1			
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	1	\$18.00	\$0.00	\$0.00	OFOI	3	
RCP2050	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 36.5" H		\$94.58	1	\$94.58	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$112.58	\$0.00	\$0.00			
ROOM TOTAL:									\$112.58	

Room#: RT05		RT Clean Eqmt & Supplies		Flr:	1		Space Qty: 1				
Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp	FiscalYr	
CAR1208	Cart, Linen, 24"X60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFOI	3		
CAR4507	Cart, Supply (Exchange), 24"X72"		\$440.79	2	\$881.58	\$0.00	\$0.00	OFOI	3		
DRY2007	Dryer, Tube, Pass-Thru Option		\$4,900.00	1	\$4,900.00	\$0.00	\$0.00	OFOI	2		
SHL2317	Shelving, Wire, 5-Tier		\$742.31	6	\$4,453.86	\$0.00	\$0.00	OFOI	3		
TBA4502	Oximeter, Pulse		\$580.00	2	\$1,160.00	\$0.00	\$0.00	OFOI	2		
VNT0004	Ventilator		\$28,000.00	2	\$56,000.00	\$0.00	\$0.00	OFOI	2		
VNT0203	Ventilator, BIPAP		\$4,995.00	3	\$14,985.00	\$0.00	\$0.00	OFOI	2		
TOTALS FOR SINGLE ROOM					\$82,949.21	\$0.00	\$0.00				
ROOM TOTAL:									\$82,949.21		

Room#: RT06		RT Oxygen Storage		Flr:	1		Space Qty: 1		
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR3311	Cart, Gas Cylinder, 6 E-Tank Cap		\$239.00	2	\$478.00	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$478.00	\$0.00	\$0.00		
ROOM TOTAL:							\$478.00		

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Respiratory Therapy

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$83,539.79	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$83,539.79	\$0.00	\$0.00	\$0.00	\$0.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$4,900.00	\$0.00	\$0.00	\$4,900.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$78,639.79	\$0.00	\$0.00	\$78,639.79
	\$83,539.79	\$0.00	\$0.00	\$83,539.79

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
2 - Major Medical Electrical Requirements	\$77,045.00	\$0.00	\$0.00	\$77,045.00
3 - Minor Medical Non-Electrical	\$6,494.79	\$0.00	\$0.00	\$6,494.79
	\$83,539.79	\$0.00	\$0.00	\$83,539.79

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$83,539.79	\$0.00	\$0.00	\$83,539.79
	\$83,539.79	\$0.00	\$0.00	\$83,539.79

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Sterile Processing

Room#: SP02 *Decontamination-Recvg Soiled***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1215	Cart, Linen, Dirty		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	3	
CTR1902	Container, Sharps Disposal, Floor, 17 Gal, W/Cart		\$355.00	1	\$355.00	\$0.00	\$0.00	OFOI	3	
RCP0909	Receptacle, Infectious Waste, Step-On, 8 Gal, Red		\$18.00	4	\$72.00	\$0.00	\$0.00	OFOI	3	
RCP2060	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 36.5" H		\$94.58	2	\$189.16	\$0.00	\$0.00	OFOI	3	
STA1602	Station, Personal Protection, Wall Mt'd, 4 Shelves 2 Pockets		\$212.50	1	\$212.50	\$21.25	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$828.66	\$21.25	\$0.00			

ROOM TOTAL: **\$849.91****Room#:** SP02a *Decontamination***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CLN2107	Cleaner, Ultrasonic, 2.1 Quart Capacity		\$533.75	1	\$533.75	\$0.00	\$0.00	OFVI	2	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
NEP0001	Neptune System		\$27,750.00	1	\$27,750.00	\$0.00	\$0.00	OFCI	2	
SNK2307	Sink, Work, Three Station		\$7,370.00	1	\$7,370.00	\$737.00	\$0.00	OFCI	1	
TBA4429	Pass-Thru Assembly		\$4,387.00	1	\$4,387.00	\$200.00	\$0.00	OFCI	1	
TBA4430	Washer, Decontamination System, Double Door		\$53,928.00	1	\$53,928.00	\$2,500.00	\$0.00	OFVI	1	
TOTALS FOR SINGLE ROOM					\$93,968.75	\$3,437.00	\$0.00			

ROOM TOTAL: **\$97,405.75****Room#:** SP02b *Supplies (Detergent/DI)***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: **\$0.00****Room#:** SP06 *Drying***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: **\$0.00**

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Sterile Processing

Room#: SP07 Prep & PackFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR2501	Cart, Sterile Wrap		\$514.90	1	\$514.90	\$0.00	\$0.00	OFOI	3	
CAR4514	Cart, Supply (Exchange), 24" X 60"		\$1,707.50	1	\$1,707.50	\$0.00	\$0.00	OFOI	3	
CAR4723	Cart, Utility, Polymer		\$189.00	4	\$756.00	\$0.00	\$0.00	OFOI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	5	\$0.00	\$0.00	\$0.00	OFS	2	
LTS1303	Light, Magnifier		\$325.00	2	\$650.00	\$0.00	\$0.00	OFOI	2	
PEG0001	Pegboard		\$10.99	1	\$10.99	\$250.00	\$0.00	OFCI	1	
SEA0811	Sealer, Heat		\$1,760.00	1	\$1,760.00	\$0.00	\$0.00	OFOI	2	
TBA4339	Station, Prep & Pack, w/Magnifying Light		\$7,071.00	2	\$14,142.00	\$0.00	\$0.00	OFOI	2	
TBA4721	Allowance, Instrumentation		\$500,000.00	1	\$500,000.00	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$519,541.39

\$250.00

\$0.00

ROOM TOTAL: \$519,791.39

Room#: SP09 Sterad AlcoveFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
STE1603	Sterilizer, Plasma		\$135,000.00	1	\$135,000.00	\$0.00	\$0.00	OFOI	2	

TOTALS FOR SINGLE ROOM

\$135,000.00

\$0.00

\$0.00

ROOM TOTAL: \$135,000.00

Room#: SP10 SterilizerFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
TBA4432	Sterilizer, Steam, Vertical Door		\$76,315.83	2	\$152,631.66	\$8,200.00	\$0.00	OFOI	1	
TBA4433	Cart, Loading		\$2,570.40	1	\$2,570.40	\$0.00	\$0.00	OFOI	3	
TBA4434	Cart, Transport		\$2,570.40	1	\$2,570.40	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$157,772.46

\$8,200.00

\$0.00

ROOM TOTAL: \$165,972.46

Room#: SP13 Sterile Instrument StorageFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR0910	Cart, Instrument Container		\$1,166.00	14	\$15,324.00	\$0.00	\$0.00	OFOI	3	
CAR4507	Cart, Supply (Exchange), 24" X 72"		\$440.79	14	\$6,171.06	\$0.00	\$0.00	OFOI	3	
CAR4723	Cart, Utility, Polymer		\$189.00	3	\$567.00	\$0.00	\$0.00	OFOI	3	
TBA4379	Bins, Storage, Wall Mounted, Allowance		\$1,000.00	4	\$4,000.00	\$400.00	\$0.00	OFOI	1	

TOTALS FOR SINGLE ROOM

\$27,062.06

\$400.00

\$0.00

ROOM TOTAL: \$27,462.06

Room#: SP15 VendorFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR4512	Cart, Supply (Exchange), 24" X 48"		\$246.05	3	\$738.15	\$0.00	\$0.00	OFOI	3	
TBL0908	Table, Instrument, 24" X 48"		\$530.00	1	\$530.00	\$0.00	\$0.00	OFOI	3	

TOTALS FOR SINGLE ROOM

\$1,268.15

\$0.00

\$0.00

ROOM TOTAL: \$1,268.15

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Sterile Processing

Room#: SP16 HousekeepingFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BUK1302	Bucket, Mopping		\$323.90	1	\$323.90	\$0.00	\$0.00	OFOI	3	
CAR0810	Cart, Housekeeping		\$1,187.45	1	\$1,187.45	\$0.00	\$0.00	OFOI	3	
DSP0304	Dispenser, Chemical Cleaning, Wall Mid.		\$98.00	1	\$98.00	\$0.00	\$0.00	OFCI	2	
RCP2060	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 36.5" H		\$94.58	1	\$94.58	\$0.00	\$0.00	OFOI	3	
VAC3001	Vacuum, Domestic, Upright		\$584.91	1	\$584.91	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$2,288.84	\$0.00	\$0.00			

ROOM TOTAL: \$2,288.84Room#: SP17 Office, BuyerFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: SP18 Dispatch StationFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: SP19 SupervisorFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00Room#: SP26 Staff ToiletFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Sterile Processing

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$937,730.31	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$400.00	\$0.00	\$0.00	\$0.00	\$11,908.25
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$938,130.31	\$0.00	\$0.00	\$0.00	\$11,908.25

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$39,828.49	\$1,208.25	\$0.00	\$41,036.74
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$553,238.01	\$400.00	\$0.00	\$553,638.01
OFVI Owner Furnished / Vendor Installed	\$344,663.81	\$10,700.00	\$0.00	\$355,363.81
	\$937,730.31	\$12,308.25	\$0.00	\$950,038.56

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$222,540.15	\$12,308.25	\$0.00	\$234,848.40
2 - Major Medical Electrical Requirements	\$179,933.75	\$0.00	\$0.00	\$179,933.75
3 - Minor Medical Non-Electrical	\$535,256.41	\$0.00	\$0.00	\$535,256.41
	\$937,730.31	\$12,308.25	\$0.00	\$950,038.56

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$937,730.31	\$12,308.25	\$0.00	\$950,038.56
	\$937,730.31	\$12,308.25	\$0.00	\$950,038.56

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery

Room#: OR89 *Staff Lounge***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRK2124	Bracket, TV, Wall Mounted		\$55.00	1	\$55.00	\$11.00	\$0.00	OFCI	1	
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
ICE1311	Ice Maker/Dispenser, W / Water Dispenser, Counter		\$3,572.00	1	\$3,572.00	\$632.50	\$0.00	OFCI	1	
OVN3928	Microwave Oven, 2.1 Cf		\$198.00	1	\$198.00	\$0.00	\$0.00	OFCI	2	
TBA4507	Refrigerator, Commercial, Upright		\$583.60	1	\$583.60	\$0.00	\$0.00	OFCI	2	
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	1	\$899.00	\$0.00	\$0.00	OFCI	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFCI	3	
TOTALS FOR SINGLE ROOM					\$5,345.49	\$643.50	\$0.00			

ROOM TOTAL: \$5,988.99**Room#:** OR92 *Male Locker/Toilet***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** OR93 *Female Lockers***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** OR94 *Female Locker/Toilet***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>ISAT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$5,345.49	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$643.50
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$5,345.49	\$0.00	\$0.00	\$0.00	\$643.50

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$3,627.00	\$643.50	\$0.00	\$4,270.50
OFOI Owner Furnished / Owner Installed	\$1,718.49	\$0.00	\$0.00	\$1,718.49
	\$5,345.49	\$643.50	\$0.00	\$5,988.99

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$3,627.00	\$643.50	\$0.00	\$4,270.50
2 - Major Medical Electrical Requirements	\$1,680.60	\$0.00	\$0.00	\$1,680.60
3 - Minor Medical Non-Electrical	\$37.89	\$0.00	\$0.00	\$37.89
	\$5,345.49	\$643.50	\$0.00	\$5,988.99

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$5,345.49	\$643.50	\$0.00	\$5,988.99
	\$5,345.49	\$643.50	\$0.00	\$5,988.99

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, Endoscopy

Room#: OR82 Endoscopy Workroom / Clean-Up Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAB3105	Cabinet, Endoscopic/Storage, Wall Mounted		\$2,295.00	1	\$2,295.00	\$229.50	\$0.00	OFCI	1
CAR4706	Cart, Utility		\$849.00	1	\$849.00	\$0.00	\$0.00	OFOI	3
CAR7501	Cart, Workstation, For System 1		\$2,995.00	1	\$2,995.00	\$0.00	\$0.00	OFVI	3
DET1201	Detector, Leak, Endoscope		\$135.00	1	\$135.00	\$0.00	\$0.00	OFOI	3
SHL2305	Shelving, Wire, 5-Tier, 24"X36" (Stainless Steel)		\$1,041.00	2	\$2,082.00	\$0.00	\$0.00	OFOI	3
SNK2307	Sink, Work, Three Station		\$7,370.00	1	\$7,370.00	\$737.00	\$0.00	OFCI	1
WSH3102	Washer, Endoscope, Countertop		\$45,000.00	1	\$45,000.00	\$1,620.00	\$0.00	OFVI	1
WSH3108	Washer, Endoscope, Dual		\$26,500.00	1	\$26,500.00	\$2,650.00	\$0.00	OFVI	1
TOTALS FOR SINGLE ROOM					\$67,225.00	\$5,236.50	\$0.00		

ROOM TOTAL: \$92,461.50

Room#: OR83 Endoscopy Storage Room Flr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAB3105	Cabinet, Endoscopic/Storage, Wall Mounted		\$2,295.00	1	\$2,295.00	\$229.50	\$0.00	OFCI	1
CAR3107	Cart, Endoscopic, Motorized W/Monitor Cart		\$7,650.00	1	\$7,650.00	\$0.00	\$0.00	OFOI	3
END0203	Endoscope, Bronchoscope, Fiberoptic		\$19,800.00	2	\$39,600.00	\$0.00	\$0.00	OFOI	4
END0304	Endoscope, Colonoscope, Fiberoptic		\$24,800.00	2	\$49,600.00	\$0.00	\$0.00	OFOI	4
END0703	Endoscope, Gastroscope, Fiberoptic		\$20,650.00	2	\$41,300.00	\$0.00	\$0.00	OFOI	4
ESU0006	Electrosurgical Unit		\$7,180.00	1	\$7,180.00	\$0.00	\$0.00	OFOI	2
ESU0055	Electrosurgical Unit, Argon Beam Coagulator		\$21,594.00	1	\$21,594.00	\$0.00	\$0.00	OFOI	2
HPUC001	Heat Probe Unit, Thermal Coagulation		\$8,090.00	1	\$8,090.00	\$0.00	\$0.00	OFOI	2
INS0302	Insufflator, CO2		\$7,250.00	1	\$7,250.00	\$0.00	\$0.00	OFOI	2
SYS0503	System, Endoscopic, Video Procedure		\$17,850.00	1	\$17,850.00	\$0.00	\$0.00	OFOI	2
TOTALS FOR SINGLE ROOM					\$202,089.00	\$229.50	\$0.00		

ROOM TOTAL: \$202,318.50

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Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, Endoscopy

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$289,314.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$5,466.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$289,314.00	\$0.00	\$0.00	\$0.00	\$5,466.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$11,960.00	\$1,196.00	\$0.00	\$13,156.00
OFOI Owner Furnished / Owner Installed	\$202,859.00	\$0.00	\$0.00	\$202,859.00
OFVI Owner Furnished / Vendor Installed	\$74,495.00	\$4,270.00	\$0.00	\$78,765.00
	\$289,314.00	\$5,466.00	\$0.00	\$294,780.00

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$83,460.00	\$5,466.00	\$0.00	\$88,926.00
2 - Major Medical Electrical Requirements	\$61,964.00	\$0.00	\$0.00	\$61,964.00
3 - Minor Medical Non-Electrical	\$13,710.00	\$0.00	\$0.00	\$13,710.00
4 - Instruments	\$130,180.00	\$0.00	\$0.00	\$130,180.00
	\$289,314.00	\$5,466.00	\$0.00	\$294,780.00

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$289,314.00	\$5,466.00	\$0.00	\$294,780.00
	\$289,314.00	\$5,466.00	\$0.00	\$294,780.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, O.R.

Room#: LD056 *Sub-Sterile, C-Section***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAB2353	Cabinet, Warming, Dual Glass Door, Freestanding		\$7,352.80	1	\$7,352.80	\$0.00	\$0.00	OFOI	2	
TBA4435	Sterilizer, Vacuum, Cabinet Enclosed		\$40,950.00	1	\$40,950.00	\$3,100.00	\$0.00	OFVI	1	
TOTALS FOR SINGLE ROOM					\$48,302.80	\$3,100.00	\$0.00			

ROOM TOTAL: \$51,402.80**Room#:** OR55 *Inpatient PreOp Holding***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$308.15	1	\$308.15	\$0.00	\$0.00	OFOI	3	
STD511B	Stand, IV, Heavy Duty, Infusion Pump		\$314.00	1	\$314.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$650.15	\$0.00	\$0.00			

ROOM TOTAL: \$650.15**Room#:** OR56 *Control Desk***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	3	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** OR58 *Work Alcove***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
FAX0002	Fax Machine, Plain Paper		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4386	Printer, Laser, 2 Drawers		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** OR59 *Office, Charge Nurse***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
FRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** OR60 *Office, Director Surgical Serv***Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report

C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, O.R.

Room#: OR62 Office, Anesthesia

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp FiscalYr
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

Room#: OR63 Anesthesia Workroom

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp FiscalYr
CAR0105	Cart, Anesthetist		\$887.00	1	\$887.00	\$0.00	\$0.00	OFOI	3
CAR2302	Cart, Wire Basket		\$314.00	1	\$314.00	\$0.00	\$0.00	OFOI	3
CAR4203	Cart, Procedure/Supply, w/Key Lock		\$791.00	1	\$791.00	\$0.00	\$0.00	OFOI	3
CAR4507	Cart, Supply (Exchange), 24"X72"		\$440.79	4	\$1,763.16	\$0.00	\$0.00	OFOI	3
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
FLM1502	Flowmeter, Oxygen		\$30.00	1	\$30.00	\$0.00	\$0.00	OFOI	3
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	1	\$306.15	\$0.00	\$0.00	OFOI	3
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFOI	3
ULT4203	Ultrasound System, Portable		\$15,649.32	1	\$15,649.32	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$18,878.52	\$0.00	\$0.00		

ROOM TOTAL: \$19,878.52

Room#: OR64a Stretcher Alcove

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

Room#: OR64b Stretcher Alcove

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

Room#: OR64c Stretcher Alcove

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

Room#: OR64d Stretcher Alcove

Flr: 1 Space Qty: 1

Cat. No.	Description	Comments	Unit\$	Qty	Extended\$	Install\$	Refurb\$	CostCode	Grp FiscalYr
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, O.R.

Room#: OR65x01a OR (typ, 1 ea)Ftr: 1 Space Qty: 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
ANS0018	Anesthesia Unit		\$51,882.00	1	\$51,882.00	\$0.00	\$0.00	OFOI	2	
BRD1605	Board, Patient Transfer		\$213.00	1	\$213.00	\$0.00	\$0.00	OFOI	3	
BUK0001	Bucket, Kick		\$181.00	2	\$362.00	\$0.00	\$0.00	OFOI	3	
CAR0106	Cart, Anesthetist		\$987.00	1	\$987.00	\$0.00	\$0.00	OFOI	3	
CAR0350	Cart, Case, Closed		\$4,020.00	3	\$12,060.00	\$0.00	\$0.00	OFOI	3	
CLG0602	Ceiling Gas Column, Fixed		\$3,805.00	1	\$3,805.00	\$380.00	\$0.00	OFCI	1	
CLM0511	Column, Equipment Boom, General/Ortho-Endo		\$27,281.00	1	\$27,281.00	\$2,255.00	\$0.00	OFCI	1	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFCI	2	
OSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
ESU0030	Electrosurgical Unit		\$10,900.00	1	\$10,900.00	\$0.00	\$0.00	OFOI	2	
HDL0611	Headlight, W/Light Source		\$1,645.00	1	\$1,645.00	\$0.00	\$0.00	OFOI	2	
HMP0901	Hamper, Infectious Waste		\$111.30	1	\$111.30	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 15"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
HMP2003	Hamper, Trash		\$111.30	1	\$111.30	\$0.00	\$0.00	OFOI	3	
HYS0010	Hyperthermia System (Bair Hugger)		\$2,500.00	1	\$2,500.00	\$0.00	\$0.00	OFOI	2	
LTS4580	Light, Surgical, Dual Head, W/Video Arms		\$30,620.00	1	\$30,620.00	\$3,062.00	\$0.00	OFCI	1	
MON2121	Monitor, Video, Flat Panel, 21"		\$0.00	2	\$0.00	\$0.00	\$0.00	OFCI	2	
MON4263	Monitor, Physiological, Ecg/Resp/Nibp/2-Bp/Spo2		\$13,483.76	1	\$13,483.76	\$0.00	\$0.00	OFCI	2	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
RDR0050	Radio, Cd/Cassette		\$100.00	1	\$100.00	\$0.00	\$0.00	OFOI	2	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	2	\$612.30	\$0.00	\$0.00	OFOI	3	
STD0201	Stand, Basin, Single		\$291.00	1	\$291.00	\$0.00	\$0.00	OFOI	3	
STD1315	Stand, Mayo, Small		\$120.77	2	\$241.54	\$0.00	\$0.00	OFOI	3	
STD8118	Stand, IV, Heavy Duty, Infusion Pump		\$314.00	2	\$628.00	\$0.00	\$0.00	OFOI	3	
STL0102	Stool, Anesthetist's, W/Posture Back & Footrest		\$540.00	1	\$540.00	\$0.00	\$0.00	OFOI	3	
STL0601	Stool, Foot, Step, Stackable		\$139.00	3	\$417.00	\$0.00	\$0.00	OFOI	3	
STL1501	Stool, O.R.		\$478.00	3	\$1,434.00	\$0.00	\$0.00	OFOI	3	
STM4203	Stimulator, Peripheral Nerve		\$390.00	1	\$390.00	\$0.00	\$0.00	OFOI	3	
TBA1082	System, Laproscopic, Video Procedure		\$17,850.00	1	\$17,850.00	\$0.00	\$0.00	OFCI	2	
TBA3000	Allowance, Surgical Video Integration		\$75,000.00	1	\$75,000.00	\$0.00	\$0.00	OFOI		
TBL0902	Table, Instrument, Dressing, 16"X20"		\$745.00	1	\$745.00	\$0.00	\$0.00	OFOI	3	
TBL0908	Table, Instrument, 24"X48"		\$530.00	1	\$530.00	\$0.00	\$0.00	OFOI	3	
TBL4518	Table, Surgical		\$31,125.26	1	\$31,125.26	\$0.00	\$0.00	OFCI	2	
WRM2810	Warmer, Blood / Iv Fluids, Portable		\$1,795.00	1	\$1,795.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$287,892.96	\$5,701.80	\$0.00			

ROOM TOTAL: \$293,504.76

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, O.R.

Room#: OR65x01b OR (typ, 1 ea)

Flr: 1 Space Qty: 1

<u>Cnt No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
ANS0018	Anesthesia Unit		\$51,882.00	1	\$51,882.00	\$0.00	\$0.00	OFOI	2	
BRD1605	Board, Patient Transfer		\$213.00	1	\$213.00	\$0.00	\$0.00	OFOI	3	
BUK0001	Bucket, Kick		\$181.00	2	\$362.00	\$0.00	\$0.00	OFOI	3	
CAR0106	Cart, Anesthetist		\$987.00	1	\$987.00	\$0.00	\$0.00	OFOI	3	
CAR0350	Cart, Case, Closed		\$4,020.00	3	\$12,060.00	\$0.00	\$0.00	OFOI	3	
CLG0602	Ceiling Gas Column, Fixed		\$3,805.00	1	\$3,805.00	\$380.00	\$0.00	OFCI	1	
CLM0611	Column, Equipment Boom, General/Ortho-Endo		\$27,281.00	1	\$27,281.00	\$2,255.00	\$0.00	OFVI	1	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
ESU0030	Electrosurgical Unit		\$10,900.00	1	\$10,900.00	\$0.00	\$0.00	OFOI	2	
HDL0611	Headlight, W/Light Source		\$1,645.00	1	\$1,645.00	\$0.00	\$0.00	OFOI	2	
HMP0901	Hamper, Infectious Waste		\$111.30	1	\$111.30	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
HMP2003	Hamper, Trash		\$111.30	1	\$111.30	\$0.00	\$0.00	OFOI	3	
HYS0010	Hyperthermia System (Bair Hugger)		\$2,500.00	1	\$2,500.00	\$0.00	\$0.00	OFOI	2	
LTS4580	Light, Surgical, Dual Head, W/Video Arms		\$30,620.00	1	\$30,620.00	\$3,062.00	\$0.00	OFVI	1	
MON2121	Monitor, Video, Flat Panel, 21"		\$0.00	2	\$0.00	\$0.00	\$0.00	QFVI	2	
MON4263	Monitor, Physiological, Ecg/Resp/Nibp/2-Bp/Spo2		\$13,483.76	1	\$13,483.76	\$0.00	\$0.00	OFVI	2	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
RDR0050	Radio, Cd/Cassette		\$100.00	1	\$100.00	\$0.00	\$0.00	OFOI	2	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	2	\$612.30	\$0.00	\$0.00	OFOI	3	
STD0201	Stand, Basin, Single		\$291.00	1	\$291.00	\$0.00	\$0.00	OFOI	3	
STD1315	Stand, Mayo, Small		\$120.77	2	\$241.54	\$0.00	\$0.00	OFOI	3	
STD6118	Stand, IV, Heavy Duty, Infusion Pump		\$314.00	2	\$628.00	\$0.00	\$0.00	OFOI	3	
STL0102	Stool, Anesthetists, W/Posture Back & Footrest		\$540.00	1	\$540.00	\$0.00	\$0.00	OFOI	3	
STL0601	Stool, Foot, Step, Stackable		\$139.00	3	\$417.00	\$0.00	\$0.00	OFOI	3	
STL1501	Stool, O.R.		\$478.00	3	\$1,434.00	\$0.00	\$0.00	OFOI	3	
STM4203	Stimulator, Peripheral Nerve		\$390.00	1	\$390.00	\$0.00	\$0.00	OFOI	3	
TBA1082	System, Laproscopic, Video Procedure		\$17,850.00	1	\$17,850.00	\$0.00	\$0.00	OFVI	2	
TBA3000	Allowance, Surgical Video Integration		\$75,000.00	1	\$75,000.00	\$0.00	\$0.00	OFCI		
TBL0902	Table, Instrument, Dressing, 16"X20"		\$745.00	1	\$745.00	\$0.00	\$0.00	OFOI	3	
TBL0908	Table, Instrument, 24"X48"		\$530.00	1	\$530.00	\$0.00	\$0.00	OFOI	3	
TBL4518	Table, Surgical		\$31,125.26	1	\$31,125.26	\$0.00	\$0.00	OFVI	2	
WRM2810	Warmer, Blood / Iv Fluids, Portable		\$1,795.00	1	\$1,795.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$287,802.98	\$5,701.80	\$0.00			

ROOM TOTAL: \$293,504.76

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, O.R.

Room#: OR65x01c OR (typ, 1 ea)Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
ANS0018	Anesthesia Unit		\$51,882.00	1	\$51,882.00	\$0.00	\$0.00	OFOI	2	
BRD1605	Board, Patient Transfer		\$213.00	1	\$213.00	\$0.00	\$0.00	OFOI	3	
BUK0001	Bucket, Kick		\$181.00	2	\$362.00	\$0.00	\$0.00	OFOI	3	
CAR0105	Cart, Anesthetist		\$987.00	1	\$987.00	\$0.00	\$0.00	OFOI	3	
CAR0350	Cart, Case, Closed		\$4,020.00	3	\$12,060.00	\$0.00	\$0.00	OFOI	3	
CLG0602	Ceiling Gas Column, Fixed		\$3,805.00	1	\$3,805.00	\$380.00	\$0.00	OFCI	1	
CLM0511	Column, Equipment Boom, General/Ortho-Endo		\$27,281.00	1	\$27,281.00	\$2,255.00	\$0.00	OFVI	1	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
ESU0030	Electrosurgical Unit		\$10,900.00	1	\$10,900.00	\$0.00	\$0.00	OFOI	2	
HDL0511	Headlight, W/Light Source		\$1,645.00	1	\$1,645.00	\$0.00	\$0.00	OFOI	2	
HMP0901	Hamper, Infectious Waste		\$111.30	1	\$111.30	\$0.00	\$0.00	OFOI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFOI	3	
HMP2003	Hamper, Trash		\$111.30	1	\$111.30	\$0.00	\$0.00	OFOI	3	
HYS0010	Hyperthermia System (Bair Hugger)		\$2,500.00	1	\$2,500.00	\$0.00	\$0.00	OFOI	2	
LTS4580	Light, Surgical, Dual Head, W/Video Arms		\$30,620.00	1	\$30,620.00	\$3,062.00	\$0.00	OFVI	1	
MON2121	Monitor, Video, Flat Panel, 21"		\$0.00	2	\$0.00	\$0.00	\$0.00	OFVI	2	
MON4263	Monitor, Physiological, Ecg/Resp/Nibp/Z-Bp/Spo2		\$13,483.76	1	\$13,483.76	\$0.00	\$0.00	OFVI	2	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
RDR0050	Radio, Cd/Cassette		\$100.00	1	\$100.00	\$0.00	\$0.00	OFOI	2	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$305.15	2	\$612.30	\$0.00	\$0.00	OFOI	3	
STD0201	Stand, Basin, Single		\$291.00	1	\$291.00	\$0.00	\$0.00	OFOI	3	
STD1315	Stand, Mayo, Small		\$120.77	2	\$241.54	\$0.00	\$0.00	OFOI	3	
STD6118	Stand, IV, Heavy Duty, Infusion Pump		\$314.00	2	\$628.00	\$0.00	\$0.00	OFOI	3	
STL0102	Stool, Anesthetist's, W/Posture Back & Footrest		\$540.00	1	\$540.00	\$0.00	\$0.00	OFOI	3	
STL0501	Stool, Foot, Step, Stackable		\$139.00	3	\$417.00	\$0.00	\$0.00	OFOI	3	
STL1501	Stool, O.R.		\$478.00	3	\$1,434.00	\$0.00	\$0.00	OFOI	3	
STM4203	Stimulator, Peripheral Nerve		\$390.00	1	\$390.00	\$0.00	\$0.00	OFOI	3	
TBA1052	System, Laproscope, Video Procedure		\$17,850.00	1	\$17,850.00	\$0.00	\$0.00	OFVI	2	
TBA3000	Allowance, Surgical Video Integration		\$75,000.00	1	\$75,000.00	\$0.00	\$0.00	OFOI		
TBL0902	Table, Instrument, Dressing, 16"X20"		\$745.00	1	\$745.00	\$0.00	\$0.00	OFOI	3	
TBL0908	Table, Instrument, 24"X48"		\$530.00	1	\$530.00	\$0.00	\$0.00	OFOI	3	
TBL4518	Table, Surgical		\$31,125.26	1	\$31,125.26	\$0.00	\$0.00	OFVI	2	
WRM2810	Warmer, Blood / Iv Fluids, Portable		\$1,795.00	1	\$1,795.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$287,802.96	\$5,701.80	\$0.00			
									ROOM TOTAL:	\$293,504.76

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, O.R. •

Room#: OR65x01d OR (typ, 1 ea)Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Instal\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
ANS0018	Anesthesia Unit		\$51,882.00	1	\$51,882.00	\$0.00	\$0.00	OFOI	2	
BRD1605	Board, Patient Transfer		\$213.00	1	\$213.00	\$0.00	\$0.00	OFOI	3	
BUK0001	Bucket, Kick		\$181.00	2	\$362.00	\$0.00	\$0.00	OFOI	3	
CAR0106	Cart, Anesthetist		\$987.00	1	\$987.00	\$0.00	\$0.00	OFOI	3	
CAR0350	Cart, Case, Closed		\$4,020.00	3	\$12,060.00	\$0.00	\$0.00	OFOI	3	
CLG0602	Ceiling Gas Column, Fixed		\$3,805.00	1	\$3,805.00	\$380.00	\$0.00	OFCI	1	
CLM0511	Column, Equipment Boom, General/Ortho-Endo		\$27,281.00	1	\$27,281.00	\$2,255.00	\$0.00	OFCI	1	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFCI	2	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
ESU0030	Electrosurgical Unit		\$10,900.00	1	\$10,900.00	\$0.00	\$0.00	OFCI	2	
HDL0611	Headlight, W/Light Source		\$1,645.00	1	\$1,645.00	\$0.00	\$0.00	OFCI	2	
HMP0901	Hamper, Infectious Waste		\$111.30	1	\$111.30	\$0.00	\$0.00	OFCI	3	
HMP1218	Hamper, Linen, Mobile W/Lid 19"		\$92.50	1	\$92.50	\$0.00	\$0.00	OFCI	3	
HMP2003	Hamper, Trash		\$111.30	1	\$111.30	\$0.00	\$0.00	OFCI	3	
HYS0010	Hyperthermia System (Bair Hugger)		\$2,500.00	1	\$2,500.00	\$0.00	\$0.00	OFCI	2	
LTS4580	Light, Surgical, Dual Head, W/Video Arms		\$30,620.00	1	\$30,620.00	\$3,062.00	\$0.00	OFCI	1	
MON2121	Monitor, Video, Flat Panel, 21"		\$0.00	2	\$0.00	\$0.00	\$0.00	OFCI	2	
MON4263	Monitor, Physiological, Ecg/Resp/Nibp/Z-Bp/Spo2		\$13,483.76	1	\$13,483.76	\$0.00	\$0.00	OFCI	2	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
RDR0050	Radio, Cd/Cassette		\$100.00	1	\$100.00	\$0.00	\$0.00	OFCI	2	
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	2	\$612.30	\$0.00	\$0.00	OFCI	3	
STD0201	Stand, Basin, Single		\$291.00	1	\$291.00	\$0.00	\$0.00	OFCI	3	
STD1315	Stand, Mayo, Small		\$120.77	2	\$241.54	\$0.00	\$0.00	OFCI	3	
STD6118	Stand, IV, Heavy Duty, Infusion Pump		\$314.00	2	\$628.00	\$0.00	\$0.00	OFCI	3	
STL0102	Stool, Anesthetist's, W/Posture Back & Footrest		\$540.00	1	\$540.00	\$0.00	\$0.00	OFCI	3	
STL0601	Stool, Foot, Step, Stackable		\$138.00	3	\$417.00	\$0.00	\$0.00	OFCI	3	
STL1501	Stool, O.R.		\$478.00	3	\$1,434.00	\$0.00	\$0.00	OFCI	3	
STM4203	Stimulator, Peripheral Nerve		\$390.00	1	\$390.00	\$0.00	\$0.00	OFCI	3	
TBA1062	System, Laproscopic, Video Procedure		\$17,850.00	1	\$17,850.00	\$0.00	\$0.00	OFCI	2	
TBA3000	Allowance, Surgical Video Integration		\$75,000.00	1	\$75,000.00	\$0.00	\$0.00	OFCI		
TBL0902	Table, Instrument, Dressing, 16"X20"		\$745.00	1	\$745.00	\$0.00	\$0.00	OFCI	3	
TBL0908	Table, Instrument, 24"X48"		\$530.00	1	\$530.00	\$0.00	\$0.00	OFCI	3	
TBL4518	Table, Surgical		\$31,125.26	1	\$31,125.26	\$0.00	\$0.00	OFCI	2	
WRM2810	Warmer, Blood / Iv Fluids, Portable		\$1,795.00	1	\$1,795.00	\$0.00	\$0.00	OFCI	2	
TOTALS FOR SINGLE ROOM					\$287,802.96	\$5,701.80	\$0.00			

ROOM TOTAL: \$293,504.76

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, O.R.

Room#: OR68 *Clean Core*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAB2353	Cabinet, Warming, Dual Glass Door, Freestanding		\$7,352.80	2	\$14,705.60	\$0.00	\$0.00	OFOI	2	
CAR1208	Cart, Linen, 24"x60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFOI	3	
CAR4507	Cart, Supply (Exchange), 24"x72"		\$440.79	2	\$881.58	\$0.00	\$0.00	OFOI	3	
DSP1306	Dispenser, Medication, Main Rx, 6 Drawer		\$11,676.00	1	\$11,676.00	\$0.00	\$0.00	OFVI	2	
DSP1307	Dispenser, Medication, 7 Drawer Aux		\$3,501.00	1	\$3,501.00	\$0.00	\$0.00	OFVI	2	
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2	
REF2805	Refrigerator, Blood Bank, Undercounter		\$2,780.00	1	\$2,780.00	\$0.00	\$0.00	OFOI	2	
SCN4201	Scanner, Pharmacy		\$0.00	1	\$0.00	\$0.00	\$0.00	OFVI	3	
TBA4703	Dispenser, Medication, Cubie Drawer		\$588.00	1	\$588.00	\$0.00	\$0.00	OFVI	2	
TOTALS FOR SINGLE ROOM					\$34,989.95	\$0.00	\$0.00			

ROOM TOTAL: \$34,989.95Room#: OR69 *Sub-Sterile, Surgery*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAB2353	Cabinet, Warming, Dual Glass Door, Freestanding		\$7,352.80	1	\$7,352.80	\$0.00	\$0.00	OFOI	2	
TBA4435	Sterilizer, Vacuum, Cabinet Enclosed		\$40,950.00	1	\$40,950.00	\$3,100.00	\$0.00	OFVI	1	
WSH3102	Washer, Endoscope, Countertop		\$45,000.00	1	\$45,000.00	\$1,620.00	\$0.00	OFVI	1	
TOTALS FOR SINGLE ROOM					\$93,302.80	\$4,720.00	\$0.00			

ROOM TOTAL: \$98,022.80Room#: OR70a *Scrub Alcove*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
SNK1903	Sink, Scrub, Double Bay, W/Chair Carrier		\$7,050.00	1	\$7,050.00	\$705.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$7,050.00	\$705.00	\$0.00			

ROOM TOTAL: \$7,755.00Room#: OR70b *Scrub Alcove*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
SNK1903	Sink, Scrub, Double Bay, W/Chair Carrier		\$7,050.00	1	\$7,050.00	\$705.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$7,050.00	\$705.00	\$0.00			

ROOM TOTAL: \$7,755.00Room#: OR70c *Scrub Alcove*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
SNK1903	Sink, Scrub, Double Bay, W/Chair Carrier		\$7,050.00	1	\$7,050.00	\$705.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$7,050.00	\$705.00	\$0.00			

ROOM TOTAL: \$7,755.00Room#: OR70d *Scrub Alcove*Flr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
SNK1903	Sink, Scrub, Double Bay, W/Chair Carrier		\$7,050.00	1	\$7,050.00	\$705.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$7,050.00	\$705.00	\$0.00			

ROOM TOTAL: \$7,755.00

FreemanWhite Technology Planning Services

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RECORD 005633

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, O.R.

Room#: OR71 **Pathology Frozen Section****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
MCT0308	Cryostat		\$25,648.00	1	\$25,648.00	\$0.00	\$0.00	OFDI	2	
PRN3801	Printer, Label, Barcode		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
STA0705	Workstation, Grossing, Floor		\$14,536.00	1	\$14,536.00	\$1,454.00	\$0.00	OFDI	1	
STN0007	Stainer		\$1,867.00	1	\$1,867.00	\$0.00	\$0.00	OFDI	2	
TBA4485	Printer, Laser Jet, Color		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$42,051.00	\$1,454.00	\$0.00			

ROOM TOTAL: \$43,505.00**Room#:** OR73 **C-Arm Alcove****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
XRY0622	X-Ray System, Fluoro, Mobile, C-Arm w/Accessories		\$175,000.00	1	\$175,000.00	\$0.00	\$0.00	OFDI	2	
TOTALS FOR SINGLE ROOM					\$175,000.00	\$0.00	\$0.00			

ROOM TOTAL: \$175,000.00**Room#:** OR74 **Soiled Work Room****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1215	Cart, Linen, Dirty		\$0.00	1	\$0.00	\$0.00	\$0.00	OFDI	3	
CTR1902	Container, Sharps Disposal, Floor, 17 Gal, W/Cart		\$355.00	1	\$355.00	\$0.00	\$0.00	OFDI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFDI	1	
RCP0902	Receptacle, Infectious Waste		\$50.75	5	\$253.75	\$0.00	\$0.00	OFDI	3	
TBA4427	Receptacle, Trash, Utility Truck		\$403.00	1	\$403.00	\$0.00	\$0.00	OFDI	3	
TOTALS FOR SINGLE ROOM					\$1,061.75	\$4.80	\$0.00			

ROOM TOTAL: \$1,066.55**Room#:** OR75 **Equipment Storage****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
MIC4107	Microscope, Operating, Portable		\$37,720.43	1	\$37,720.43	\$0.00	\$0.00	OFDI	2	
TBL4104	Table, Orthopedic		\$57,698.88	1	\$57,698.88	\$0.00	\$0.00	OFDI	3	
TBL4557	Table, Surgical, Bariatric		\$40,095.86	1	\$40,095.86	\$0.00	\$0.00	OFDI	2	
TOTALS FOR SINGLE ROOM					\$135,513.15	\$0.00	\$0.00			

ROOM TOTAL: \$135,513.15**Room#:** OR77 **Staff Toilet****Flr:** 1 **Space Qty:** 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:08 AM

DEPT: Surgery, O.R.

Room#: OR91 Male LockersFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		

TOTALS FOR SINGLE ROOM

\$0.00

ROOM TOTAL:

\$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, O.R.

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$1,730,161.96	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$34,906.00
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$1,730,161.96	\$0.00	\$0.00	\$0.00	\$34,906.00

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCl Owner Furnished / Contractor Installed	\$58,495.00	\$5,818.00	\$0.00	\$64,313.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$856,912.56	\$0.00	\$0.00	\$856,912.56
OFVI Owner Furnished / Vendor Installed	\$814,754.40	\$29,088.00	\$0.00	\$843,842.40
	\$1,730,161.96	\$34,906.00	\$0.00	\$1,765,067.96

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$300,000.00	\$0.00	\$0.00	\$300,000.00
1 - Fixed (Non Plant) Architecturally Significant	\$416,710.00	\$34,906.00	\$0.00	\$451,616.00
2 - Major Medical Electrical Requirements	\$853,700.57	\$0.00	\$0.00	\$853,700.57
3 - Minor Medical Non-Electrical	\$159,751.39	\$0.00	\$0.00	\$159,751.39
	\$1,730,161.96	\$34,906.00	\$0.00	\$1,765,067.96

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$1,730,161.96	\$34,906.00	\$0.00	\$1,765,067.96
	\$1,730,161.96	\$34,906.00	\$0.00	\$1,765,067.96

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, PACU

<u>Room#:</u> OR38		<u>PACU Recovery Bay (typ, 5 ea)</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1					
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>		
BRK1802	Bracket, Regulator, Suction		\$20.07	10	\$200.70	\$0.00	\$0.00	OFOI	1			
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	5	\$3,955.00	\$0.00	\$0.00	OFOI	3			
CCU0503	Intermittent Compression Unit, Extremity		\$0.00	5	\$0.00	\$0.00	\$0.00	VPNC	3			
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	5	\$0.00	\$0.00	\$0.00	OFIS	2			
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	5	\$100.00	\$0.00	\$0.00	OFCI	3			
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	5	\$250.00	\$24.00	\$0.00	OFCI	1			
FLM1502	Flowmeter, Oxygen		\$30.00	10	\$300.00	\$0.00	\$0.00	OFOI	3			
MON4272	Monitor, Physiological, Ecg, 2BP, Nibp, Spo2, Temp		\$6,837.98	5	\$34,189.90	\$0.00	\$0.00	OFVI	2			
PMP0945	Pump, Infusion, Single Channel		\$5,332.25	5	\$26,661.25	\$0.00	\$0.00	OFOI	2			
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	5	\$265.00	\$0.00	\$0.00	OFOI	3			
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	15	\$4,592.25	\$0.00	\$0.00	OFOI	3			
STR4617	Stretcher, Treatment		\$5,807.00	5	\$29,035.00	\$0.00	\$0.00	OFOI	3			
TBA4506	Bracket, Monitor, Wall Mtd, MP50-20/Computer		\$576.00	5	\$2,880.00	\$290.00	\$0.00	OFCI	1			
THE0550	Thermometer, Electronic		\$260.00	5	\$1,300.00	\$0.00	\$0.00	OFOI	3			
TRK0306	Track, Cubicle Curtain		\$100.00	5	\$500.00	\$0.00	\$0.00	OFCI	1			
TRK0913	Track, I.V., Straight, W/Tree		\$250.00	5	\$1,250.00	\$125.00	\$0.00	OFCI	1			
TOTALS FOR SINGLE ROOM					\$105,479.10	\$469.00	\$0.00					

ROOM TOTAL: \$105,968.10

<u>Room#:</u> OR39		<u>PACU Isolation / Peds Recovery</u>		<u>Flr:</u>	1	<u>Space Qty:</u>	1					
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Units</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>		
BRK1802	Bracket, Regulator, Suction		\$20.07	2	\$40.14	\$0.00	\$0.00	OFOI	1			
CAR4223	Cart, Procedure/Supply, w/Key Lock		\$791.00	1	\$791.00	\$0.00	\$0.00	OFOI	3			
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2			
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3			
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1			
FLM1502	Flowmeter, Oxygen		\$30.00	2	\$60.00	\$0.00	\$0.00	OFOI	3			
MON4272	Monitor, Physiological, Ecg, 2BP, Nibp, Spo2, Temp		\$6,837.98	1	\$6,837.98	\$0.00	\$0.00	OFVI	2			
PMP0945	Pump, Infusion, Single Channel		\$5,332.25	1	\$5,332.25	\$0.00	\$0.00	OFOI	2			
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3			
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	3	\$918.45	\$0.00	\$0.00	OFOI	3			
STR4617	Stretcher, Treatment		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3			
TBA4506	Bracket, Monitor, Wall Mtd, MP50-20/Computer		\$576.00	1	\$576.00	\$58.00	\$0.00	OFCI	1			
THE0550	Thermometer, Electronic		\$260.00	1	\$260.00	\$0.00	\$0.00	OFOI	3			
TRK0306	Track, Cubicle Curtain		\$100.00	1	\$100.00	\$10.00	\$0.00	OFCI	1			
TRK0913	Track, I.V., Straight, W/Tree		\$250.00	1	\$250.00	\$25.00	\$0.00	OFCI	1			
TOTALS FOR SINGLE ROOM					\$21,095.82	\$97.80	\$0.00					

ROOM TOTAL: \$21,193.62

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, PACU

<u>Room#:</u> OR40 <u>Nurse Station</u>		<u>Flr:</u>		<u>1</u> <u>Space Qty:</u> 1						
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
ANL3306	Analyzer, Glucose, Bedside		\$1,150.00	1	\$1,150.00	\$0.00	\$0.00	OFOI	3	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	3	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter-Top, Multi-Function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
ICE1312	Ice Maker/Dispenser, W / Water Dispenser, Counter		\$4,123.35	1	\$4,123.35	\$690.00	\$0.00	OFCI	1	
MON6898	Monitor, Central Station, 8 Bed		\$24,500.00	1	\$24,500.00	\$0.00	\$0.00	OFVI	2	
OTS0201	Otoscope/Ophthalmoscope Set, Battery Pwd, Desk Top		\$633.00	1	\$633.00	\$0.00	\$0.00	OFOI	2	
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2	
THE1802	Thermometer, Refrigerator/Freezer		\$37.89	1	\$37.89	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$30,733.24	\$690.00	\$0.00			

ROOM TOTAL: \$31,423.24

<u>Room#:</u> OR41		<u>Clean Utility</u>	<u>Flr:</u>	1		<u>Space Qty:</u> 1			
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAB2354	Cabinet, Warming, Single Glass Door, Freestanding		\$4,048.22	1	\$4,048.22	\$0.00	\$0.00	OFOI	2
CAR1208	Cart, Linen, 24"X60" W/Cover		\$568.77	1	\$568.77	\$0.00	\$0.00	OFOI	3
CAR4507	Cart, Supply (Exchange), 24"X72"		\$440.79	1	\$440.79	\$0.00	\$0.00	OFOI	3
TBA4379	Bins, Storage, Wall Mounted, Allowance		\$1,000.00	1	\$1,000.00	\$100.00	\$0.00	OFCI	1
TOTALS FOR SINGLE ROOM					\$6,058.78	\$100.00	\$0.00		

ROOM TOTAL: \$6,158.78

<u>Room#:</u> OR42 <u>Soiled Utility</u>		<u>Flr:</u> 1 <u>Space Qty:</u> 1							
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR1215	Cart, Linen, Dirty		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	3
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1
RCP0906	Receptacle, Infectious Waste, Step-On, 23 Gal		\$22.00	1	\$22.00	\$0.00	\$0.00	OFOI	3
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3
RCP2026	Receptacle, Trash/Recycle, 35 gal		\$46.39	3	\$139.17	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$284.17	\$4.80	\$0.00		

ROOM TOTAL: \$288.97

<u>Room#:</u> OR43 <u>Equipment</u>		<u>Flr:</u> 1 <u>Space Qty:</u> 1							
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
HYS0010	Hyperthermia System (Bair Hugger)		\$2,500.00	2	\$5,000.00	\$0.00	\$0.00	OFOI	2
MOD0052	Module, EtCO2		\$2,910.28	2	\$5,820.56	\$0.00	\$0.00	OFVI	2
PMPO502	Pump, Epidural		\$3,800.00	2	\$7,600.00	\$0.00	\$0.00	OFOI	2
STR1606	Stretcher, Pediatric		\$5,807.00	1	\$5,807.00	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$24,227.56	\$0.00	\$0.00		

ROOM TOTAL: \$24,227.56

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, PACU

Room#: OR44 *Crash Cart Alcove***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR0520	Cart, Emergency (Crash), 5-Drawer W/Alca		\$880.00	1	\$880.00	\$0.00	\$0.00	OFOI	3	
DFB1311	Defibrillator, Monitor, Pacemaker, Automated		\$9,196.20	1	\$9,196.20	\$0.00	\$0.00	OFOI	2	
TBA4266	Aspirator, Portable Battery-Powered		\$700.00	2	\$1,400.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$11,476.20	\$0.00	\$0.00			

ROOM TOTAL: \$11,476.20**Room#:** OR47 *Medication***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
DSP1306	Dispenser, Medication, Main Rx, 6 Drawer		\$11,676.00	1	\$11,676.00	\$0.00	\$0.00	OFVI	2	
DSP1327	Dispenser, Medication, Remote Mgr.		\$1,118.00	1	\$1,118.00	\$0.00	\$0.00	OFVI	2	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1	\$53.00	\$0.00	\$0.00	OFOI	3	
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2	
SCN4201	Scanner, Pharmacy		\$0.00	1	\$0.00	\$0.00	\$0.00	OFVI	3	
TBA4703	Dispenser, Medication, Cuble Drawer		\$588.00	1	\$588.00	\$0.00	-\$0.00	OFVI	2	
TOTALS FOR SINGLE ROOM					\$13,794.00	\$4.80	\$0.00			

ROOM TOTAL: \$13,798.80**Room#:** OR48 *Physician Dictation***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0304	Copier, Counter Top, Multi-Function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TBA4683	Pacs, Review Station, Dual Display, 3MP		\$0.00	1	\$0.00	\$0.00	\$0.00	OFOI	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** OR49 *Staff Toilet***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** OR76 *Housekeeping***Flr:** 1 **Space Qty:** 1

<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BUK1302	Bucket, Mopping		\$323.90	1	\$323.90	\$0.00	\$0.00	OFOI	3	
CAR0810	Cart, Housekeeping		\$1,187.45	1	\$1,187.45	\$0.00	\$0.00	OFOI	3	
DSP0304	Dispenser, Chemical Cleaning, Wall Mt.		\$98.00	1	\$98.00	\$0.00	\$0.00	OFCI	2	
RCP2060	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 36.5" H		\$94.58	1	\$94.58	\$0.00	\$0.00	OFOI	3	
VAC3001	Vacuum, Domestic, Upright		\$584.91	1	\$584.91	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM					\$2,288.84	\$0.00	\$0.00			

ROOM TOTAL: \$2,288.84

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, PACU

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$215,437.71	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$1,386.40
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$215,437.71	\$0.00	\$0.00	\$0.00	\$1,386.40

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$11,915.35	\$1,386.40	\$0.00	\$13,301.75
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$118,791.92	\$0.00	\$0.00	\$118,791.92
OFVI Owner Furnished / Vendor Installed	\$84,730.44	\$0.00	\$0.00	\$84,730.44
VPNC Vendor Provided No Cost	\$0.00	\$0.00	\$0.00	\$0.00
	\$215,437.71	\$1,386.40	\$0.00	\$216,824.11

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$11,320.19	\$1,386.40	\$0.00	\$12,706.59
2 - Major Medical Electrical Requirements	\$145,278.36	\$0.00	\$0.00	\$145,278.36
3 - Minor Medical Non-Electrical	\$58,839.16	\$0.00	\$0.00	\$58,839.16
	\$215,437.71	\$1,386.40	\$0.00	\$216,824.11

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$215,437.71	\$1,386.40	\$0.00	\$216,824.11
	\$215,437.71	\$1,386.40	\$0.00	\$216,824.11

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, PrePost

Room#: OR02		Wheelchair Alcove		Flr: 1	Space Qty: 1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:							\$0.00		

Room#: OR05a		Consult	Flr: 1		Space Qty: 1				
<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:								\$0.00	

<u>Room#:</u> OR05b		Consult	<u>Flr:</u> 1		<u>Space Qty:</u> 1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
ROOM TOTAL:							\$0.00		

<u>Room#:</u>	OR06	<u>Reception Desk</u>	<u>Flr:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>	
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
COP0050	Copier, Medium Volume		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
KSK1903	Kiosk, Registration Check-In, Desktop		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2	
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00			
ROOM TOTAL:							\$0.00			

Room#: OR14	Caregiver Workstation / Clerk		Flr:	1	Space Qty: 1				
<u>Cat No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TBA4388	Printer, Laser, 2 Drawers		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		
					ROOM TOTAL:			\$0.00	

<u>Room#:</u>	OR15	Assessment Alcove	<u>Flr#:</u>	1	<u>Space Qty:</u>	1				
<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	1	\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall- Mount 3 Box		\$50.00	1	\$50.00	\$4.80	\$0.00	OFCI	1	
MON4562	Monitor, Nibp/Temp/Spo2, Pole Mtd.		\$3,595.00	1	\$3,595.00	\$0.00	\$0.00	OFVI	2	
OTS0002	Otoscope/Ophthalmoscope Set, Wall/Column/Headwall Mtd.		\$669.00	1	\$669.00	\$30.00	\$0.00	OFCI	1	
SCL0909	Scale, Pediatric / Infant		\$1,795.00	1	\$1,795.00	\$0.00	\$0.00	OFOI	2	
SCL2306	Scale, Wheelchair, Wall Mtd.		\$3,195.00	1	\$3,195.00	\$320.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM					\$9,324.00	\$354.80	\$0.00			
ROOM TOTAL:									\$9,678.80	

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, PrePost

Room#: OR16 *Physician Work*Flr.: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2
PRN1233	Printer, Laser, Desktop, Networked		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00Room#: OR17 *Crash Cart Alcove*Flr.: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CAR0514	Cart, Emergency (Crash), Pediatric 9-Dra		\$1,585.00	1	\$1,585.00	\$0.00	\$0.00	OFOI	3
CAR0520	Cart, Emergency (Crash), 5-Drawer W/Alcove		\$880.00	1	\$880.00	\$0.00	\$0.00	OFOI	3
DFB1311	Defibrillator, Monitor, Pacemaker, Automated		\$9,196.20	1	\$9,196.20	\$0.00	\$0.00	OFOI	2
TBA4266	Aspirator, Portable Battery-Powered		\$700.00	1	\$700.00	\$0.00	\$0.00	OFOI	2
TOTALS FOR SINGLE ROOM					\$12,361.20	\$0.00	\$0.00		

ROOM TOTAL: \$12,361.20Room#: OR18 *Caregiver Workstation*Flr.: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
CMP2008	Computer, Workstation, w/21" Flat Panel		\$0.00	2	\$0.00	\$0.00	\$0.00	OFIS	2
COP0304	Copier, Counter Top, Multi-function		\$0.00	1	\$0.00	\$0.00	\$0.00	OFIS	2
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00Room#: OR19a *Pre-Post (typ, 14 each)*Flr.: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BRK1802	Bracket, Regulator, Suction		\$20.07	14	\$280.98	\$0.00	\$0.00	OFOI	1
BRK2124	Bracket, TV, Wall Mounted		\$55.00	14	\$770.00	\$154.00	\$0.00	OFCI	1
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal.		\$20.00	14	\$280.00	\$0.00	\$0.00	OFCI	3
OSP0707	Dispenser, Glove Box Caddy, Wall- Mount 3 Box		\$50.00	14	\$700.00	\$67.20	\$0.00	OFCI	1
FLM1502	Flowmeter, Oxygen		\$30.00	14	\$420.00	\$0.00	\$0.00	OFOI	3
MON4562	Monitor, Nibp/Temp/Spo2, Pole Mt.		\$3,595.00	14	\$50,330.00	\$0.00	\$0.00	OFOI	2
PMP0945	Pump, Infusion, Single Channel		\$5,332.25	14	\$74,651.50	\$0.00	\$0.00	OFOI	2
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	14	\$742.00	\$0.00	\$0.00	OFOI	3
REG2201	Regulator, Vacuum, Constant/Intermittent		\$306.15	14	\$4,286.10	\$0.00	\$0.00	OFOI	3
STR4617	Stretcher, Treatment		\$5,807.00	14	\$81,298.00	\$0.00	\$0.00	OFOI	3
TBA4523	Television/Video Monitor, Flat Panel, 26"		\$899.00	14	\$12,586.00	\$0.00	\$0.00	OFOI	2
TBL5704	Table, Overbed		\$604.80	14	\$8,467.20	\$0.00	\$0.00	OFOI	3
TRK0308	Track, Cubicle Curtain		\$100.00	14	\$1,400.00	\$140.00	\$0.00	OFCI	1
TRK0913	Track, I.V., Straight, W/Tree		\$250.00	14	\$3,500.00	\$350.00	\$0.00	OFCI	1
TOTALS FOR SINGLE ROOM					\$239,711.78	\$711.20	\$0.00		

ROOM TOTAL: \$240,422.98

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, PrePost

Room#: OR20a Patient ToiletFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: OR20b Patient ToiletFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

-\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: OR20c Patient ToiletFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: OR20d Patient ToiletFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: OR20e ToiletFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00			

TOTALS FOR SINGLE ROOM

\$0.00 \$0.00 \$0.00

ROOM TOTAL: \$0.00

Room#: OR22 NourishmentFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
BRW0005	Brewer, Coffee, Single Cup		\$0.00	1	\$0.00	\$0.00	\$0.00	OFCI	2	
ICE1312	Ice Maker/Dispenser, W / Water Dispenser, Counter		\$4,123.35	1	\$4,123.35	\$690.00	\$0.00	OFCI	1	
OVN3928	Microwave Oven, 2.1 Ct		\$198.00	1	\$198.00	\$0.00	\$0.00	OFCI	2	
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$289.00	1	\$289.00	\$0.00	\$0.00	OFCI	2	

TOTALS FOR SINGLE ROOM

\$4,610.35 \$690.00 \$0.00

ROOM TOTAL: \$5,300.35

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, PrePost

Room#: OR24 **Medication**

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
ANL3305	Analyzer, Glucose, Bedside		\$1,150.00	2					\$2,300.00	\$0.00	\$0.00	OFOI	3	
CTR1910	Container, Sharps Disposal, Wall-Mount 2 & 3 Gal		\$20.00	1					\$20.00	\$0.00	\$0.00	OFCI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1					\$50.00	\$4.80	\$0.00	OFCI	1	
DSP1305	Dispenser, Medication, Main Rx, 6 Drawer		\$11,676.00	1					\$11,676.00	\$0.00	\$0.00	OFCI	2	
DSP1327	Dispenser, Medication, Remote Mgr.		\$1,118.00	1					\$1,118.00	\$0.00	\$0.00	OFCI	2	
RCP2023	Receptacle, Trash, Step-On, 12 Gal, Tan		\$53.00	1					\$53.00	\$0.00	\$0.00	OFOI	3	
REF2126	Refrigerator, Undercounter, 6.0 Cu. Ft.		\$269.00	1					\$269.00	\$0.00	\$0.00	OFCI	2	
SCN4201	Scanner, Pharmacy		\$0.00	1					\$0.00	\$0.00	\$0.00	OFCI	3	
TBA4703	Dispenser, Medication, Cubie Drawer		\$598.00	1					\$598.00	\$0.00	\$0.00	OFCI	2	
TOTALS FOR SINGLE ROOM									\$16,094.00	\$4.80	\$0.00			

ROOM TOTAL: \$16,098.80**Room#:** OR25 **Clean Holding**

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAB2354	Cabinet, Warming, Single Glass Door, Freestanding		\$4,049.22	1					\$4,049.22	\$0.00	\$0.00	OFOI	2	
CAR1208	Cart, Linen, 24"x60" w/Cover		\$568.77	1					\$568.77	\$0.00	\$0.00	OFOI	3	
CAR4507	Cart, Supply (Exchange), 24"x72"		\$440.79	2					\$881.58	\$0.00	\$0.00	OFOI	3	
TBA4379	Bins, Storage, Wall Mounted, Allowance		\$1,000.00	1					\$1,000.00	\$100.00	\$0.00	OFCI	1	
TOTALS FOR SINGLE ROOM									\$6,499.57	\$100.00	\$0.00			

ROOM TOTAL: \$6,599.57**Room#:** OR26 **Soiled Utility**

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
CAR1215	Cart, Linen, Dirty		\$0.00	1					\$0.00	\$0.00	\$0.00	OFOI	3	
CTR1902	Container, Sharps Disposal, Floor, 17 Gal, w/Cart		\$355.00	1					\$355.00	\$0.00	\$0.00	OFOI	3	
DSP0707	Dispenser, Glove Box Caddy, Wall-Mount 3 Box		\$50.00	1					\$50.00	\$4.80	\$0.00	OFCI	1	
RCP0902	Receptacle, Infectious Waste		\$50.75	5					\$253.75	\$0.00	\$0.00	OFOI	3	
TBA4427	Receptacle, Trash, Utility Truck		\$403.00	1					\$403.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM									\$1,061.75	\$4.80	\$0.00			

ROOM TOTAL: \$1,066.55**Room#:** OR27 **Equipment**

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
			\$0.00						\$0.00	\$0.00	\$0.00			
TOTALS FOR SINGLE ROOM									\$0.00	\$0.00	\$0.00			

ROOM TOTAL: \$0.00**Room#:** OR28 **Alcove (Wheelchair/Stretcher)**

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Flr:</u>	<u>1</u>	<u>Space Qty:</u>	<u>1</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp</u>	<u>FiscalYr</u>
WHC0110	Wheelchair, Adult		\$690.00	2					\$1,380.00	\$0.00	\$0.00	OFOI	3	
TOTALS FOR SINGLE ROOM									\$1,380.00	\$0.00	\$0.00			

ROOM TOTAL: \$1,380.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, PrePost

Room#: OR29 Staff ToiletFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

Room#: OR30 HousekeepingFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
BUK1302	Bucket, Mopping		\$323.90	1	\$323.90	\$0.00	\$0.00	OFOI	3
CAR0810	Cart, Housekeeping		\$1,187.45	1	\$1,187.45	\$0.00	\$0.00	OFOI	3
DSP0304	Dispenser, Chemical Cleaning, Wall Mtd.		\$98.00	1	\$98.00	\$0.00	\$0.00	OFOI	2
RCP2080	Receptacle, Trash, W/O Lid, 44 U.S. Gal, 36.5" H		\$94.58	1	\$94.58	\$0.00	\$0.00	OFOI	3
VAC3001	Vacuum, Domestic, Upright		\$584.91	1	\$584.91	\$0.00	\$0.00	OFOI	3
TOTALS FOR SINGLE ROOM					\$2,288.84	\$0.00	\$0.00		

ROOM TOTAL: \$2,288.84

Room#: OR31 Quick BreakFlr: 1 Space Qty: 1

<u>Cat. No.</u>	<u>Description</u>	<u>Comments</u>	<u>Unit\$</u>	<u>Qty</u>	<u>Extended\$</u>	<u>Install\$</u>	<u>Refurb\$</u>	<u>CostCode</u>	<u>Grp FiscalYr</u>
			\$0.00		\$0.00	\$0.00	\$0.00		
TOTALS FOR SINGLE ROOM					\$0.00	\$0.00	\$0.00		

ROOM TOTAL: \$0.00

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

DEPT: Surgery, PrePost

	<u>MEDICAL EQUIP</u> (Project Cost)	<u>NON-MEDICAL EQUIP</u> (Project Cost)	<u>IS/IT EQUIP</u> (Project Cost)	<u>CAPITAL FUNDS</u> (Non-Project)	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$293,331.49	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$1,865.60
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$293,331.49	\$0.00	\$0.00	\$0.00	\$1,865.60

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
OFCI Owner Furnished / Contractor Installed	\$16,503.35	\$1,865.60	\$0.00	\$18,368.95
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$209,521.14	\$0.00	\$0.00	\$209,521.14
OFVI Owner Furnished / Vendor Installed	\$67,307.00	\$0.00	\$0.00	\$67,307.00
	\$293,331.49	\$1,865.60	\$0.00	\$295,197.09

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
1 - Fixed (Non Plant) Architecturally Significant	\$15,788.33	\$1,865.60	\$0.00	\$17,653.93
2 - Major Medical Electrical Requirements	\$171,158.92	\$0.00	\$0.00	\$171,158.92
3 - Minor Medical Non-Electrical	\$106,384.24	\$0.00	\$0.00	\$106,384.24
	\$293,331.49	\$1,865.60	\$0.00	\$295,197.09

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$293,331.49	\$1,865.60	\$0.00	\$295,197.09
	\$293,331.49	\$1,865.60	\$0.00	\$295,197.09

14-Nov-08

Room Equipment Report
C.O.N. - Roper St. Francis Hospital - Berkeley

6:06 AM

TOTALS FOR PROJECT:

	<u>MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>NON-MEDICAL EQUIP</u> <u>(Project Cost)</u>	<u>IS/IT EQUIP</u> <u>(Project Cost)</u>	<u>CAPITAL FUNDS</u> <u>(Non-Project)</u>	<u>CONTRACTOR</u>
<u>EXTENDED</u>	\$12,629,435.91	\$0.00	\$0.00	\$0.00	\$0.00
<u>INSTALLATION</u>	\$2,420.60	\$0.00	\$0.00	\$0.00	\$104,803.8
<u>REFURBISH</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>TOTAL</u>	\$12,631,856.51	\$0.00	\$0.00	\$0.00	\$104,803.8

<u>COST CODE</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
ALLOW Allowance/Owner Installed	\$0.00	\$0.00	\$0.00	\$0.00
CFCI Contractor Furnished / Contractor Installed	\$0.00	\$0.00	\$0.00	\$0.00
DEFRD Owner Furnished (Deferred) / Owner Installed	\$0.00	\$0.00	\$0.00	\$0.00
FFE Owner Furnished / FF&E Budget	\$0.00	\$0.00	\$0.00	\$0.00
FYCI Capital Replacement / Contractor Installed	\$0.00	\$0.00	\$0.00	\$0.00
FYOI Capital Replacement/ Owner Installed	\$0.00	\$0.00	\$0.00	\$0.00
FYSS Operating Expense / Communication Services Provided	\$0.00	\$0.00	\$0.00	\$0.00
LEAS Lease	\$0.00	\$0.00	\$0.00	\$0.00
LM Lease Annual Cost	\$0.00	\$0.00	\$0.00	\$0.00
NIC Not In Contract / Owner Installed	\$0.00	\$0.00	\$0.00	\$0.00
OECI Owner Reuse / Contractor Installed	\$0.00	\$0.00	\$0.00	\$0.00
OEFFE Owner Reuse/ FF&E	\$0.00	\$0.00	\$0.00	\$0.00
OEIS Owner Reuse / Information Services	\$0.00	\$0.00	\$0.00	\$0.00
OEOI Owner Reuse / Owner Installed	\$0.00	\$0.00	\$0.00	\$0.00
OESS Owner Reuse / Communications Services Supplies	\$0.00	\$0.00	\$0.00	\$0.00
OFCI Owner Furnished / Contractor Installed	\$542,440.52	\$52,371.05	\$0.00	\$594,811.57
OFFO Owner Furnished (Future) / Owner Installed	\$0.00	\$0.00	\$0.00	\$0.00
OFIS Owner Furnished / IT Budget	\$0.00	\$0.00	\$0.00	\$0.00
OFOI Owner Furnished / Owner Installed	\$4,638,074.44	\$2,420.60	\$0.00	\$4,640,495.04
OFSS Owner Furnished / Communication Services Supplied	\$0.00	\$0.00	\$0.00	\$0.00
OFVI Owner Furnished / Vendor Installed	\$7,448,920.95	\$52,432.80	\$0.00	\$7,501,353.75
SPACE Carry for Space and utility requirements	\$0.00	\$0.00	\$0.00	\$0.00
VPNC Vendor Provided No Cost	\$0.00	\$0.00	\$0.00	\$0.00
	\$12,629,435.91	\$107,224.45	\$0.00	\$12,736,660.36

<u>GROUP</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$2,185,125.00	\$5,500.00	\$0.00	\$2,190,625.00
1 - Fixed (Non Plant) Architecturally Significant	\$1,165,644.47	\$101,624.45	\$0.00	\$1,267,268.92
2 - Major Medical Electrical Requirements	\$7,185,858.75	\$0.00	\$0.00	\$7,185,858.75
3 - Minor Medical Non-Electrical	\$1,962,627.69	\$100.00	\$0.00	\$1,962,727.69
4 - Instruments	\$130,180.00	\$0.00	\$0.00	\$130,180.00
	\$12,629,435.91	\$107,224.45	\$0.00	\$12,736,660.36

<u>FISCAL YEAR</u>	<u>EXTENDED</u>	<u>INSTALLATION</u>	<u>REFURBISH</u>	<u>TOTAL COST</u>
Un-Assigned	\$12,629,435.91	\$107,224.45	\$0.00	\$12,736,660.36
	\$12,629,435.91	\$107,224.45	\$0.00	\$12,736,660.36

**Roper St. Francis Hospital
Berkeley County
HOSPITAL CON Furniture Budget**

11/14/2008

Page No.	Department/Spaces
2	Summary
4	Ancillary Services
5	Central Registration
6	Medical Records
7	Administration
8	Human Resources
9	Nursing Case Manager
10	Nursing Administration
11	Medical Staff Services
12	IV Therapy
13	Ambulatory Services
14	Cardiology Services
15	Diagnostic Imaging
17	Emergency Department
19	Laboratory
21	Respiratory Therapy
22	Rehab
23	Surgery
25	Intensive Care Unit
26	Medical/Surgical Unit
26	Mother Baby Unit - LDRP
30	Building Support Services
32	Food Service
33	Pharmacy
34	Sterile Processing

Roper St. Francis Hospital
Berkeley

FreemanWhite
11/14/2008

Furniture Budget

Facility Furniture Summary					
SUMMARY		20%		7.50%	
No.	Room/Space	Furniture Cost	Installation Cost	Sub-Total	Taxes Total
Administrative Services					
1	Ancillary Services	\$ 80,875.00	\$ 16,135.00	\$ 96,810.00	\$ 7,260.75
2	Central Registration	\$ 77,000.00	\$ 15,400.00	\$ 92,400.00	\$ 6,930.00
3	Medical Records	\$ 28,400.00	\$ 5,680.00	\$ 34,080.00	\$ 2,556.00
4	Hospital Administration	\$ 79,750.00	\$ 15,950.00	\$ 95,700.00	\$ 7,177.50
5	Human Resource	\$ 18,800.00	\$ 3,760.00	\$ 22,560.00	\$ 1,512.00
6	Nursing Case Managers	\$ -	\$ -	\$ -	\$ -
7	Nursing Administration	\$ -	\$ -	\$ -	\$ -
8	Medical Staff Services	\$ 15,950.00	\$ 3,190.00	\$ 19,140.00	\$ 1,435.50
9	Subtotal Gross Square Feet	\$ 298,575.00	\$ 59,715.00	\$ 358,290.00	\$ 26,871.75
Diagnostic and Testing					
6	Ambulatory Diagnostic Center				
7	- Reception/Waiting				
8	- PST/Specimen Collection				
9	Ambulatory Diagnostic Center	\$ 11,625.00	\$ 2,325.00	\$ 13,950.00	\$ 1,046.25
9A	IV Therapy	\$ 15,475.00	\$ 3,095.00	\$ 18,570.00	\$ 1,392.75
10	Cardiology Services	\$ 10,500.00	\$ 2,100.00	\$ 12,600.00	\$ 945.00
11	Diagnostic Imaging	\$ 31,550.00	\$ 6,310.00	\$ 37,860.00	\$ 2,839.50
12	Emergency Department	\$ 100,800.00	\$ 20,120.00	\$ 120,920.00	\$ 9,054.00
13	Laboratory	\$ 37,125.00	\$ 7,425.00	\$ 44,550.00	\$ 3,341.25
14	- Admin/Lab Area/Staff/Support		\$ -	\$ -	\$ -
15	- Body Holding Area		\$ -	\$ -	\$ -
16	Laboratory		\$ -	\$ -	\$ -
17	Respiratory Therapy	\$ 4,750.00	\$ 950.00	\$ 5,700.00	\$ 427.50
18	Rehab	\$ 8,400.00	\$ 1,680.00	\$ 10,080.00	\$ 756.00
19	Surgery	\$ 77,550.00	\$ 15,510.00	\$ 93,060.00	\$ 6,979.50
20	- Reception/Waiting Area				
21	- Pre/Post Area				
22	- PACU - First Stage Recovery				
23	- Surgery Suite				
24	- Physician/Staff Support/ Mobile Technology				
25	Surgery				
26	Subtotal Gross Square Feet	\$ 287,575.00	\$ 59,515.00	\$ 347,090.00	\$ 26,781.75
27					
Inpatient Services					
28	ICU	\$ 113,150.00	\$ 22,630.00	\$ 135,780.00	\$ 10,183.50
29	Med/Surg - Unit A	\$ 430,050.00	\$ 86,010.00	\$ 516,060.00	\$ 38,704.50
31	Subtotal ICU and MIS		\$ -	\$ -	\$ -

RECORD 005649

000270

Joint Exhibit 002-0271

Roper St. Francis Hospital
Berkeley

FreemanWhite
11/14/2008

Furniture Budget

Facility Furniture Summary					
SUMMARY		20%		7.50%	
No. Room/Space	Furniture Cost	Installation Cost	Sub-Total	Taxes	Total
32 Mother/Baby Unit		\$ -	\$ -	\$ -	\$ -
33 - Family Area/Adm In/Triage-Observation/LDRP		\$ -	\$ -	\$ -	\$ -
34 - C-Section Suite		\$ -	\$ -	\$ -	\$ -
35 - Physician/Staff Support		\$ -	\$ -	\$ -	\$ -
36 - Nursery		\$ -	\$ -	\$ -	\$ -
37 - Post-Partum Patient Care Area		\$ -	\$ -	\$ -	\$ -
38 Mother/Baby Unit	\$ 108,800.00	\$ 21,950.00	\$ 131,880.00	\$ 8,881.00	\$ 141,771.00
39 Subtotal Gross Square Feet	\$ 653,100.00	\$ 130,820.00	\$ 783,720.00	\$ 56,779.00	\$ 842,499.00
Support Services					
40 Building Support Services	\$ 52,200.00	\$ 10,440.00	\$ 62,640.00	\$ 4,698.00	\$ 67,338.00
41 Food Service	\$ 145,150.00	\$ 29,030.00	\$ 174,180.00	\$ 13,053.50	\$ 187,243.50
42 -Admin/Staff/Receiving/Storage/Prep/Kitchen Areas		\$ -	\$ -	\$ -	\$ -
43 - Public Area		\$ -	\$ -	\$ -	\$ -
44 Pharmacy	\$ 53,050.00	\$ 10,610.00	\$ 63,660.00	\$ 4,774.50	\$ 68,434.50
45 Sterile Processing	\$ 16,850.00	\$ 3,370.00	\$ 18,880.00	\$ 1,416.50	\$ 21,476.50
46 Subtotal Gross Square Feet	\$ 257,650.00	\$ 53,410.00	\$ 320,460.00	\$ 24,034.50	\$ 344,494.50
53 Furniture Cost	\$ 1,516,300.00	\$ 303,260.00	\$ 1,819,560.00	\$ 138,467.00	\$ 1,958,027.00
Furniture Budget	\$ 1,516,300.00				
Installation Budget	\$ 303,260.00				
Subtotal Budget	\$ 1,819,560.00				
Total Furniture Budget	\$ 1,958,027.00				

RECORD 005650

000271

FreemanWhite

Furniture Budget

Ancillary Services					Furniture Total														
No.	Room/Space	# of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work
Public Area																			
1	Reception/Greeting Desk	1	100	100	Reception is part of lobby. 2 FTE + 3rd	0	0	2	0	0	0	0	0	0	0	0	0	0	1
2	Patient Representative/ Advocate	1	110	110		1	0	3	0	0	0	1	0	0	0	0	0	0	0
3	Entrance Vestibule	1	140	140	Air lock vestibule	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Wheelchair Alcove	1	30	30	3'x10' alcove, space for 10 WC's	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Patient Information Kiosk	2	15	30	Location to be determined	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Public Toilet, Male	1	120	120	ADA accessible 3 fixtures	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Public Toilet, Female	1	120	120	ADA accessible 3 fixtures	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Housekeeping Closet	1	40	40		0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Chapel/Meditation Room	1	250	250		1	0	6	0	0	0	0	0	0	0	0	0	0	0
10	Offices, Pastoral Care	1	110	110	Shared; adjacent to Chapel seating for 1+3 to 4	1	0	3	0	0	0	1	0	0	0	0	0	0	0
11	Gift Shop	1	250	250	Space off the main lobby	0	0	2	0	0	0	1	0	0	0	0	0	0	0
12	Office, Gift Shop Manager	1	80	80		0	1	2	0	0	0	1	0	0	0	0	0	0	0
13	Gift Shop Storage Room	0	60	0		0	0	0	0	0	0	0	1	0	0	0	0	0	0
14	Office, Volunteer Coordinator	1	110	110		1	0	3	0	0	0	2	0	0	0	0	0	0	0
15	Volunteer Lounge/Workroom	1	180	180	Work table for 4, Lockers cube, Coats hanging space, Ref, Coffee, Own Copy, APC's work counter, marker board, tack board	0	2	8	0	0	0	0	0	0	1	1	0	0	1
16	Volunteer Storage closet	1	20	20	Storage for supplies and uniform	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Flower Room and Cart Storage	0	80	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Meeting Rooms	1	500	500		0	6	24	0	0	0	0	0	0	0	0	0	0	0
19	Meeting Room	1	250	250		0	3	12	0	0	0	0	0	2	4	0	0	0	1
20	Meeting Room Storage & Pantry	1	80	80		0	0	0	0	0	0	0	0	1	2	0	0	0	1
21	Volunteer Toilet	0	80	0	ADA accessible	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Subtotal Net Square Feet			2,520		0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Circulation			1,20		0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Subtotal Estimates Gross SF			3,024		0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Lobby/Atrium	1		1,100	Model after St. Francis Atrium concept	0	0	16	0	0	0	0	0	0	0	0	3	3	0
26	Total Estimated Gross Square Feet			4,124		0	0	0	0	0	0	0	0	0	0	0	0	0	0
						4	12	61	0	0	0	6	1	4	7	3	3	4	10
						\$10,000	\$3,800	\$56,700	\$0	\$0	\$0	\$3,900	\$300	\$800	\$1,400	\$900	\$375	\$200	\$2,500
																			\$80,675
																			1
																			\$96,810

RECORD 005651

00273

Furniture Budget

FreemanWhite

Central Registration					Furniture Total														
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Remarks	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work
1	Waiting Area	1	504	504	Registration - 8 people @ 18 sf Non-Invasive Testing - 8 @ 18 sf Radiology - 14 @ 18 sf	0	0	34	0	0	0	0	0	0	0	0	0	1	2
2	Reception Desk	1	100	100	2 FTE in peak hours	0	0	2	0	0	0	0	0	0	0	0	0	0	0
3	Office, Interview/Registrar	4	80	320	7'4" x 10'-0": Visual and acoustical privacy between offices, if registered at bedside	4	0	12	0	4	0	0	4	36	0	0	0	0	0
4	Workroom/Supply Storage	1	150	150	Copy machine, fax, printers	0	1	1	0	0	0	1	0	0	0	0	0	0	4
5	Office, Financial Counseling	1	100	100		1	0	3	0	0	0	1	0	0	0	0	0	0	0
6	Office, Supervisor	1	100	100		1	0	3	0	0	0	1	0	0	0	0	0	0	0
7	Office, Cashier	1	100	100		1	0	3	0	0	0	1	0	0	0	0	0	0	0
8	Staff Toilet	0	60	0	MUST HAVE A TOILET CLOSE BY	0	0	3	0	0	0	1	0	0	0	0	0	0	0
9	Coffee Alcove/Cont Alcove	1	20	20	part of back work space	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Square Feet				1,394		7	1	58	0	4	0	4	36	0	0	0	0	2	6
Circulation				125															
Total Estimated Gross Square Feet				1,743		\$17,500	\$300	\$40,600	\$0	\$8,000	\$0	\$2,600	\$1,200	\$7,200	\$0	\$0	\$0	\$100	\$1,500
					Where are the wrist band being placed													Total Department Cost	\$77,000
																		Installation Cost	1.2
																		Total Cost	\$92,400

RECORD 005652

002745

FreemanWhite

Medical Records				Furniture Total																
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work	
1	Reception/Incoming Records	1	80	80																
2	Waiting	1	60	60		0	0	2	0	0	0	0	0	0	0	0	0	0	0	
3	Workroom	1	120	120	Copy machine, fax, paper storage	0	0	1	0	0	0	0	2	0	1	0	0	0	0	
4	Office, Manager	1	120	120		1	0	2	0	0	0	1	1	0	0	0	0	0	0	
5	Cubicle Coder	3	60	180	2 coders and 1 audit	3	0	3	0	0	0	0	0	3	0	0	0	0	3	
6	Clinical Documentation Specialist - RN	1	50	50	Work space on the nursing units 2RN's	1	0	1	0	0	0	0	1	0	0	0	0	1	0	
7	Incomplete Chart Holding Area	1	50	50	Adjacent to Medical Staff Services/physician lounge	0	1	2	0	0	0	0	0	0	0	0	0	0	0	
8	Record Storage Area (Hard Copy)	1	40	40	Quantity to be verified	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
9	Physician Work Cubicle	0	40	0	Integrated into medical staff space	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10	Work Area, Scanning/Analysis Work Area	3	50	150		0	3	6	0	0	0	0	0	0	0	0	0	0	0	
11	Staff Toilet	1	60	60	Shared w/Central Registration	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
12	Coffee Alcove/Coal Alcove	1	50	50		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Net Square Foot				930		5	4	17	0	0	0	4	5	2	1	0	0	4	0	
Circulation				1.26																
Total Estimated Gross Square Feet				1,163	23	\$11,250	\$1,200	\$11,050	\$0	\$0	\$0	\$2,600	\$1,500	\$400	\$200	\$0	\$0	\$200	\$0	
																			Total Department Cost	\$26,400
																			Installation Cost	1.2
																			Total Cost	\$34,080

RECORD 005653

000274

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Administration		CON			Furniture Total															
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Window Treatment	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work	
Administrative Area																				
1	Secretarial Workstation/Waiting	1	140	140	2 guest chairs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2	Coat Closet	0	15	0		1	0	4	0	0	0	1	0	0	0	0	0	0	0	
3	Office, CEO	1	170	170		0	0	0	0	0	0	0	0	0	0	0	0	1	1	
4	Office, CNO	1	170	170		1	0	3	1	0	0	1	0	0	0	0	0	0	0	
5	Office, Infection Ctrl & MSDS	1	150	150	Part of Nursing Administration	1	0	3	1	0	0	1	0	0	0	1	0	0	1	
	Office, House Supervisor & Staffing Coordinator	1	140	140	2 FTE	1.5	0	3	1	0	0	1	2	0	0	0	0	0	0	
6	Office, Nursing Shared	1	140	140	2 FTE	1.5	0	3	1	0	0	1	2	1	1	0	0	1	0	
7	Workroom & Storage	1	140	140	Copy machine, fax, paper & form storage	1.5	0	3	1	0	0	1	2	1	1	0	0	1	0	
8	Secretarial Workstation	2	70	140		0	0	0	1	0	0	0	2	0	0	0	0	0	0	
9	Storage Room	1	80	80		1.5	0	4	0	0	0	2	0	0	0	0	0	0	0	
10	Office Multifunctional	1	140	140	Occupants to be determined	0	0	0	0	0	0	3	2	2	2	0	0	2	0	
11	Office, Human Resources	0	140	0		1	0	3	0	0	0	1	0	0	0	0	0	0	0	
12	Human Resources Waiting	0	60	0	Waiting applicant area	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13	Board Room	1	500	500	Teleconferencing capability	0	4	16	0	0	0	0	0	0	0	0	0	0	0	
14	Kitchenette Alcove	1	65	65	office suite	0	0	0	0	0	0	2	0	1	2	0	0	1	4	
15	Staff Toilet	1	60	60	ADA accessible	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16	Meeting Room	0	240	0	Seating to 10 to 12	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
Total Net Square Foot				2,005		10	4	42	8	0	0	14	9	6	8	0	0	8	9	
Circulation				1.35																
Total Estimated Gross Square Foot				2,767																
						\$25,000	\$1,200	\$29,400	\$8,900	\$0	\$0	\$9,100	\$2,700	\$1,200	\$1,600	\$0	\$0	\$400	\$2,250	
																		Total Department Cost		\$79,750
																		Installation Cost		1.2
																		Total Cost		\$95,700

RECORD 005654

000275

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Human Resources					CON			Furniture Total													
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work		
1	Reception Desk	0	65	0	Shared with Admin	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2	Waiting & Cubicle, Applicant	2	40	80	Computer for on-line job application	0	0	10	0	0	0	0	0	0	0	0	0	0	0		
3	Office, Employee Relations	1	120	120	Employee Health In ED	1	0	3	0	0	0	0	1	1	1	1	0	0	2		
4	Office, Multifunctional	0	120	0	Shared: use to be determined	0	0	0	0	0	0	0	0	0	0	0	0	0	1		
5	Office, Benefits Coordinator	0	120	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
6	File Storage	1	100	100	Secure	0	0	0	0	0	0	0	3	2	1	0	0	0	0		
7	Space for Staff ID Badges	0	0	0		0	0	0	0	0	0	0	4	3	2	1	0	0	0		
Total Net Square Feet				308		1	0	13	0	0	0	0	4	3	2	2	0	0	3		
Circulation				1.15																	
Total Estimated Gross Square Feet				345		\$2,500	\$0	\$9,100	\$0	\$0	\$0	\$2,600	\$900	\$400	\$400	\$0	\$0	\$150	\$750		
																Total Department Cost		\$16,800			
																Installation Cost		1.2			
																Total Cost		\$20,160			

RECORD 005655

000276

FreemanWhite

Nursing Case Manager		CON			Space Part of Admin Suite	Furniture Total																	
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtains	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work				
1	Bed Management	0	80	0	Part of Administration																		
2	Case Manager	0	80	0	Located in the ED	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
3	Medical Necessity/Admitting Case Mgr	0	90	0	In the Nursing Units	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
4	ED Case Manager	0	90	0	Located in the ED	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
5	Supervisor office	0	90	0	Located in the ED	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
6	PRN Staff work space	0	90	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0				
7	Secretarial Space	0	80	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0				
8	Support Space	0	80	0	Printers, Fax, Copy	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
9	UR Staff Office	0	80	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0				
10	Discharge Planner	0	80	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0				
11	Social Worker	0	80	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0				
12	Meeting room	0	80	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Subtotal Net Square Feet				0	share w nurse admin	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Circulation/ Mechanical				1.26		0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Subtotal Estimated Gross SF				0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
																	Total Department Cost	\$					
																	Installation Cost	1					
																	Total Cost	\$					

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9 of 34

Joint Exhibit 002-0278

FreemanWhite

[illegible]

00278

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Medical Staff Services					Furniture Total														
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work
1	Physicians' Lounge	1	150	150	Ref, Coffee, Own Seating for 6, TV														
2	Physician Dining	1	150	150	dining integrated into lounge function, Ref, Coffee, Own	0	2	8	0	0	0	0	0	0	0	0	0	0	0
3	Toilet	1	60	60	ADA accessible	0	0	2	0	0	0	0	0	0	0	0	0	0	0
4	Mailbox Alcove	1	20	20		0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Workstations	2	35	70	Computer, PACS stations	0	0	2	0	0	0	0	0	0	0	0	0	0	0
6	Coat Alcove	1	10	10		0	0	1	0	0	0	0	0	0	0	0	0	0	0
7	Medical Library	0	0	0	Not provided - on-line access	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Office, Medical Staff	0	120	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Office, Assistant VPMD	1	120	120		1	0	3	0	0	0	1	1	1	1	1	0	0	1
Total Net Square Feet				680		1	2	16	0	0	0	1	1	1	1	1	0	0	1
Circulation				1.15															
Total Estimated Gross Square Feet				667		\$2,500	\$500	\$11,200	\$0	\$0	\$0	\$650	\$300	\$200	\$200	\$0	\$0	\$50	\$250
																	Total Department Cost	\$15,950	
																	Installation Cost	1.2	
																	Total Cost	\$19,140	

RECORD 005658

000279

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

IV Therapy					Furniture Total															
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work	
1	Waiting	1	80	80	ADA accessible															
2	Infusion Bay	2	65	130		0	0	2	2	2	0	0	0	0	0	0	2	2	0	2
3	Infusion Room	1	100	100		0	0	1	1	1	0	0	0	0	0	0	0	1	1	1
4	Toilet	1	50	50		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Nurse work	1	80	80		0	0	2	0	0	0	0	0	0	0	0	1	0	0	1
6	Clean Supplies	1	90	90		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Soiled Holding	1	65	65		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Office / Work	1	85	85		0	0	1	0	0	0	0	1	0	0	0	1	0	0	0
Total Net Square Feet				660		0	0	6	3	3	0	1	0	0	2	2	3	2	3	
Circulation				1.45																
Total Estimated Gross Square Feet				957		\$0	\$0	\$3,600	\$4,500	\$4,500	\$0	\$660	\$0	\$0	\$400	\$600	\$375	\$100	\$750	
																		Total Department Cost		\$15,475
																		Installation Cost		1.2
																		Total Cost		\$16,570

RECORD 005659

000280

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Ambulatory Diagnostic Ctr.					Furniture Total															
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work	
Reception/Waiting						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shared Area						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	Waiting Room	1	108	108	8 People @18 sf	0	0	6	0	0	0	0	0	0	0	1	1	1	2	
2	Office, Manager	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support Area						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4																				
5	Staff Lounge	0	150	0	Six people; shared; Cardiology, PSTT/Specimen Collection															
6	Staff Locker Room	1	120	120		20 half-size lockers	0	1	0	0	0	0	0	0	1	1	0	0	0	0
7	Staff Toilet	1	60	60			0	0	0	0	0	0	0	0	1	0	0	0	0	0
Subtotal Net Square Feet				288		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Circulation/Mechanical				1,30		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal Estimated GSF				374		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PSTT/Specimen Collection						0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8	Scale Alcove	1	15	15		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Specimen Collection - Private	0	100	0	Autologous, Pediatrics, etc.(part of Exam room function)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Work Area with Plubs	1	150	150	labeling, P-lube															
11	Open Collection Bay	1	60	60	part of workroom															
12	PSTT Exam/Interview Room	3	120	360		0	0	3	0	0	0	0	0	0	0	0	0	0	0	0
13	Patient Toilet	1	60	60	Adjacent to specimen collection with pasobox; ADA accessible	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	EKG Alcove	1	10	10		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Clean Holding Room	0	65	0	can be integrated with Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Soiled Holding Room	0	40	0	can be integrated with Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Pre-Screening Workstation	0	0	0	Centralized - off-campus															
Subtotal Net Square Feet				655		0	1	15	0	0	0	0	0	2	1	1	1	1	1	2
Circulation				1,36																
Subtotal Estimated GSF				884		\$0	\$300	\$9,750	\$0	\$0	\$0	\$0	\$0	\$400	\$200	\$300	\$125	\$50	\$500	\$11,625
Total Estimated GSF				1,259																
																Total Department Cost				\$11,625
																Installation Cost				1,2
																Total Cost				\$13,950

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Cardiology Services					Furniture Total														
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Teg Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work
1																			
2	Reception Check-In Station	0	75	0	Contiguous to shared waiting room	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Medication Alcove	0	45	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Clean Holding Room	0	140	0	Supply Pyxis, linen carts	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Soiled Holding Room	0	65	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Multifunctional Procedure Room	0	198	0	12' x 14'	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	EKG/Holter Room	0	140	0	Hookup and Scanning workstation														
8	EKG/Holter Echo Tech Workroom	0	120	0	3 people														
9	EKG/Holter Physician Reading Room	0	100	0	2 workstations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Vascular Exam (TCOW/PVR)	1	168	168	12' x 14', Fold-Up Treadmill	0	0	2	0	0	0	0	1	1	0	0	0	1	0
11	Vascular Exam Tech Workroom	0	100	0	2 people	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Vascular Physician Reading Room	0	65	0	1 workstation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Procedure room	0	168	0	Equipment storage for Echo, Vascular & Procedure	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Equipment storage	0	140	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Echo Room	1	168	168	12' x 14', Door sizes	0	0	2	0	0	0	0	1	1	0	0	0	1	0
16	Echo Tech Workroom	0	100	0	2 people	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Echo Physician Reading Room	0	100	0	2 workstations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Stress Test Room	1	180	180	Direct access to Nuclear Medicine, and shared with ECHO										1	0			1
19	Inpatient holding Alcove	0	75	0	Next to Tech work														
20	Pulmonary Function Testing Room	1	180	180	Acoustical privacy; pulmonary stress testing; 12' x 14', Body box, exercise bike	0	0	2	0	0	0	0	1	1	1	1	0	0	1
21	Pulmonary Tech Work Alcove	0	50	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	EEG Room	0	160	0	12' x 14', with control, Part of EKG room	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	EEG Control/Tech Room	0	120	0	Record storage	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Central Technologist Workroom	1	120	120	4 workstations, printer	0	0	4	0	0	0	0	4	1	1	0	0	1	0
25	Central Physician Reading room	1	100	100	1 ECHO, 1EKG, 1 Vascular, 1 EEG/Nuclear										1	0			1
26	Patient Toilet	0	60	0	ADA accessible														
27	Record/File Storage Room	0	80	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Office, Manager	0	100	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Staff Toilet	0	80	0	ADA accessible, shared with ambulatory diagnostic	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Net Square Feet				818		0	0	10	0	0	0	0	7	6	2	0	0	6	0
Circulation				1.50															
Total Estimated Gross Square Feet				1,374		\$0	\$0	\$6,500	\$0	\$0	\$0	\$0	\$2,100	\$1,200	\$400	\$0	\$0	\$300	\$0
Total Department Cost																		\$10,500	
Installation Cost																		1.2	
Total Cost																		\$12,500	

RECORD 005661

000282

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Diagnostic Imaging				Furniture Total															
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work
	Imaging				Registration, wrist band at the main registration desk	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Administrative					0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	Office, Manager	1	100	100		1	0	3	0	0	0	1	0	1	0	0	0	1	0
2	Reception PACS work with CD burner	1	120	120	Reception, CD prep, Scanning, Order entry, Work space, prep packages	0	0	2	0	0	0	1	1	1	0	0	0	1	0
3	Med room	1	40	40	Pyds, Ref, IV cart part of tech core	0	0	0	0	0	0	0	0	0	0	1	0	0	0
4	Consult	0	110	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Radiologist Reading Room	2	80	160	2 - radiologist workstations;	0	0	2	0	0	0	0	2	0	0	0	0	0	0
6	Secretarial Work Station	0	65	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Visiting reading	0	40	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	PACS Work Area (PACS)	1	80	80	PACS administration and work space Servers part of data center	0	0	2	0	0	0	1	0	1	0	0	0	1	0
9	RIS Computer Room (PACS)	0	80	0	part of Data Center	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Transport station	0	40	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Procedure Area	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Digital Chest Room	0	180	0	Not provided	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Patient Toilet	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Digital Radiographic Room	1	280	280	Includes control area; chest bucky	0	0	1	0	0	0	0	0	0	0	0	0	1	0
15	Digital Rad/Fluoro Room	1	300	300	Includes control area; direct access to patient toilet room; chest bucky	0	0	1	0	0	0	0	0	0	0	0	0	1	0
16	Dressing Room Vestibule -	0	120	0	Open floor area	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Dressing Room	0	25	0	Lockers for patient belonging	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Dressing Room	0	40	0	ADA accessible	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Patient Toilet	0	80	0	ADA accessible; provide direct access to fluoro room from one toilet room	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Staff Work Core/Image Processing (PACS)	1	160	160	CR processing, laser printers, contrast media storage	0	0	4	0	0	0	0	4	1	1	0	0	1	0
21	Linen Alcove	1	20	20		0	0	0	0	0	0	0	0	0	0	0	0	0	0
22						0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Ultrasound & Mammography					0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Dressing Room Vestibule	1	40	40		0	0	1	0	0	0	0	0	0	0	0	0	0	0
25	Dressing Room	2	35	70		0	0	2	0	0	0	0	0	0	0	0	0	0	0
26	Mammography	1	140	140		0	0	1	0	0	0	0	1	0	0	0	0	1	0
27	Ultrasound Room	1	160	160	Separate male and female patient access ; 12' x 14'	0	0	1	0	0	0	0	1	0	0	0	0	1	0
28	Patient Toilet	1	60	60	ADA accessible	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Ultrasound /QA Tech Workstation (PACS)	0	80	0	PACS compatible; position between rooms	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30						0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Patient Holding/Recovery	2	100	200	Patients extended recovered in Ambulatory Surgery Unit - Combine with On Deck and Nuc Med Holding	0	0	2	0	0	2	0	0	0	0	0	0	0	0
38	CT & MRI					0	0	0	0	0	0	0	0	0	0	0	0	0	0
39	Sub-wallling Area	1	50	50	4 people	0	0	4	0	0	0	0	0	0	0	0	0	0	0
40	Dressing Room Vestibule	1	140	140	Open floor area	0	0	4	0	0	0	0	0	0	0	0	0	0	0
41	Dressing Room	2	25	50	CT/MRI patients	0	0	2	0	0	0	0	0	0	0	0	0	0	0
42	Dressing Room	2	40	80	ADA accessible	0	0	2	0	0	0	0	0	0	0	0	0	0	0
43	Patient Toilet	2	60	120	ADA accessible; CT/MRI patients. One room accessible from Holding/Prep bays	0	0	0	0	0	0	0	0	0	0	0	0	0	0

FreemanWhite

RECORD 005663

00284

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Emergency Department				Furniture Total														
18,000 Visits				Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work	
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments													
1					0	0	0	0	0	0	0	0	0	0	0	0	0	
2	Public Area				0	0	0	0	0	0	0	0	0	0	0	0	0	
3	Walk-In Entrance Vestibule	1	140	140	Open area	0	0	0	0	0	0	0	0	0	0	0	0	
4	Security Control Desk	1	65	65	Locate with main reception	0	0	1	0	0	0	0	0	0	0	0	1	
5	Wheelchair Alcove	1	40	40		0	0	0	0	0	0	0	0	0	0	0	0	
6	Waiting Room	1	405	405	23 people	0	0	27	0	0	0	0	0	0	2	2	1	
7	Registration Support/Equipment	1	20	20	Shared	0	0	0	0	0	0	0	0	0	0	0	0	
8	Public Toilet	2	60	120	ADA accessible	0	0	0	0	0	0	0	0	0	0	0	0	
9	Vending Alcove	1	25	25		0	0	0	0	0	0	0	0	0	0	0	0	
10	Phones	0	5	0	Not provided	0	0	0	0	0	0	0	0	0	0	0	0	
11	Administrative/Staff Area				0	0	0	0	0	0	0	0	0	0	0	0	0	
12	Reception/Registration Station	1	100	100	2 people - initial "mini-registration"	0	0	2	0	0	0	2	0	0	0	0	1	
13	Triage Room	1	140	140	Provide medical passes	0	0	2	0	0	0	1	0	1	0	0	1	
14	Triage Room	1	140	140		0	0	2	0	0	0	1	0	1	0	0	1	
15	Triage Sub-waiting Alcove open to the back	1	80	80		0	0	6	0	0	0	0	0	0	0	0	0	
16	Triage-work/protocol -stretcher	1	100	100	ADA accessible; provide acoustical and visual privacy	0	0	1	0	0	1	0	0	0	0	0	1	
17	Triage Toilet	1	60	60		0	0	0	0	0	0	0	0	0	0	0	0	
18	Counseling	1	120	120		0	0	1	0	0	0	0	0	1	0	0	0	
19	Patient Registration Work Area																	
20	Consult/Grieving Room	1	120	120		1	0	5	0	0	0	0	0	0	0	0	1	
21	Office, Nurse Manager	1	120	120		1	0	3	0	0	0	1	1	1	0	0	1	
22	Office, Medical Dir	0	120	0		0	0	0	0	0	0	0	0	0	0	0	0	
23	Office, Case Manager/Med. Necessities	1	50	90		0	0	2	0	0	0	1	1	0	0	0	1	
24	Office, ED Physician w/ tel/shower	1	160	160	Workstation, lounge chair, file cabinets	1	0	3	0	0	0	1	1	1	0	0	0	
25	Bed Mgr	1	80	80	2 Spaces	0	0	2	0	0	0	1	2	1	0	0	0	
26	Staff Lounge/Kitchenette co-locate with conf/classroom	1	280	280	6 people, Multifunction for staff meeting space, 30 half-size lockers.	0	2	8	0	0	0	0	0	1	1	0	1	
27	Staff Toilet	2	60	120	ADA accessible	0	0	0	0	0	0	0	0	2	0	0	0	
28	Office, Security	1	100	100	Security base, staff lockers	0	0	2	0	0	0	0	0	1	1	0	1	
29	Toilet Room - Security	0	80	0	Shared; EMS and security staff	0	0	0	0	0	0	0	0	0	0	0	0	
30	Office, Telephone Switchboard -- on the fringe	1	80	80	2 stations	0	0	2	0	0	0	0	1	0	0	0	1	
31	CONFERENCE/REPORT	1	240	240		0	3	12	0	0	0	0	0	1	2	0	1	
32	On-call - hospitalist -on perimeter	1	100	100		1	0	2	0	0	0	1	1	0	0	0	1	
33	On call Toilet/Shower Hospitalist -on perimeter	1	80	80	ADA accessible	0	0	0	0	0	0	0	0	0	0	0	0	
34	ED Treatment Area Urgent/Emergent					0	0	0	0	0	0	0	0	0	0	0	0	
35	Ambulance Entrance Vestibule	1	140	140	Open area	0	0	0	0	0	0	0	0	0	0	0	0	
36	Decontamination Room	1	120	120	Provide stretcher access	0	0	0	0	0	0	0	0	0	0	0	0	
37	EMS Equipment/WORK	1	120	120	Adjacent to decontam and ambulance entrance	0	0	2	0	0	0	0	1	0	0	0	1	
38						0	0	0	0	0	0	0	0	0	0	0	0	

FreemanWhite

RECORD 005665

Joint Exhibit 002-0287

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Laboratory				Furniture Total															
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work
Administrative Area																			
						0	0	0	0	0	0	0	0	0	0	0	0	0	0
						0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	Reception/Clerical	0	65	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Administrative Work Alcove	1	80	80	Fax, copy machine, office supplies	1	0	1	0	0	0	0	2	1	0	1	0	0	1
3	Office, Pathologist	1	110	110	Multifunction one room for Supervisor - Blood Bank Microbiology	1	0	3	0	0	0	0	1	1	0	1	0	0	1
4	Office, Lab Manager	1	90	90		1	0	3	0	0	0	0	1	1	0	1	0	0	0
5	Office, Shift Supervisor	0	80	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Office, Transcription	0	0	0	Centralized transcription at Roper	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	LIS Computer Room	0	100	0	part of the data center	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Office	0	100	0	visiting supervisor 2 workstation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9						0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Laboratory Area					0	0	0	0	0	0	0	0	0	0	0	0	0	0
11						0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Specimen Receiving				Peak shift staff: ____	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Receiving Bay	1	60	60	2 - 6" P-tube stations	0	0	1	0	0	0	0	0	3	0	1	0	0	0
14	Accessioning Station	1	40	40		0	0	1	0	0	0	0	0	0	0	0	0	0	0
15	Spinning Station	1	20	20		0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Send Out Station	1	20	20		0	0	0	0	0	0	0	0	0	0	0	0	0	0
17						0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Phlebotomy				Peak shift staff: 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Alcove, Label Printer	1	10	10		0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Work Station	1	40	40	Work counter, cart storage	0	0	2	0	0	0	0	0	2	0	1	0	0	0
21	Supply Storage	1	50	50	High-density shelving	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22						0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Blood Bank				Peak shift staff: ____	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Blood Bank	1	150	150		0	0	2	0	0	0	0	1	0	0	0	0	0	0
25	Refrigerator/Freezer/Storage	1	30	30		0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Workstation, Supervisor	1	40	40		0	0	1	0	0	0	0	1	1	1	1	0	0	1
27	Chemistry				Peak shift staff: ____	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Chemistry Bay	1.5	150	225		0	0	5	0	0	0	0	2	2	0	0	0	0	0
29	Workstation, Supervisor	1	40	40		0	0	1	0	0	0	0	1	0	1	1	0	0	1
30	Storage Space	1	30	30	Reagent & supply storage; shared w/Hematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Hematology/ Body Fluids				Peak shift staff: ____	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Hematology Bay	1.0	150	150		0	0	3	0	0	0	0	1	1	0	0	0	0	0
33	Body Fluids/Coagulation Bay	1	60	60		0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	Workstation, Supervisor	0	40	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
35						0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	Microbiology				Planting and incubating site	0	0	0	0	0	0	0	0	0	0	0	0	0	0
37	Microbiology Room	0.75	150	113	Includes incubators & refrigerated storage	0	0	1	0	0	0	0	0	1	0	0	0	0	0
38	Serology Bay	1	65	65		0	0	1	0	0	0	0	0	1	1	1	0	0	1
39	Workstation, Supervisor	0	25	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
40						0	0	0	0	0	0	0	0	0	0	0	0	0	0
41	Molecular Diagnostics				TO BE CONFIRMED	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	Molecular Lab	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
43	Incubator Area	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
44	Cold Room	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
45	Workstation, Supervisor	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
46						0	0	0	0	0	0	0	0	0	0	0	0	0	0
47	Histology/Cytology				Peak shift staff: ____	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Laboratory					Furniture Total															
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work	
46	Grossing Station	1	25	25	Well ventilated	0	0	1	0	0	0	0	1	0	0	0	0	0	0	
49	Staining Bay	1	25	25		0	0	1	0	0	0	0	1	0	0	0	0	0	0	
50	Histology Bay	1	25	25	Well ventilated	0	0	1	0	0	0	0	1	0	0	0	0	0	0	
51	Tissue Processor	1	25	25	2 processors	0	0	1	0	0	0	0	1	0	0	0	0	0	0	
52	Cytology - Wet Lab	1	25	25	Well ventilated	0	0	1	0	0	0	0	1	0	0	0	0	0	0	
53	Storage Alcove	1	25	25	Slides/blocks/files	0	0	1	0	0	0	0	1	0	0	0	0	0	0	
54	Workstation, Supervisor	0	25	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
55						0	0	0	0	0	0	0	0	0	0	0	0	0	0	
56	Support Area					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
57	Cold Room	1	85	85	Walk-in Unit - Central location accessible from processing bays	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
58	Bio Haz. Holding	1	20	20	close to histology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
59	Flammable/Toxic Storage Cabinet	1	20	20		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
60	General Storage Room	1	100	100		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
61	Housekeeping Closet	1	35	35		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62						0	0	0	0	0	0	0	0	0	0	0	0	0	0	
63	Staff Area					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
64	Staff Lounge/Kitchenette	1	120	120	6 seats; microwave, refrigerator, sink	0	1	4	0	0	0	0	0	1	1	0	0	1	0	
65	Lockers & Lab Coats	1	20	20	24 lockers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
66	Staff Toilet	1	60	60	ADA accessible	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
67						0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Subtotal Net Square Feet				2,013		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Circulation				1.25		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal Estimated Gross Square Feet				2,516	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Body Holding Area						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
68	Vestibule	1	60	60	Direct access to outside	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
69	Viewing Room	0	100	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
70	Refrigerated Storage	1	120	100	Well ventilated; 2 bodies (1 bariatric)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
						0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Subtotal Net Square Feet				180		3	0	24	0	0	0	0	9.5	13	3	9	0	0	6	0
Circulation				1.15																
Subtotal Estimated Gross Square Feet				184		\$7,500	\$0	\$18,875	\$0	\$0	\$0	\$6,175	\$3,975	\$600	\$1,500	\$0	\$0	\$300	\$0	
Total Estimated Gross Square Feet				2,700																
												</								

FreemanWhite

[illegible]

RECORD 005668

000283

FreemanWhite

Rehab				Furniture Total																
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work	
1	Office, Supervisor	1	100	100																
2	Staff Workroom	1	140	140	4 workstations, printers	0	0	4	0	0	0	0	2	4	1	1	0	0	1	0
3	Storage & Clean Supplies	1	120	120	Also place for DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4	GYM space	1	165	165	Steps, Parallel Bar	0	0	3	0	0	0	0	0	1	0	1	0	0	1	
5	Hydro Therapy	0	120	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6			0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Net Square Feet				525		0	0	7	0	0	0	0	2	5	1	2	0	0	2	0
Circulation				1,35																
Total Estimated Gross Square Feet				708		\$0	\$0	\$4,900	\$0	\$0	\$0	\$1,300	\$1,500	\$200	\$400	\$0	\$0	\$100	\$0	
Total Department Cost																		\$8,400		
Installation Cost																		1.2		
Total Cost																		\$10,080		

RECORD 005669

00020

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Surgery - 2 OR's, and 2 Shell OR's					Furniture Total														
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work
Reception/Waiting Area																			
1	Waiting Room	1	480	480	24 people; coffee station, peds waiting	0	0	34	0	0	0	0	0	0	0	4	4	1	4
2	Wheelchair Alcove	1	20	20		0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Vending Alcove	0	50	0	Part of main cafeteria	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Telephone Alcove	0	10	0	ADA accessible	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Consult Room	2	100	200		0	2	10	0	0	0	0	0	0	0	2	2	2	2
6	Reception Desk	1	80	80		0	0	2	0	0	0	0	0	0	0	0	0	0	1
7	Work Area Alcove	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Subtotal Net Square Feet			780		0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Circulation			1.25		0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Subtotal Estimated Gross Square Feet			975		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pre/Post Area																			
12	Office, Charge Nurse	1	80	80		0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Nurses / Control Station	1	180	180	Unit secretary, P-tube	0	0	8	0	0	0	1	4	0	1	1	0	1	0
15	Assessment Alcove	1	20	20	WC Weight	0	0	1	0	0	0	0	0	0	1	1	0	1	0
16	Physician Work Space	1	80	80	2 PC's, PACS	0	0	2	0	0	0	0	0	0	1	0	0	1	0
17	Crash Cart Alcove	1	20	20		0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Care Giver Workstation	4	25	100	One workstation per 4 pre/post rooms	0	0	4	0	0	0	0	0	0	0	0	0	0	0
19	Pre/Post Recovery Rooms	8	115	920		0	0	8	0	0	8	0	0	0	8	0	0	8	0
19a	Pre/Post Recovery Rooms	7	115	805		0	0	7	0	0	0	0	0	0	7	0	0	7	0
20	Patient Toilet, Shared	4	60	240	ADA accessible; shared between 2 pre/post	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Patient Belongings Storage Alcove	0	40	0	Alcove space	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Nourishment Alcove	1	65	65	Shared with first stage recovery; ice machine sized for ortho packs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Equipment Alcove	2	20	40		0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Medication Alcove	1	80	80	Pyxis: 1 main + 1 tower + 1 auxiliary + 1 refrigerated unit	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Clean Holding Room	1	160	160	One room shared with PACU; supply Pyxis, linen	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Soiled Holding Room	1	120	120		0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Equipment	1	150	150	Stretcher/recliner storage	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Stretcher/Wheelchair Alcove	1	50	50		0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Staff Toilet	1	60	60	ADA accessible; shared with PACU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Housekeeping Closet	1	40	40		0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Quick Break	1	60	60	Share with PACU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Subtotal Net Square Feet			3,280		0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Circulation			1.50		0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	Subtotal Estimated Gross Square Feet			4,920		0	0	0	0	0	0	0	0	0	0	0	0	0	0
PACU - First Stage Recovery																			
37	Recovery Bay	3	90	270		0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	Isolation/Pediatric Recovery Room	1	140	140	Hand washing sink at entrance to room	0	0	3	0	0	3	0	0	0	0	0	0	0	3
39	Recovery Bay	2	90	180		0	0	2	0	0	2	0	0	0	0	0	0	0	2
40	Control Station	1	120	120		0	0	4	0	0	0	0	3	1	1	0	0	1	0
41	Clean Holding Room	1	140	140		0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	Soiled Holding Room	1	80	80		0	0	0	0	0	0	0	0	0	0	0	0	0	0
43	Equipment Storage Room	1	120	120		0	0	0	0	0	0	0	0	0	0	0	0	0	0
44	Crash Cart Alcove	1	15	15		0	0	0	0	0	0	0	0	0	0	0	0	0	0
45	Warmer Alcove	0	15	0	Blankets and fluids	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46	Nourishment Alcove	0	0	0	Shared with Pre/Post area	0	0	0	0	0	0	0	0	0	0	0	0	0	0
47	Medication Alcove	1	45	45		0	0	0	0	0	0	0	0	0	0	0	0	0	0
48	Physician Dictation Room	1	50	50	2 dictation stations	0	0	2	0	0	0	0	0	1	0	0	0	1	0
49	Staff Toilet	1	60	60		0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	Subtotal Net Square Feet			1,220		0	0	0	0	0	0	0	0	0	0	0	0	0	0
51	Circulation			1.50		0	0	0	0	0	0	0	0	0	0	0	0	0	0

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Furniture Total													
						Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work
52	Subtotal Estimated Gross Square Feet			1,830		0	0	0	0	0	0	0	0	0	0	0	0	0	0
53						0	0	0	0	0	0	0	0	0	0	0	0	0	0
54	Surgery Suite					0	0	0	0	0	0	0	0	0	0	0	0	0	0
55	Inpatient Pre-Operative Holding	1	120	120	Holding for 1 patients;	0	0	1	0	0	0	0	0	0	0	0	0	0	0
56	Control Desk	1	120	120	2 people; P-tube	0	0	3	0	0	0	0	0	0	0	0	0	0	0
57	Office, Scheduling	0	0	0	Centralized off-site	0	0	0	0	0	0	0	0	0	0	0	0	0	0
58	Work Alcove	1	40	40	Copy machine, fax, files	0	0	1	0	0	0	0	0	0	0	0	0	0	0
59	Office, Charge Nurse	1	80	80		0	0	2	0	0	0	1	2	1	1	0	0	1	0
60	Office, Director Surgical Services	1	110	110		1	0	3	0	0	0	1	1	0	0	0	0	0	0
61	Office, Buyer	0	80	0	Part of SPD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62	Office, Anesthesia	1	80	80	Provide acoustical privacy	0	0	3	0	0	0	1	1	0	0	0	0	0	0
63	Anesthesia Workroom	1	160	160	Medication storage; anesthesia carts stored in ORs	0	0	2	0	0	0	2	0	1	1	0	0	1	0
64	Stretcher Alcove	4	30	120	Outside of each OR	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65	Operating Room -	2	630	1260		0	0	4	0	0	0	0	0	0	0	0	0	0	0
66	Operating Room -	2	830	1660	RN work station, PACS,	0	0	4	0	0	0	0	0	0	0	0	0	0	0
67	Operating Room - Cysto	0	500	0	Lead-lined, includes x-ray control and image developing areas	0	0	0	0	0	0	0	0	0	0	0	0	0	0
68	Clean Core	1	720	720		0	0	2	0	0	0	0	0	1	1	0	0	1	0
69	Sub-sterile Room	1	120	120	Pass thru flash sterilizer, one room on each side of OR core	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70	Scrub Alcove	4	40	160		0	0	0	0	0	0	0	0	0	0	0	0	0	0
71	Frozen Section Room	1	120	120	Pathologist and tech	0	0	2	0	0	0	1	1	1	1	0	0	0	0
72	Satellite Pharmacy	0	120	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
73	C-Arm Alcove	1	40	40	2 C-arms @ 30 SF each	0	0	0	0	0	0	0	0	0	0	0	0	0	0
74	Soiled Work Room	1	120	120		0	0	0	0	0	0	0	0	0	0	0	0	0	0
75	Equipment Storage Room	1	320	320	code 50 st/for	0	0	0	0	0	0	0	0	0	0	0	0	0	0
76	Housekeeping Closet	1	50	50		0	0	0	0	0	0	0	0	0	0	0	0	0	0
77	Toilets	1	60	60		0	0	0	0	0	0	0	0	0	0	0	0	0	0
78	Endoscopy					0	0	0	0	0	0	0	0	0	0	0	0	0	0
79	Physician Dictation Alcove	0	25	0	Adjacent to endoscopy procedure rooms	0	0	0	0	0	0	0	0	0	0	0	0	0	0
80	Endoscopy Room	0	280	0	Outside of sterile line	0	0	0	0	0	0	0	0	0	0	0	0	0	0
81	Patient Toilet	0	60	0	ADA accessible	0	0	0	0	0	0	0	0	0	0	0	0	0	0
82	Endoscopy Workroom/ clean-up	1	120	120	Direct access to endo/ minor procedure rooms	0	0	0	0	0	0	0	0	0	0	1	0	0	0
83	Endoscopy Storage Room	1	80	80	Direct access to endo/ minor procedure rooms	0	0	0	0	0	0	0	0	0	0	0	0	0	0
84	Subtotal Net Square Feet			5,260		0	0	0	0	0	0	0	0	0	0	0	0	0	0
85	Circulation/Mechanical			1,50		0	0	0	0	0	0	0	0	0	0	0	0	0	0
86	Subtotal Estimated Gross Square Feet			7,890		0	0	0	0	0	0	0	0	0	0	0	0	0	0
87						0	0	0	0	0	0	0	0	0	0	0	0	0	0
88	Physician/Staff Support					0	0	0	0	0	0	0	0	0	0	0	0	0	0
89	Lounge/Dietetics	1	240	240	12 people	0	4	16	3	0	0	0	0	1	1	2	2	1	0
90	MD Lounge	0	150	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
91	Male Locker Room	1	200	200	male physician & staff; - 40 full size lockers	0	0	1	0	0	0	0	0	0	0	0	0	0	0
92	Male Toilet/Shower Room	1	150	150	1 urinal, 1-toilet, 1 shower	0	0	0	0	0	0	0	0	0	0	0	0	0	0
93	Female Locker Room	1	300	300	Female physician & staff; 60 full-size	0	0	2	0	0	0	0	0	0	0	0	0	0	0
94	Female Toilet Shower	1	180	180	3 toilet, 1-shower	0	0	0	0	0	0	0	0	0	0	0	0	0	0
95	Visitor Locker Room	0	50	0	10 full-size lockers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
96	On-Call Rooms with Toilet/Shr	0	140	0	Anesthesia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
97	Housekeeping Closet	1	40	40		0	0	0	0	0	0	0	0	0	0	0	0	0	0
98	Subtotal Net Square Feet			1,110		0	2	84	0	0	14	1	7	1	21	8	6	29	6
	Circulation/Mechanical			1,30															
	Subtotal Estimated Gross Square Feet			1,443		\$0	\$600	\$56,800	\$0	\$0	\$4,000	\$650	\$2,100	\$200	\$4,200	\$2,400	\$750	\$1,450	\$1,500
	Total Estimated Gross Square Feet			17,058	4,265														
																		Total Department Cost	
																		\$77,550	
																		Installation Cost	
																		1.2	
																		Total Cost	
																		\$93,060	

RECORD 005671

000292

FreemanWhite

RECORD 005672

Joint Exhibit 002-0294

FreemanWhite

RECORD 005673

Joint Exhibit 002-0295

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Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Mother/Baby Unit - LDRP - 8 Beds		Furniture Total																	
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work
Family Area																			
1	Family Room	1	144	144	8 people	0	0	12	0	0	0	0	0	0	0	2	2	1	3
2	Family Kitchenette	1	20	20		0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Family Consult	0	100	0	Use triage room	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Family Toilet	1	60	60	Shared with ICU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Public Telephone Alcove	0	10	0	ADA accessible	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Wheelchair Alcove	0	20	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Reception	0	0	0	Part of Triage Nurse work station	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Area																			
8	Office, Nurse Manager	1	100	100		1	0	3	0	0	0	0	1	1	0	1	0	0	0
10	Office, Educator	0	80	0	In the M/S nursing unit	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Office, Birth Certificate Clerk	0	80	0	part of medical records	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Office, Lactation Consultant	1	100	100	Counter w/sink, 2 chairs	1	0	3	0	0	0	1	0	0	0	0	0	0	0
13	Office, Multifunctional	0	80	0	Physicians, Nurse Practitioners, etc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Physician and Anesthesia Workroom	0	80	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Triage/Observation																			
17	Scale Alcove	1	15	15		0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Triage Nurse Work Station	0	40	0	Part of LDRP Nurse Station	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Physician Work Alcove	0	35	0	Part of LDR Nurse Station	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Medication Alcove	0	75	0	shared with LDRP	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Crash Cart Alcove	0	15	0	shared with LDRP	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Nourishment Room	0	0	0	shared with LDRP	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Clean Holding Room	0	120	0	shared with LDRP	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Soiled Holding Room	0	100	0	shared with LDRP	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Equipment Alcove	1	15	15		0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Triage/Assessment/VC-Section Prep Room	2	130	260	NST	0	0	4	0	0	0	2	0	0	2	0	2	2	2
27	Anteroom-Isolation	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Triage Toilet Room	2	60	120		0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	LAB Alcove	0	30	0	Sink, Microscope	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LDRP Area																			
31	Central (Nurse) Station	1	175	175	Unit Secretary, P-Tube station	2	0	5	0	0	0	1	4	1	1	0	0	1	0
32	Work Alcove	1	40	40	Copy machine, fax	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Clinical Staff Workroom	1	40	40	1 multifunctional stations	0	0	2	0	0	0	0	2	0	0	0	0	0	0
34	Physician Workroom	1	60	60	2 workstations	0	0	2	0	0	0	0	0	0	0	0	0	0	0
35	Office, Charge Nurse	1	65	65		1	0	2	0	0	0	1	1	0	0	0	0	0	0
36	Medication Alcove	1	80	80	Pylx: 1 main + 1 tower + 1 auxiliary + 1 refrigerated unit	0	0	0	0	0	0	0	0	0	0	0	0	0	0
37	Crash Cart/Defibrillator Alcove	1	15	15		0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	Nourishment Room	1	90	90	Shared with Triage/Observation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
39	LDRP Area	8	350	2800	One negative pressure room	0	0	19	8	24	0	0	0	0	8	0	8	8	8
40	LDRP Toilet/Shower Room	8	75	600		0	0	0	0	0	0	0	0	0	0	0	0	0	0
41	LDRP - Isolation Alcove	1	20	20	Hand washing sink and supply cart	0	0	0	0	0	0	0	0	0	0	0	0	0	0

RECORD 005674

000295

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Mother/Baby Unit - LDRP - 8 Beds					Furniture Total														
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work
42	Monitor Equipment Closet	0	30	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
43	Soiled Utility/Equipment Clean-Up Room	1	135	135	Shared with C-Section space	0	0	0	0	0	0	0	0	0	0	0	0	0	0
44	Clean Holding/Delivery Equipment	1	160	160		0	0	0	0	0	0	0	0	0	0	0	0	0	0
45	Housekeeping Closet	1	40	40		0	0	0	0	0	0	0	0	0	0	0	0	0	0
46	Staff Toilet	1	60	60		0	0	0	0	0	0	0	0	0	0	0	0	0	0
47	Equipment Storage Room	1	120	120		0	0	0	0	0	0	0	0	0	0	0	0	0	0
48	Subtotal Net Square Feet			5,224		0	0	0	0	0	0	0	0	0	0	0	0	0	0
49	Circulation/Mechanical			1.50		0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	Subtotal Estimated Gross Square Feet			7,836		0	0	0	0	0	0	0	0	0	0	0	0	0	0
51						0	0	0	0	0	0	0	0	0	0	0	0	0	0
52	C-Section Suite					0	0	0	0	0	0	0	0	0	0	0	0	0	0
53	Nurse Work Alcove	1	40	40		0	0	2	0	0	0	0	2	0	1	0	0	0	1
54	C-Section Room	2	460	920	Infant stabilization	0	0	4	0	0	0	0	0	0	2	0	0	0	4
55	Infant Stabilization Room	1	180	180		0	0	2	0	0	2	0	0	2	0	0	0	2	2
56	Sub-Sterile Room	1	120	120		0	0	1	0	0	0	1	0	1	0	0	0	0	0
57	Stretcher/Bed Alcove	2	30	60		0	0	0	0	0	0	0	0	0	0	0	0	0	0
58	Scrub/Gowning Alcove	2	30	60		0	0	0	0	0	0	0	0	0	0	0	0	0	0
59	Recovery Room	3	120	360	2 bays; nurse work area	0	0	3	0	0	3	0	0	0	0	0	0	0	3
60	Clean Holding Room	1	120	120	Narcotics Pyxis, Supply Pyxis, linen cart, c-section delivery packs, sutures, etc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0
61						0	0	0	0	0	0	0	0	0	0	0	0	0	0
62	Soiled Holding Room	0	80	0	Shared	0	0	0	0	0	0	0	0	0	0	0	0	0	0
63	Anesthesia Storage Room & Work Room	1	80	80		0	0	2	0	0	0	2	0	1	0	0	0	0	1
64	Housekeeping Closet	1	25	25		0	0	0	0	0	0	0	0	0	0	0	0	0	0
65	Subtotal Net Square Feet			1,945		0	0	0	0	0	0	0	0	0	0	0	0	0	0
66	Circulation/Mechanical			1.50		0	0	0	0	0	0	0	0	0	0	0	0	0	0
67	Subtotal Estimated Gross Square Feet			2,816		0	0	0	0	0	0	0	0	0	0	0	0	0	0
68						0	0	0	0	0	0	0	0	0	0	0	0	0	0
69	Physician/Staff Support					0	0	0	0	0	0	0	0	0	0	0	0	0	0
70	Staff Locker Room	1	135	135	30 full size lockers	0	0	2	0	0	0	0	0	0	0	0	0	0	0
71	Staff Changing Room	2	35	70		0	0	2	0	0	0	0	0	0	0	0	0	0	0
72	Female Toilet Room	1	60	60		0	0	1	0	0	0	0	0	0	0	0	0	0	0
73	Male Toilet Room	1	60	60		0	0	0	0	0	0	0	0	0	0	0	0	0	0
74	Staff Lounge/Kitchenette	1	180	180	10 people, refrigerator, microwave, sink	0	2	10	0	0	0	0	0	0	1	0	0	0	1
75	Physician Lounge	0	120	0	Adjacent to LDR/C-Section and on-call rooms	0	0	0	0	0	0	0	0	0	0	0	0	0	0
76	Physician Locker Room	0	80	0	10 full size lockers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
77	Physician Changing Room	0	35	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
78	On-Call/Sleep Room	1	90	90		1	0	1	0	0	1	0	0	0	0	1	1	1	1
79	On-Call/Sleep Toilet/Shower Room	0	50	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
80	On-Call/Sleep Toilet/Shower Room	1	60	60	ADA accessible	0	0	1	0	0	0	0	0	0	0	0	0	0	0
81						0	0	0	0	0	0	0	0	0	0	0	0	0	0
82	Subtotal Net Square Feet			655		0	0	0	0	0	0	0	0	0	0	0	0	0	0
83	Circulation/Mechanical			1.35		0	0	0	0	0	0	0	0	0	0	0	0	0	0
84	Subtotal Estimated Gross Square Feet			884		0	0	0	0	0	0	0	0	0	0	0	0	0	0
85						0	0	0	0	0	0	0	0	0	0	0	0	0	0
86	Nursery					0	0	0	0	0	0	0	0	0	0	0	0	0	0
87	Scrub Vestibule	1	15	15		0	0	0	0	0	0	0	0	0	0	0	0	0	0
88	Admission Stations	1	65	65	Admission process in LDRP	0	0	1	0	0	0	0	0	0	0	0	0	0	0
89	Well Baby Stations	1	240	240	6 infant stations	0	0	2	0	0	0	0	0	0	0	0	0	0	0
90	Level II Nursery	0	300	0	2 infant stations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
91	Isolation Room	1	80	80		0	0	0	0	0	0	0	0	0	0	0	0	0	0
92	Exam/Circumcision Alcove	1	65	65		0	0	1	0	0	0	0	0	0	0	0	0	0	0

FreemanWhite

er/Baby Unit - LDRP - 8 Beds

[illegible]

RECORD 005676

00297

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Building Support Services					Furniture Total														
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work
Shared Administrative Area																			
1	Office, Plant Operations/Maintenance	1	110	110	Plan storage	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Meeting Room	1	100	100		1	0	3	0	0	0	1	1	1	1	0	0	0	0
3	Office, EVS/Linen	1	80	80		0	1	4	0	0	0	0	0	0	1	1	0	0	1
4	Office, Dietary Production Supervisor & Dietitian	1	120	120	Close to Kitchen	1	0	3	0	0	0	1	0	1	1	0	0	0	0
5	Office, Dietitian	0	90	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Office, Materials Management	1	60	60		1	0	3	0	0	0	1	0	1	1	0	0	0	0
7	Workstation, Shared	1	60	60	Operations; EVS/Linen (buyer 50%, purchasing)	1	0	1	0	0	0	0	2	0	0	0	0	0	0
8	Workstation, Clerical	1	60	60	Dietary, EVS, Patient Escort, Biomed, Plant Operations; EVS/Linen	1	0	1	0	0	0	0	2	0	0	0	0	0	0
9	Workstation, Dispatch	1	60	60	Visibility over alarm panels; adjacent to Plant Operations/Maintenance office	1	0	1	0	0	0	0	2	1	1	0	0	1	0
10	P-Tube Control Room	1	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Fire Alarm Control Panel	1	0	0	Wall mount	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Shop/Storage Room	0	180	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Workroom/File/Copy	1	80	80	Copy machine, files	0	1	1	0	0	0	3	0	1	1	0	0	0	0
14	Building System Monitoring / Security Monitoring	0	120	0	In the ED Program	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Phone Operator / Fire Alarm	0	120	0	In the ED Program	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16						0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Subtotal Net Square Feet			710		0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Circulation/Mechanical			1.15		0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Subtotal Estimated Gross Square Feet			817		0	0	0	0	0	0	0	0	0	0	0	0	0	0
20																			
21	Shared Staff Support																		
22	Staff Lounge/Kitchenette	1	150	150	Biomed, Dietary, EVS, Maintenance, 8 people	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Staff Locker Room	1	90	90	30 half-size lockers	0	0	2	0	0	0	0	0	1	1	0	0	1	0
24	Staff Toilet	2	60	120		0	0	0	0	0	0	0	0	0	0	0	0	0	1
25						0	0	0	0	0	0	0	0	2	0	0	0	0	0
26	Subtotal Net Square Feet			360		0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Circulation/Mechanical			1.15		0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Subtotal Estimated Gross Square Feet			414		0	0	0	0	0	0	0	0	0	0	0	0	0	0
29																			
30	Environmental Services																		
	Equipment Storage Room	1	180	180	Secure, 4 rider floor care equipment, space for battery charging good ventilation, washer and dryer	0	2	2	0	0	0	2	0	1	1	0	0	1	0
31	Paper Product Storage	0	80	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Equipment Clean-Up Room	1	85	85	Washer, dryer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	Medical Equipment Storage/Dispatch	0	140	0	part of MM	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	Chemical Storage Room	1	65	65	good ventilation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	General Storage Room	1	80	80	includes linen	0	0	0	0	0	0	0	0	0	0	0	0	0	0
37	Clean Linen Holding Room (80% exchange), 12 carts and fixed shelving for PAR, Scrubs	1	240	240	space for makeup carts and disaster carts	0	2	2	0	0	0	1	1	1	1	0	0	1	0

FreemanWhite

Building Support Services				Furniture Total																
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand	Night Stand Lamp	Clocks	Art Work	
38	Soiled Linen Holding Room	1	160	160		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
39	Mailroom/Copy Center	1	110	110	1 staff, also space for patient transport	0	1	2	0	0	0	2	0	1	1	0	0	1	0	
40	Stretcher and WC storage Alcove	1	110	110	8 x 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
41	Subtotal Net Square Feet			1,010		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
42	Circulation/Mechanical			1,25		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
43	Subtotal Estimated Gross Square Feet			1,263		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
44						0	0	0	0	0	0	0	0	0	0	0	0	0	0	
45	Materials Management					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
46	Receiving Dock	0	0	0	Exterior; general receiving - 2 bays; trash dumpster and cardboard compactor; clean & soiled linen bays	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
47	Biohazardous Waste Storage Room - EVS	1	100	100		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
48	Hazardous Waste Storage Room - EVS	0	100	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
49	Medical Gas Storage Room	1	100	100	Internal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
50	Receiving/Breakout Vestibule	1	150	150		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
51	General Supply Room	1	1,000	1000	JIT or high density shelving	0	3	3	0	0	0	3	3	1	1	0	0	1	0	
52	Medical Equipment Storage Room	1	225	225	Bed storage (caged storage in supply)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
53	Equipment Issue/Patient Charge Storage	0	225	0	(Caged storage in supply room)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
54	Subtotal Net Square Feet			1,675		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
55	Circulation/Mechanical			1,20		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
56	Subtotal Estimated Gross Square Feet			1,890		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
57						0	0	0	0	0	0	0	0	0	0	0	0	0	0	
58						0	0	0	0	0	0	0	0	0	0	0	0	0	0	
59	Plant Operations					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
60	Biomedical Engineering Workshop	1	180	180		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
61	Biomedical - Clerical Work	0	65	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	PC Tech Support w/storage	1	140	140		0	2	2	0	0	0	2	2	1	1	0	0	1	0	
63	PC Storage Space	0	80	0		0														

RECORD 005678

Joint Exhibit 002-0300

Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Food Service																			
No.	Room/Space	Approved Program 08/29/07	Unit Space (NSF)	Room Total	Comments	Desk	Table	Chair	Lounge	Wardrobe	Cubicle	Lateral	Box File	Tan	White	Black	Black	Clocks	Art Work
Administrative/Staff Area																			
1	Office, Director	0	0	0	Off-site	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Office, Production Supervisor	1	0	0	Located in Shared Administrative Support Services area	1	0	3	0	0	0	1	0	0	0	0	0	0	0
3	Office, Diellian	1	0	0	Located in Shared Administrative Support Services area	1	0	3	0	0	0	1	0	0	0	0	0	0	0
4	Staff Lounge	0	0	0	Located in Shared Administrative Support Services area	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Staff Locker Room	1	40	40		0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Staff Toilet	1	60	60		0	0	0	0	0	0	0	0	0	0	0	0	0	0
7						0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Receiving/Storage Area					0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Receiving Area	1	80	80		0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Dry Storage	1	160	160		0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Prep Good Storage	1	60	60		0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Vending Storage	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Catering Storage Room	1	60	60		0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Refrigerator	1	120	120		0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Freezer	1	80	80		0	0	0	0	0	0	0	0	0	0	0	0	0	0
16						0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Preparation Area				Room Service Menu concept	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Food Cart Storage Area	1	75	75		0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Food Preparation	1	1,250	1,250		0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Kitchen Support Area					0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Housekeeping Closet	1	40	40		0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Dish/Pot & Pan Washing	1	160	160		0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Cart Cleaning Area	1	30	30		0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Waste Holding Room	0	85	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
25						0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Subtotal Net Square Feet			2,205		0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Circulation/Mechanical			1,20		0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Subtotal Estimated Gross Square Feet			2,646		0	0	0	0	0	0	0	0	0	0	0	0	0	0
29						0	0	0	0	0	0	0	0	0	0	0	0	0	0
Public Area																			
30	Tray Pick-Up	1	40	40		0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Deli/Café	1	400	400		0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Cashier	2	50	100	Single sided	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Condiments/Silverware Area	1	40	40		0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	Cafeteria Seating	1	900	900	60 people	0	14	56	0	0	0	0	0	0	0	0	0	0	0
35	Private Dining/Conference Room	0	300	0	15 people	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	Soiled Tray Drop	1	65	65		0	0	0	0	0	0	0	0	0	0	0	0	0	0
37						0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	Vending Area	1	100	100	Outsourced; visible from seating area, accessible after-hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0
39						0	0	0	0	0	0	0	0	0	0	0	0	0	0
40	Subtotal Net Square Feet			1,645		0	0	0	0	0	0	0	0	0	0	0	0	0	0
41	Circulation/Mechanical			1,20		2	14	72	0	0	0	2	0	3	2	0	0	5	8
	Subtotal Estimated GSF			1,974		\$4,000	\$4,200	\$32,400	\$0	\$0	\$0	\$1,300	\$0	\$600	\$400	\$0	\$0	\$250	\$2,000
Total Estimated Gross Square Feet																			
				4,620	92														
															Allowance for Table Ware				
															\$100,000				
															Total Department Cost				
															\$145,150				
															Installation Cost				
															12				
															Total Cost				
															\$174,180				

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3:41 PM 11/13/2008
32 of 34

Joint Exhibit 002-0301

RECORD 005679

00300

FreemanWhite

RECORD 005680



Roper St. Francis Hospital
Berkeley

FreemanWhite

Furniture Budget

Sterile Processing																
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments	Desk	Table (4 Top)	Chair	Lounge Chair	Wardrobe	Cubicle Curtain	Lateral File	Box File	Tag Board	White Board	Night Stand
1	Decon Scanning Work Station	0	10	0												
2	Decontamination/Soiled Receiving Room	1	150	150	Negative pressure ventilation											
3	Housekeeping Closet	1	25	25				1					1		1	
4	Pass-Thru Washers	1	80	80												
5	Cart/Equipment Wash	1	80	80												
6	Equipment Drying Area	1	85	85												
7	Pack & Wrap Area	1	180	180	8' x 10'; Slip resistant floor											
8	Packing Supplies and Bio Markers	1	40	40	Provide positive pressure ventilation; instrument reassembly		1	4				2		1	1	
9	Sterrad Alcove	1	20	20				1								
10	Terminal Sterilizer Equipment	1	110	110	Sized to accommodate 2 sterilizers											
11	Instrument Cooling Area	1	40	40	Provide exhaust											
12	Sterile Supply Storage Area	1	192	192	16 - 2x4 carts Needs to be confirmed by layout, may grow using space from other reductions in dept.											
13	Sterile Instrumentation Storage Area	1	192	192	16 - 2x4 carts											
14	Case Cart Holding Area	1	96	96	8 carts											
15	Vendor - Prosthetic Storage	1	100	100												
16	Housekeeping Closet	1	30	30												
17	ORT Buyer/inventory control	1	45	45												
18	Dispatch Station	1	45	45				1								
19	Office, Supervisor	1	0	0				1								
20	Equipment Holding	1	100	100	Open floor area, house equipment			3								
21	Linen Pack Storage	1	36	36	3 carts											
22	Support Area															
23	Staff Vestibule	0	50	0												
24	Staff Locker Alcove	1	40	40												
25	Staff Lounge	0	120	0				1								
26	Staff Toilet	1	50	50												
Total Net Square Feet				1,716												
Circulation/Mechanical				1.20												
Total Estimated Gross Square Feet				2,059												
						412	\$2,000	\$300	\$7,800	\$0	\$0	\$0	\$3,900	\$0	\$1,200	\$1,200
															Total Department Cost	
															\$15,650	
															Installation Cost	
															1.2	
															Total Cost	
															\$19,960	

RECORD 005681

RECORD 005682

RSFH - Berkeley - IT Budget		14-Nov-08
IT Budget Items		
Structured Data Cabeling	\$	193,908
Telephone System and Equipment	\$	499,189
Desktop PC & Printers	\$	700,000
Network Electronics inc. Wireless	\$	551,251
Dictation System & Equipment	\$	98,443
Nurse Call and Code Blue	\$	68,645
Intercom System	\$	7,057
Public Address	\$	
TV Equipment	\$	91,859
Audio Visual Equipment	\$	27,222
Video Surveillance & Clinical Video		
Access Control & Personal Security	\$	118,128
Radio System	\$	45,024
Time and Attandance	\$	36,195
Software	\$	1,200,000
Misc.	\$	400,000
IT Budget =	\$	4,036,920
15% Installation Charges =	\$	605,538
Sub-Total =	\$	4,642,458
7.5% Sales Tax =	\$	348,184
Total IT Budget =	\$	4,990,642

FreemanWhite, Inc.

11/14/2008

Joint Exhibit 002-0304

000303

Building Number	Description	Model Number	Manufacturer	Department Main Name	Room Name	Costing	Budget	Unit Cost	
DSP1308 SCN4201	Dispenser, Medication, Main Rx, 6 Drawer R3MBD6R5W3 Scanner, Pharmacy MPCSF2	MedStation System 3500 Brother/Pixis Connect MPCSF2	Pixis Corporation Pixis Corporation	Diagnostic Imaging Diagnostic Imaging	Medication Medication	Owner Fulfilled / Owner Fulfilled /	1.00 \$ 1.00 \$	\$5,883.00 11,346.00	\$55,883.00 \$11,346.00
DSP1303 DSP1306 DSP1307 DSP1327 TBA4703 SCN4201	Dispenser, Medication, "4 Dr. Tower Unit" M35A400 Dispenser, Medication, Main Rx, 6 Drawer R3MBD6R5W3 Dispenser, Medication, 7 Drawer Aux M2A7DR Dispenser, Medication, Remote Mgr. MSRM Dispenser, Medication, Cubic Drawer Scanner, Pharmacy MPCSF2	MedStation System 3500 MedStation System 3500 MedStation System 3500 Smart Remote Manager MRM Pocket 1x3 M2CBDR Brother/Pixis Connect MPCSF2	Pixis Corporation Pixis Corporation Pixis Corporation Pixis Corporation Pixis Corporation Pixis Corporation	Emergency Department Emergency Department Emergency Department Emergency Department Medical Surgical Unit A Emergency Department	Medication Medication Medication Medication Medication Medication	Owner Fulfilled / Owner Fulfilled / Owner Fulfilled / Owner Fulfilled / Owner Fulfilled / Owner Fulfilled /	1.00 \$ 1.00 \$ 1.00 \$ 1.00 \$ 1.00 \$ 2.00 \$	\$5,883.00 11,112.00 55,883.00 26,883.00 3,884.00 3,580.00	\$55,883.00 \$11,112.00 \$55,883.00 \$26,883.00 \$3,884.00 \$7,120.00
DSP1308 DSP1307 DSP1303 DSP1327 TBA4703 SCN4201	Dispenser, Medication, Main Rx, 6 Drawer R3MBD6R5W3 Dispenser, Medication, 7 Drawer Aux M2A7DR Dispenser, Medication, "4 Dr. Tower Unit" Dispenser, Medication, Remote Mgr. MSRM Dispenser, Medication, Cubic Drawer Scanner, Pharmacy MPCSF2	MedStation System 3500 MedStation System 3500 MedStation System 3500 Smart Remote Manager MRM Pocket 1x3 M2CBDR Brother/Pixis Connect MPCSF2	Pixis Corporation Pixis Corporation Pixis Corporation Pixis Corporation Pixis Corporation Pixis Corporation	Intensive Care Intensive Care Intensive Care Intensive Care Intensive Care Intensive Care	Medication Medication Medication Medication Medication Medication	Owner Fulfilled / Owner Fulfilled / Owner Fulfilled / Owner Fulfilled / Owner Fulfilled / Owner Fulfilled /	1.00 \$ 1.00 \$ 1.00 \$ 1.00 \$ 1.00 \$ 2.00 \$	\$5,883.00 26,883.00 3,884.00 3,580.00 11,346.00	\$55,883.00 \$26,883.00 \$11,112.00 \$3,884.00 \$7,120.00 \$11,346.00
DSP1303 DSP1306 DSP1307 DSP1327 TBA4703 SCN4201	Dispenser, Medication, "4 Dr. Tower Unit" M35A400 Dispenser, Medication, Main Rx, 6 Drawer R3MBD6R5W3 Dispenser, Medication, 7 Drawer Aux M2A7DR Dispenser, Medication, Remote Mgr. MSRM Scanner, Pharmacy MPCSF2 Dispenser, Medication, Cubic Drawer	MedStation System 3500 MedStation System 3500 MedStation System 3500 Smart Remote Manager MRM Brother/Pixis Connect MPCSF2 Pocket 1x3 M2CBDR	Pixis Corporation Pixis Corporation Pixis Corporation Pixis Corporation Pixis Corporation Pixis Corporation	Medical Surgical Unit A Medical Surgical Unit A Medical Surgical Unit A Medical Surgical Unit A Medical Surgical Unit A Medical Surgical Unit A	Medication Medication Medication Medication Medication Medication	Owner Fulfilled / Owner Fulfilled / Owner Fulfilled / Owner Fulfilled / Owner Fulfilled / Owner Fulfilled /	1.00 \$ 1.00 \$ 1.00 \$ 1.00 \$ 1.00 \$ 2.00 \$	11,112.00 55,883.00 26,883.00 3,884.00 11,346.00 3,580.00	\$11,112.00 \$55,883.00 \$26,883.00 \$3,884.00 \$11,346.00 \$7,120.00
DSP1303 DSP1306 DSP1307 DSP1327 TBA4703 SCN4201	Dispenser, Medication, "4 Dr. Tower Unit" M35A400 Dispenser, Medication, Main Rx, 6 Drawer R3MBD6R5W3 Dispenser, Medication, 7 Drawer Aux M2A7DR Dispenser, Medication, Remote Mgr. MSRM Dispenser, Medication, Cubic Drawer Scanner, Pharmacy MPCSF2	MedStation System 3500 MedStation System 3500 MedStation System 3500 Smart Remote Manager MRM Pocket 1x3 M2CBDR Brother/Pixis Connect MPCSF2	Pixis Corporation Pixis Corporation Pixis Corporation Pixis Corporation Pixis Corporation Pixis Corporation	Medical Surgical Unit A Medical Surgical Unit A Medical Surgical Unit A Medical Surgical Unit A Medical Surgical Unit A Medical Surgical Unit A	Medication Medication Medication Medication Medication Medication	Owner Fulfilled / Owner Fulfilled / Owner Fulfilled / Owner Fulfilled / Owner Fulfilled / Owner Fulfilled /	1.00 \$ 1.00 \$ 1.00 \$ 1.00 \$ 1.00 \$ 2.00 \$	11,112.00 55,883.00 26,883.00 3,884.00 11,346.00 3,580.00	\$11,112.00 \$55,883.00 \$26,883.00 \$3,884.00 \$11,346.00 \$7,120.00
DSP1306 DSP1307 DSP1327 SCN4201	Dispenser, Medication, Main Rx, 6 Drawer R3MBD6R5W3 Dispenser, Medication, "4 Dr. Tower Unit" M35A400 Dispenser, Medication, Remote Mgr. MSRM Scanner, Pharmacy MPCSF2	MedStation System 3500 MedStation System 3500 Smart Remote Manager MRM Brother/Pixis Connect MPCSF2	Pixis Corporation Pixis Corporation Pixis Corporation Pixis Corporation	Medical Surgical Unit A Medical Surgical Unit A Mother-Baby Unit Mother-Baby Unit	Nurse Work Alcove, LDRP Nurse Work Alcove, LDRP Nurse Work Alcove, LDRP Nurse Work Alcove, LDRP	Owner Fulfilled / Owner Fulfilled / Owner Fulfilled / Owner Fulfilled /	1.00 \$ 1.00 \$ 1.00 \$ 1.00 \$	\$5,883.00 11,112.00 3,084.00 11,346.00	\$55,883.00 \$11,112.00 \$3,884.00 \$11,346.00
DSP1308 DSP1303 DSP1327 SCN4201	Dispenser, Medication, Main Rx, 6 Drawer R3MBD6R5W3 Dispenser, Medication, "4 Dr. Tower Unit" M35A400 Dispenser, Medication, Remote Mgr. MRM Scanner, Pharmacy MPCSF2	MedStation System 3500 MedStation System 3500 Smart Remote Manager MRM Brother/Pixis Connect MPCSF2	Pixis Corporation Pixis Corporation Pixis Corporation Pixis Corporation	Mother-Baby Unit Mother-Baby Unit Mother-Baby Unit Mother-Baby Unit	Medication, LDRP Medication, LDRP Medication, LDRP Medication, LDRP	Owner Fulfilled / Owner Fulfilled / Owner Fulfilled / Owner Fulfilled /	1.00 \$ 1.00 \$ 1.00 \$ 1.00 \$	\$5,883.00 11,112.00 3,884.00 11,346.00	\$55,883.00 \$11,112.00 \$3,884.00 \$11,346.00
DSP1306 DSP1327 SCN4201	Dispenser, Medication, Main Rx, 6 Drawer R3MBD6R5W3 Dispenser, Medication, Remote Mgr. MSRM Scanner, Pharmacy MPCSF2	MedStation System 3500 Smart Remote Manager MRM Brother/Pixis Connect MPCSF2	Pixis Corporation Pixis Corporation Pixis Corporation	Mother-Baby Unit Mother-Baby Unit Mother-Baby Unit	Nursery, Medication Nursery, Medication Nursery, Medication	Owner Fulfilled / Owner Fulfilled / Owner Fulfilled /	1.00 \$ 1.00 \$ 1.00 \$	\$5,883.00 3,884.00 11,346.00	\$55,883.00 \$3,884.00 \$11,346.00
TBA4701 TBA4702	Dispenser, Medication, Main Console R3C5 Dispenser, Connect2 Base system	3500 Control Station w/cabinet Connect2 Base system MPC862	Pixis Corporation Pixis Corporation	Pharmacy Pharmacy	Pixis Work Pixis Work	Owner Fulfilled / Owner Fulfilled /	1.00 \$ 1.00 \$	41,319.00 27,284.00	\$41,319.00 \$27,284.00
DSP1308 DSP1327 SCN4201	Dispenser, Medication, Main Rx, 6 Drawer R3MBD6R5W3 Dispenser, Medication, Remote Mgr. MSRM Scanner, Pharmacy MPCSF2	MedStation System 3500 Smart Remote Manager MRM Brother/Pixis Connect MPCSF2	Pixis Corporation Pixis Corporation Pixis Corporation	Surgery Surgery Surgery	Medication Medication Medication	Owner Fulfilled / Owner Fulfilled / Owner Fulfilled /	1.00 \$ 1.00 \$ 1.00 \$	\$5,883.00 3,884.00 11,346.00	\$55,883.00 \$3,884.00 \$11,346.00
DSP1306 DSP1327 SCN4201	Dispenser, Medication, Main Rx, 6 Drawer R3MBD6R5W3 Dispenser, Medication, Remote Mgr. MSRM Scanner, Pharmacy MPCSF2	MedStation System 3500 Smart Remote Manager MRM Brother/Pixis Connect MPCSF2	Pixis Corporation Pixis Corporation Pixis Corporation	Surgery Surgery Surgery	Medication Medication Medication	Owner Fulfilled / Owner Fulfilled / Owner Fulfilled /	1.00 \$ 1.00 \$ 1.00 \$	\$5,883.00 3,884.00 11,346.00	\$55,883.00 \$3,884.00 \$11,346.00
DSP1306	Dispenser, Medication, Main Rx, 6 Drawer R3MBD6R5W3	MedStation System 3500	Pixis Corporation	Surgery	Clean Care	Owner Fulfilled /	1.00 \$	\$5,883.00	\$55,883.00
DSP1306 SCN4201	Dispenser, Oil Safe Vault M25A6DONV Dispenser, Oil Safe Main Console M2C2BXP7T Scanner, Pharmacy MPCSF2	Oil Safe Oil Safe Brother/Pixis Connect MPCSF2	Pixis Corporation Pixis Corporation Pixis Corporation	Pharmacy Pharmacy Pharmacy	Pixis Work Pixis Work Pixis Work	Owner Fulfilled / Vendor Owner Fulfilled / Vendor Owner Fulfilled /	2.00 \$ 1.00 \$ 1.00 \$	18,182.00 47,252.00 11,346.00	\$33,364.00 \$47,252.00 \$11,346.00
7.5% sales tax									\$1,125,308.00
									\$84,388.00
									\$1,209,706.00

000304

Attachment 3

**Map
Deed
Site Plans**

000305

Proposed Site

SC HWY 16

SC HWY 17-A

000306

RECORD 005685

Joint Exhibit 002-0307

This deed is being re-recorded to correct the Declaration recording information in Exhibit C (page 8) 00003637 Vol: 7149 Pg: 297

00004342 Vol: 7163 Pg: 114

**THIS DEED CONTAINS AN ARBITRATION AGREEMENT SUBJECT
TO THE SOUTH CAROLINA ARBITRATION ACT, §15-48-10 et seq.
CODE OF LAWS OF SOUTH CAROLINA, 1976**

STATE OF SOUTH CAROLINA)
COUNTY OF BERKELEY) TITLE TO REAL ESTATE
(LIMITED WARRANTY DEED)

KNOW ALL MEN BY THESE PRESENTS, that CARNES CROSSROADS ASSOCIATES, LLC, a South Carolina limited liability company (the "Grantor") in the State aforesaid, for and in consideration of Eight Million Nine Hundred Two Thousand Seven Hundred and no/100 (\$8,902,700.00) Dollars, to it in hand paid by MEDICAL SOCIETY OF SOUTH CAROLINA, a South Carolina non-profit corporation, (the "Grantee"), the receipt and sufficiency of which is hereby acknowledged, has granted, bargained, sold and released and by these Presents does grant, bargain, sell and release, subject to the Permitted Exceptions as hereinafter defined, unto the Grantee, its successors and assigns the following described property, to-wit:

ALL that lot, piece or parcel of land situate, lying and being in the City of Goose Creek, Berkeley County, South Carolina, consisting of approximately 95.88 acres and as more fully described on the attached Exhibit A which is incorporated herein by reference (the "Property")

Grantee's Address: 69-B Barra Street
Charleston, SC 29401

TMS No.: 209-00-01-080

THIS CONVEYANCE IS MADE SUBJECT TO all covenants, restrictions, conditions and easements of record and the matters set forth in Exhibit "B" and Exhibit "C" attached hereto and incorporated herein by reference (collectively, the "Permitted Exceptions").

TOGETHER with all and singular, the rights, members, hereditaments and appurtenances to the said Property belonging, or in anywise incident or appertaining.

TO HAVE AND TO HOLD, all and singular, the Property, subject to the Permitted Exceptions, unto the said Grantee, its successors and assigns forever.

AND Grantor hereby covenants with the Grantee that Grantor will warrant and defend the title to the Property, subject to the Permitted Exceptions, against the lawful claims of all persons claiming by, under or through Grantor and no others.

(01027360.7) Moore & Van Allen, PLLC
40 Calhoun Street Ste. 300
Charleston, SC 29401

MIC 028037.154

9

000307

00003637 Vol: 7149 Pg: 298

00004342 Vol: 7163 Pg: 115

IN WITNESS WHEREOF, Grantor has caused these presents to be executed by its duly authorized officer, as of the 7 day of February, 2008.

SIGNED, SEALED AND DELIVERED
IN THE PRESENCE OF:

Carnes Crossroads Associates, LLC, a South
Carolina limited liability company

By: [Signature]
Matthew R. Sloan
Its: President

[Signature]
[Signature]

STATE OF SOUTH CAROLINA)
COUNTY OF BERKELEY)

ACKNOWLEDGMENT

I, the undersigned Notary Public for South Carolina, do hereby certify that Carnes Crossroads Associates, LLC, a South Carolina limited liability company, by Matthew R. Sloan, its President personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

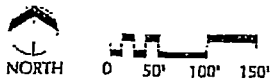
Witness my hand and official seal this the 7 day of February, 2008.

[Signature]
Notary Public for South Carolina
My Commission Expires: 1/25/12



{01027360.7}

000308



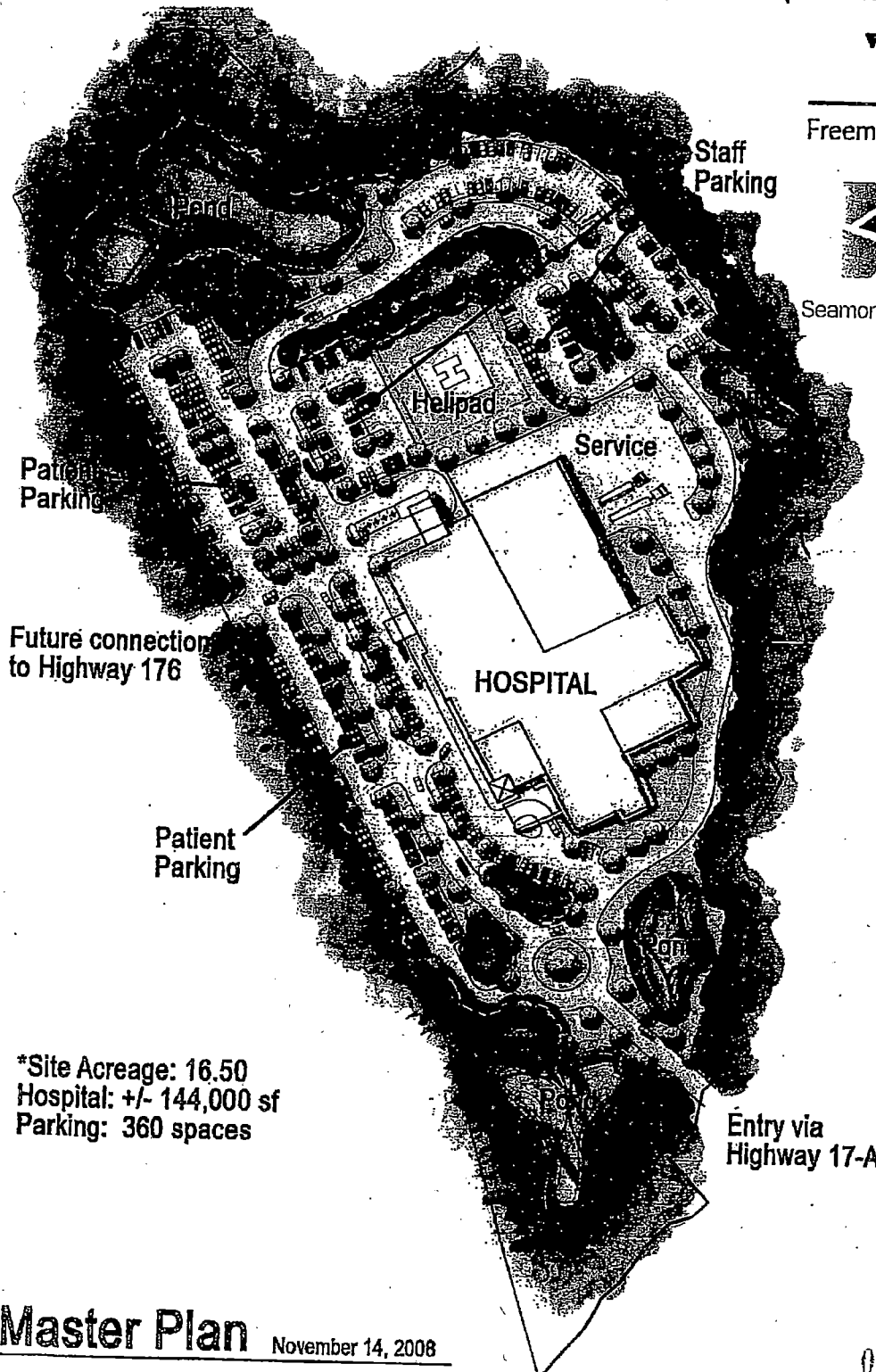
ROPER
ST FRANCIS
HEALTHCARE



FreemanWhite



SeamonWhiteside



*Site Acreage: 16.50
Hospital: +/- 144,000 sf
Parking: 360 spaces

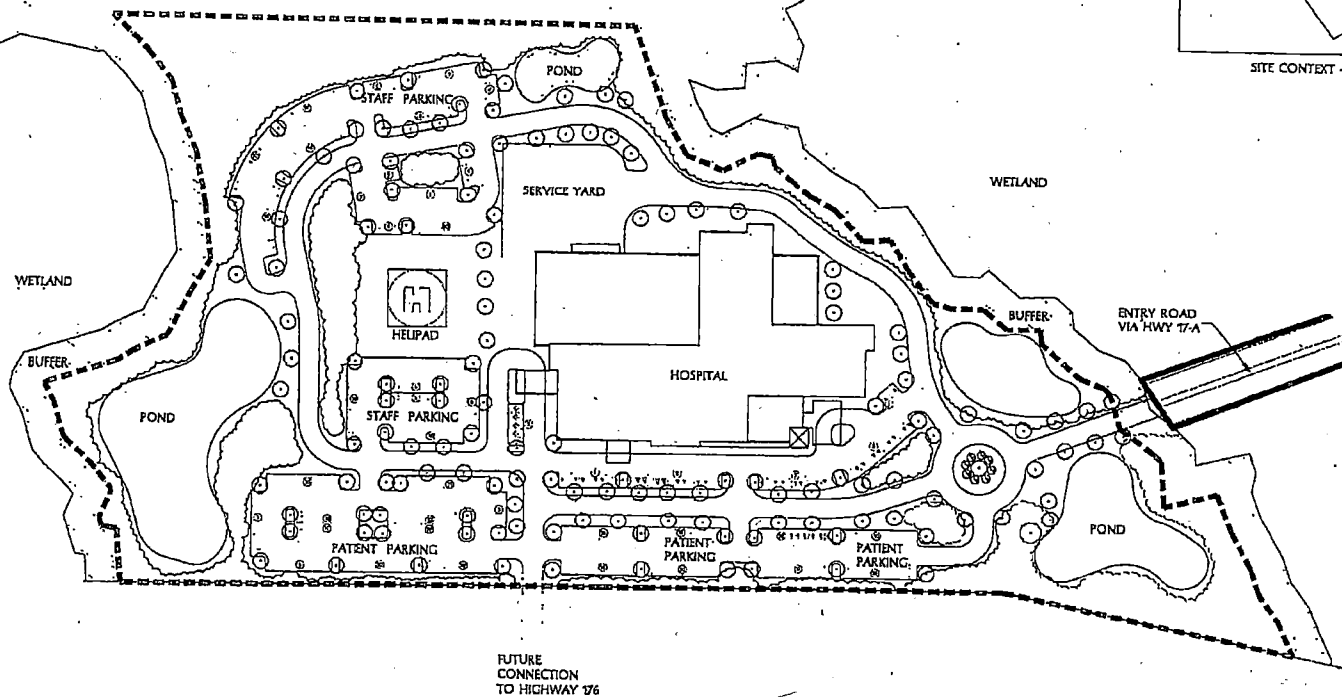
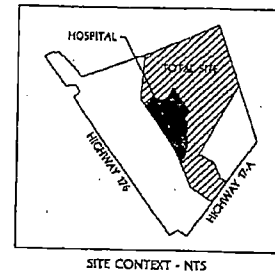
Master Plan

November 14, 2008

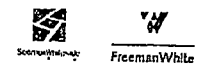
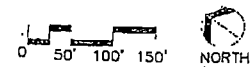
*Note: This plan is highly conceptual in nature and subject to change at any time without notice, based on true topographical and other survey information, municipal and other regulatory comments, and architectural changes. Note that the site acreage includes road connection portion from MOB to Hospital Site. (See Site Plan and Site Context for additional information).

000309

*NOTE: SITE ACREAGE INCLUDES ROAD CONNECTION PORTION FROM MOB SITE TO HOSPITAL. SEE SITE CONTEXT SHEET FOR AREA DESIGNATION.



* TOTAL SITE ACREAGE: 16.50
HOSPITAL: +/- 144,000 SF.
PARKING: 360 SPACES



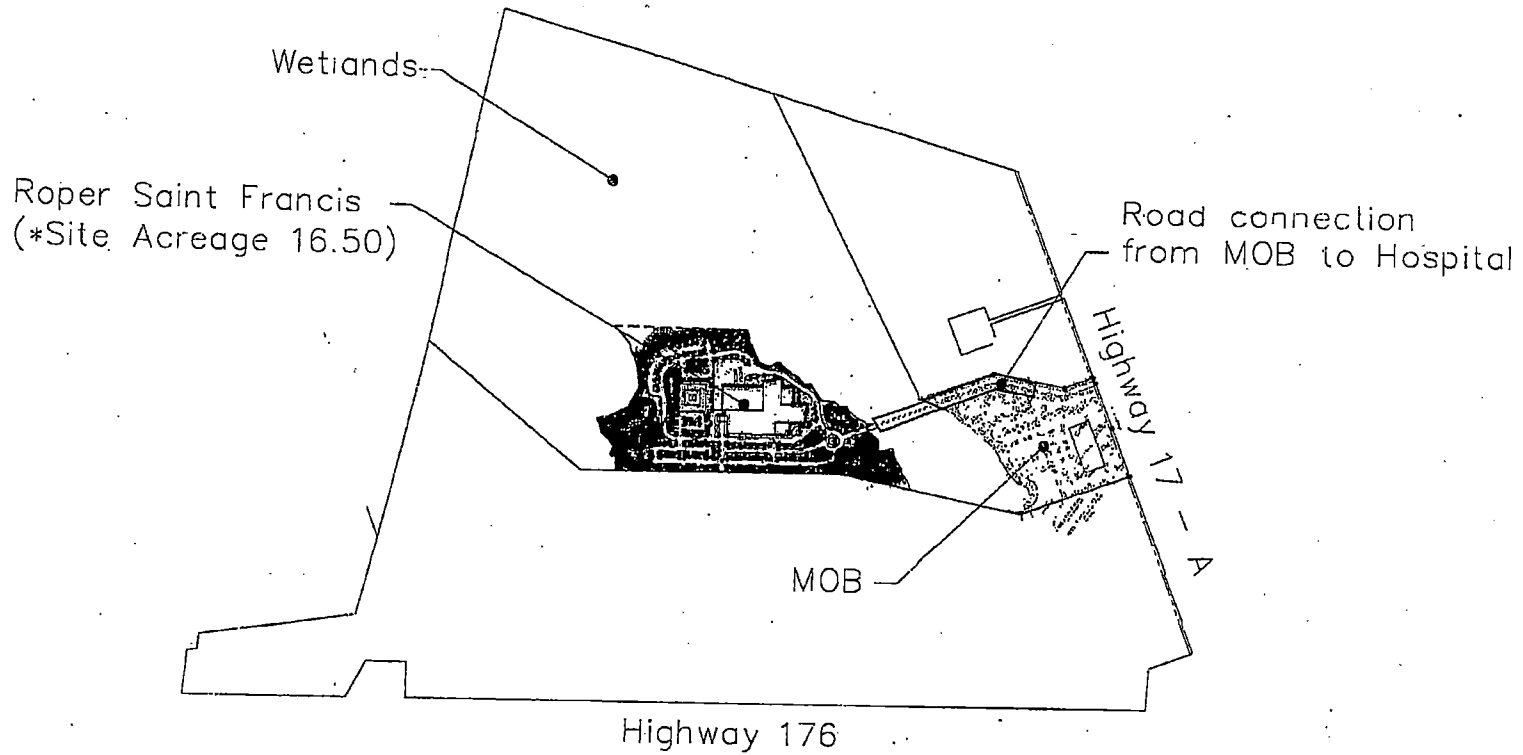
SITE PLAN

ROPER ST. FRANCIS HEALTHCARE, BERKELEY - CDDSC CREEK, SC 11.14.08



RECORD 005689

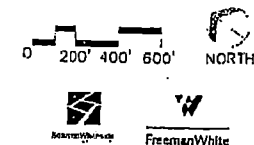
Joint Exhibit 002-0311



Hospital: +/- 144,000 sf.
Parking: 360 spaces

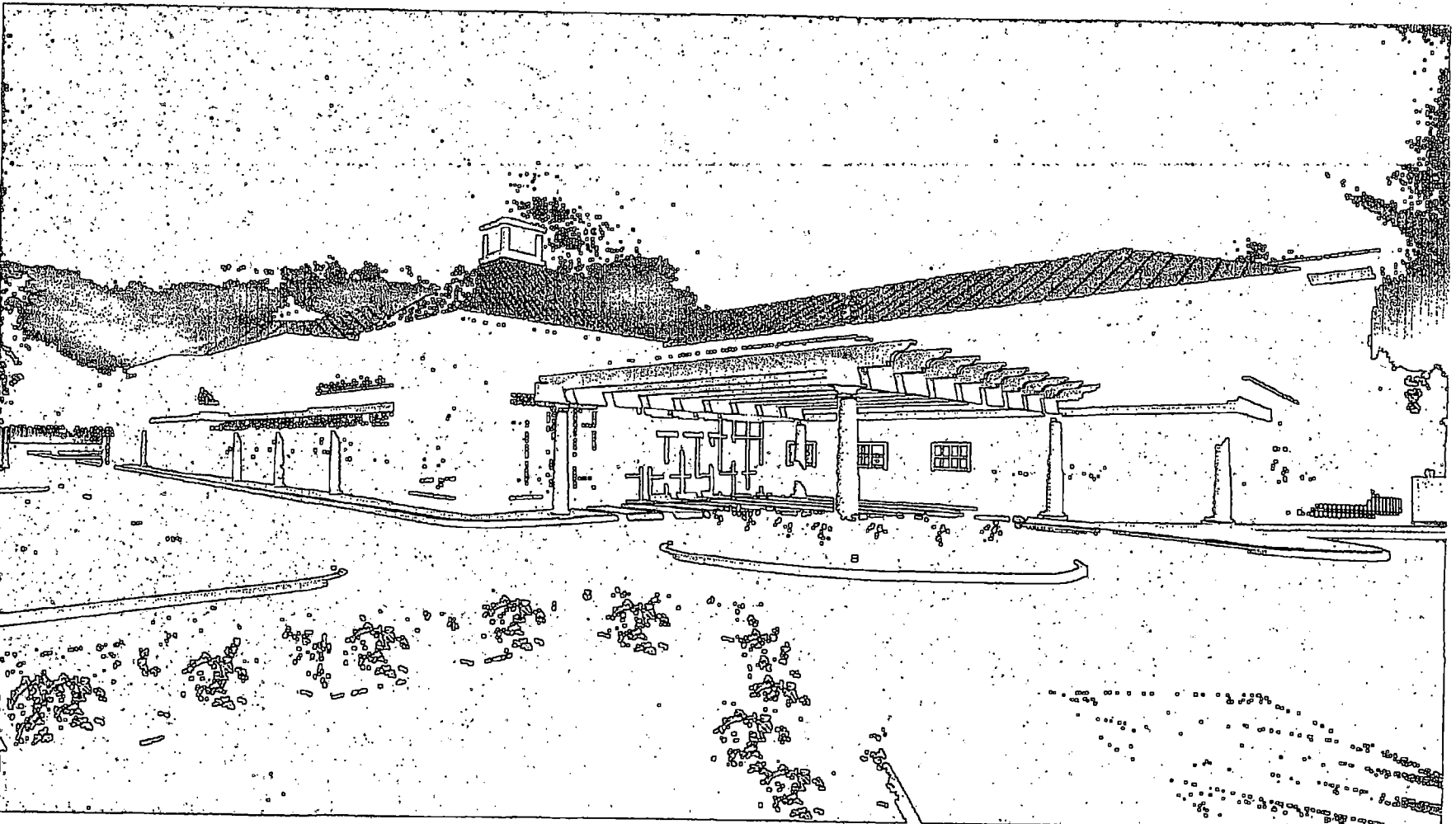
*Site acreage includes road connection portion from MOB site to hospital.

000311
ROPER
ST FRANCIS
HEALTHCARE



Attachment 4
Schematics
Narratives
Square Footage Program

000312



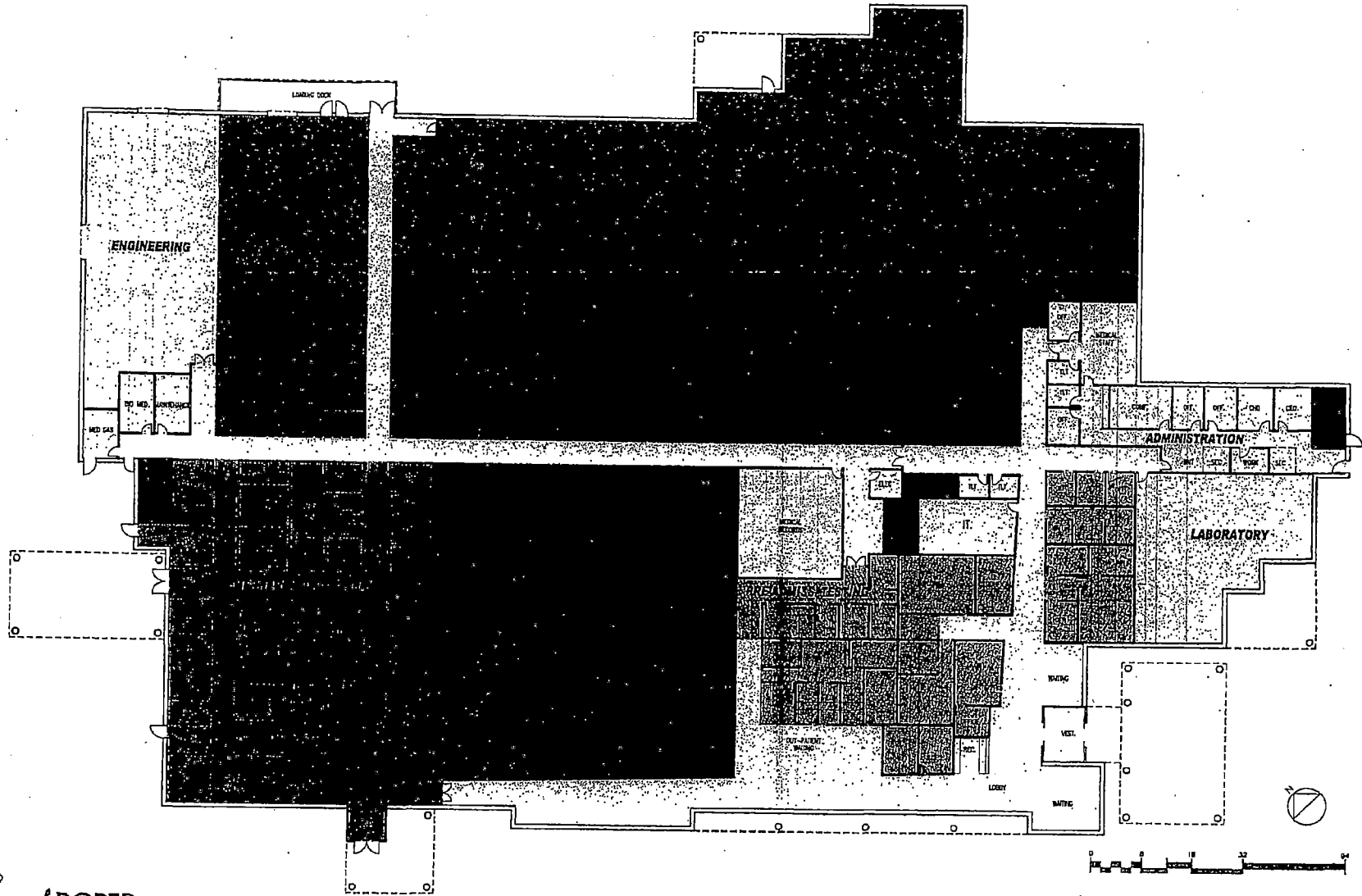
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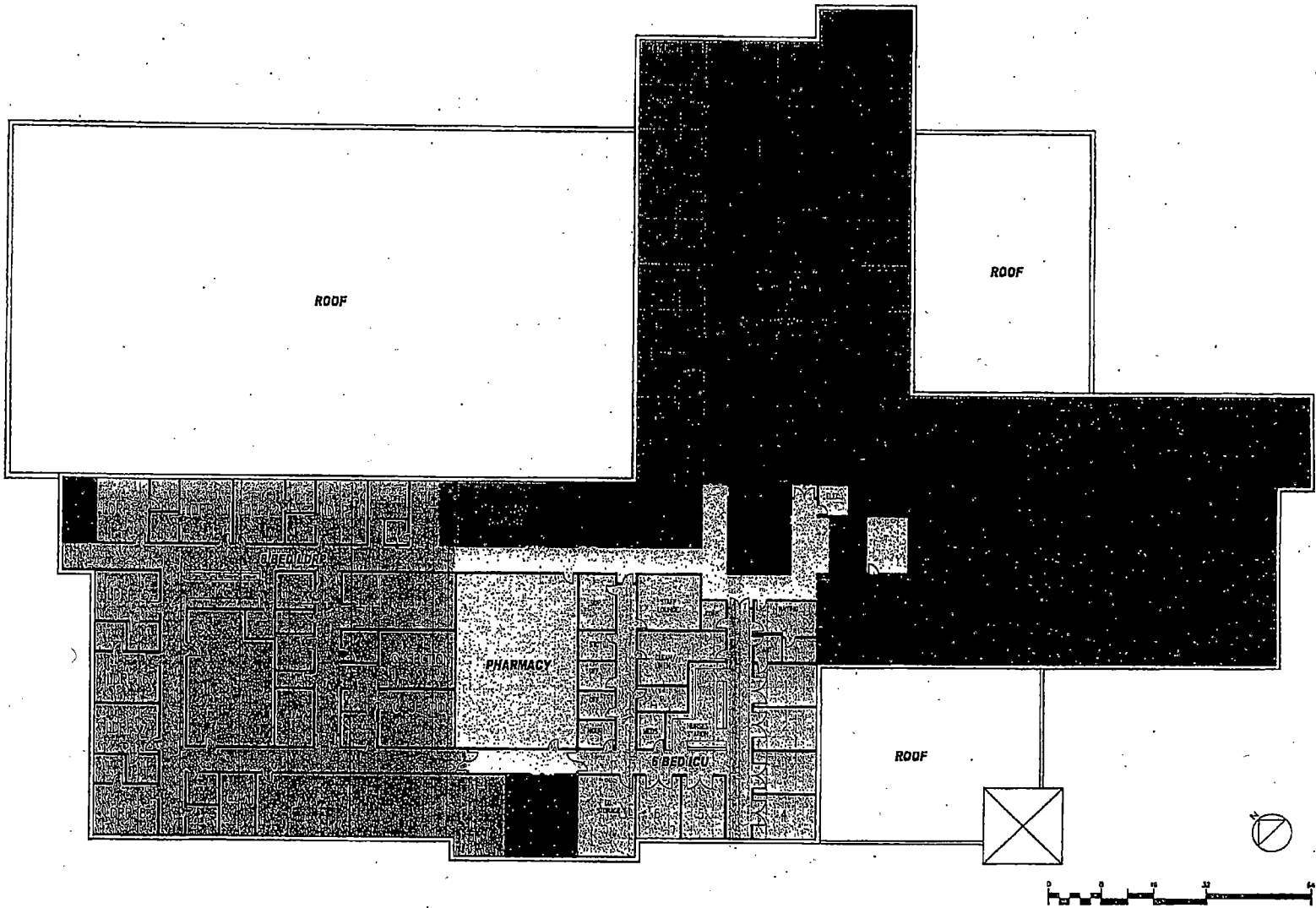
000314



FIRST FLOOR PLAN

ROPER ST. FRANCIS HEALTHCARE, DORCHESTER - GOOSE CREEK, SC 11.14.08





ROPER
ST FRANCIS
HEALTHCARE

SECOND FLOOR PLAN

ROPER ST. FRANCIS HEALTHCARE, BIRMINGHAM - GOOSE CREEK, SC 11.14.08



Narratives

Architectural Narrative

Location and Site

The new Roper St. Francis Hospital will be located near the intersection of US Highway 17-A and US Highway 176 in the town of Goose Creek, in Berkeley County, South Carolina. The 16.5 acres site is in the Carnes Crossroads Development and is integral to current development of a Medical Office Building on the site. The site is relatively level and comprised of wooded areas, grass fields, and protected wetlands areas. Careful planning and consideration of the wetlands will be used in developing the site.

Access can be obtained from both adjacent roads, with main access from Highway 17-A and secondary access from Highway 176. Vehicular access from both streets will meet with a loop road. Surface parking areas will be located throughout the site offering patients, visitors and staff convenient access to the building at key entry points.

Though the building is only planned for two floors, it is planned to command the site. Additionally, the plans shall address the natural characteristics and elements of the site, allowing natural light into both patient and public areas and views to the diversity and richness of the native landscape.

Building Organization

The building is planned for 138,750 SF (144,000 with canopies, etc.) and shall contain 50 patient beds, which comprises of 8 LDRP; 6 ICU, and 36 Med/Surg beds. Also the building will have 4 observation beds. Other key modalities include: 4 OR's and it's require support spaces, 2 C-Section Room; 2 digital rad rooms (one with fluoro), 1 CT Scan, and 1 MRI. Additional diagnostics include ultrasound, mammography, and nuclear medicine. The Emergency Department will have 15 Patient Treatment Rooms, inclusive of 1 Resuscitation. The patient rooms will all be private and accommodations for disabled patients and well as those for isolation patients will be provided.

The first floor will contain Medical Imaging, Laboratory Services, Emergency Care, Administration, dining as well as support services. In addition to these departments, public access points for outpatient functions (i.e. outpatient surgery) and other public amenities. The Surgery Department will also be on the first floor and include all the prep and post anesthesia units and other associated clinical support required for these spaces.

The second floor contains all of the inpatient units: LDRP (8), ICU (6), Med/Surg Units - 36 all private beds. The hospital pharmacy is conveniently located on the second floor in close proximity to the inpatient units.

Building Exterior

The exterior design of the building will compliment the aesthetic that defines the Roper St. Francis satellite Hospitals. This aesthetic is a reflection of the low country and features architectural elements indigenous to the area, with the intention to keep elements of style such as pronounced details (headers, reveals, water tables, rich masonry vocabulary etc.). Some elements of this style can be seen at the West Ashley Campus and the Mt. Pleasant Campus which is currently under construction. Roper St. Francis, while creating continuity among the newer facilities; the Berkeley County facility will have its own distinct interpretation of the indigenous style. The exterior materials will be masonry veneer (masonry units and/or brick) on stud and/or block back up. More than one color is anticipated to achieve the detail, texture, and human scale

000316

desired. Other accents may be achieved with surface applied exterior stucco. Fenestration will be a combination of punched openings and/or curtain wall systems. The mullion color will compliment other exterior finishes. Tinted, non-reflective glazing will allow natural light to penetrate the interior and offer energy efficiency. The roofing will be fully adhered.

Vertical Circulation

Vertical circulation will include fire rated egress stairwells, and elevators that shall be planned to separate public from patient and staff transport. The elevators will be centrally located to facilitate convenient access from all points on the two floors. The stairwells will be located to provide life safety but can also offer quick vertical circulation for staff.

Code Analysis

The hospital will be constructed to Institutional (I-2) standards per International Building Code 2006 and South Carolina DHEC. Construction will be to International Building Code Type II construction. The building will be completely protected by an automatic fire sprinkler system or other automatic fire suppression system in areas that have sensitive computer equipment that would be damaged by fire sprinklers. There is a 35'-0" height restriction enforced by local zoning.

Interior Design Narrative

The interior design elements will be selected to provide pleasing aesthetic transitions from the exterior that are cost effective solutions, considering maintenance and durability as well. The materials in this facility will be similar in quality to other Roper St. Francis facilities, and can be outlined as follows:

Hard flooring materials will be used in most areas. Carpet will be limited to offices, conference rooms, etc. The public areas shall have porcelain tile or similar tile product whether synthetic or natural. The flooring in the patient units as well as the diagnostic and treatment areas will be vinyl composition tile, or similar performing product. Bases will be coved rubber to compliment the color. Flooring in the ORs and other similar procedure rooms will be monolithic and have integral base. Ceramic tiles and/or quarry tiles will be reserved for restrooms and kitchen areas. Sterile processing will have a poured epoxy floor. Some utility type rooms may have sealed concrete floors.

In general, walls will be gypsum wall board painted in colors to compliment the selected schemes. In public and high profile areas, multiple wall colors may be used. Ceramic tile may be employed in certain wet areas, as appropriate.

Ceilings will be lay in acoustical tile. Architectural grades that offer a greater aesthetic will be used for major public areas, whereas back of house and other less trafficked areas will use a more utilitarian grade of ceiling tile. There may be some areas requiring a cleanable acoustical tile. Some ceilings may also have drywall soffits for architectural definition, delineation of space, and where deemed appropriate by function.

Doors will be solid wood with wood veneer in light or neutral tones selected to compliment other interior finishes. Vertical surfaces on cabinets will primarily be surfaced in plastic laminates, though some areas may receive wood veneer. The horizontal surface of the cabinets will be plastic laminate - solid surfaces may accent key focal points.

Roper St. Francis will consider other materials as options with respect to budget and performance and may opt to use the alternate bidding process to price various options.

End of Narratives

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**Roper St. Francis Hospital
Berkeley County
HOSPITAL CON Space Program**
11/14/2008

Page No.	Department/Spaces
2	Summary
4	Ancillary Services
5	Central Registration
6	Medical Records
7	Administration
8	Human Resources
9	Nursing Case Manager
10	Nursing Administration
11	Medical Staff Services
12	IV Therapy
13	Ambulatory Services
14	Cardiology Services
15	Diagnostic Imaging
17	Emergency Department
19	Laboratory
21	Respiratory Therapy
22	Rehab
23	Surgery
26	Intensive Care Unit
27	Medical/Surgical Unit
29	Mother Baby Unit - LDRP
32	Building Support Services
34	Food Service
35	Pharmacy
36	Sterile Processing

Roper St. Francis Hospital
Berkeley

FreemanWhite
October 03, 2008

Space Program

Facility Area Summary						11/14/2008
SUMMARY						
No.	Room/Space					Comments
Administrative Services						
1	Ancillary Services	2,520	1.20	4,124	50	
2	Central Registration	1,394	1.25	1,743	35	
3	Medical Records	930	1.25	1,163	23	
4	Hospital Administration	2,005	1.35	2,707	54	
5	Human Resource	300	1.15	345	7	
6	Nursing Case Managers	0	1.25	0		Part of Admin
7	Nursing Administration	0	1.25	0		Part of Admin
8	Medical Staff Services	580	1.15	667	13	
5	Subtotal Gross Square Feet			10,748	215	
Diagnostic and Testing						
6	Ambulatory Diagnostic Center					
7	- Reception/Waiting	288	1.30	374		
8	- PSTT/Specimen Collection	655	1.35	884		
9	Ambulatory Diagnostic Center			1,259	25	
9A	IV Therapy	660	1.45	957		2 + 1 spaces
10	Cardiology Services	884	1.50	1,374	458	
11	Diagnostic Imaging	5,320	1.50	7,980	1,140	
12	Emergency Department	7,375	1.55	11,431	953	
13	Laboratory					
14	- Admin/Lab Area/Staff/Support	2,013	1.25	2,516	50	
15	- Body Holding Area	160	1.15	184		
16	Laboratory			2,700	64	
17	Respiratory Therapy	420	1.35	567	11	
18	Rehab	525	1.35	709	14	
19	Surgery					
20	- Reception/Waiting Area	780	1.25	975		
21	- Pre/Post Area	3,280	1.50	4,920		
22	- PACU - First Stage Recovery	1,220	1.50	1,830		
23	- Surgery Suite	6,260	1.50	7,890		
24	- Physician/Staff Support/ Mobile Technology	1,110	1.30	1,443		
25	Surgery			17,058	4,265	4 OR's
26	Subtotal Gross Square Feet			44,034		

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Roper St. Francis Hospital
Berkeley

FreemanWhite
October 03, 2008

Space Program

Facility Area Summary						11/14/2008
SUMMARY						
No.	Room/Space					Comments
27	Inpatient Services					
28	ICU	3,980	1.50	5,970	955	6 Beds
29	Med/Surg	15,843	1.50	23,765	660	36 Beds
31	Subtotal ICU and M/S			29,735		
32	Mother/Baby Unit					
33	- Family Area/Adm In/Triage-Observation/LDRP	5,224	1.50	7,836		8 LDRP
34	- C-Section Suite	1,945	1.50	2,918		
35	- Physician/Staff Support	655	1.35	884		
36	- Nursery	955	1.40	1,337		8 Bassinets
37	- Post-Partum Patient Care Area	0	1.50	0		
38	Mother/Baby Unit			12,975	1,622	
39	Subtotal Gross Square Feet			42,709		50 Beds (5+35+8=50)
	Support Services					
40	Building Support Services	8,475	1.22	5,271	105	
41	Food Service			4,620	92	
42	Admin/Staff/Receiving/Storage/Prep/Kitchen Areas	2,205	1.20	2,646		
43	- Public Area	1,645	1.20	1,974		
44	Pharmacy	1,550	1.25	1,938	39	
45	Sterile Processing	1,718	1.20	2,058	412	
46	Subtotal Gross Square Feet			13,888		
	Total Department Gross SF			111,379	2,228	
47	Building Circulation	13.00%	14,479	125,858		Stairs, Elevators, Hallways
48	Building MEP Factor	6.00%	7,551	133,410		Electrical, IT, Mechanical Shafts
49	Building Skin Factor	4.00%	5,336	138,746		Exterior wall
50	Total Building Gross SF	23.00%		138,750	2,775	
51	Central Plant	0%		0		Roof top equipment similar to Mt. Pleasant
52	Total Building Gross SF Including Central Plant			138,750		
	Canopy					
	Main Entrance			1250		
	ED Walk-In			750		
	ED Ambulance			1250		
	Total Canopy Area =			3,250		
	Loading dock with Canopy			750		
	Two Story Space in the main Lobby and Overhang=			1250		
	Total Building Area with Canopy, Dock and Lobby two story space =					144,000

Roper St. Francis Hospital Berkeley

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Space Program

Ancillary Services					
No.	Room/Space	# of Rooms	Unit Space (NSF)	Room Total	Comments
Public Area					
1	Reception/Greeting Desk	1	100	100	Reception is part of lobby. 2 FTE + 3rd
2	Patient Representative / Advocate	1	110	110	
3	Entrance Vestibule	1	140	140	Air lock vestibule
4	Wheelchair Alcove	1	30	30	3'x10' alcove, space for 10 WC's
5	Patient Information Kiosk	2	15	30	Location to be determined
6	Public Toilet, Male	1	120	120	ADA accessible 3 fixtures
7	Public Toilet, Female	1	120	120	ADA accessible 3 fixtures
8	Housekeeping Closet	1	40	40	
9	Chapel/Meditation Room	1	250	250	
10	Office, Pastoral Care	1	110	110	Shared; adjacent to Chapel seating for 1+3 to 4
11	Gift Shop	1	250	250	Space off the main lobby
12	Office, Gift Shop Manager	1	80	80	
13	Gift Shop Storage Room	0	60	0	
14	Office, Volunteer Coordinator	1	110	110	
15	Volunteer Lounge/Workroom	1	180	180	Work table for 4, Lockers cube, Coats hanging space, Ref, Coffee, Ovn, Copy, 2PC's work counter, marker board, tack board
16	Volunteer Storage closet	1	20	20	Storage for supplies and uniform
17	Flower Room and Cart Storage	0	80	0	
18	Meeting Rooms	1	500	500	
19	Meeting Room	1	250	250	
20	Meeting Room Storage & Pantry	1	80	80	
21	Volunteer Toilet	0	60	0	ADA accessible
22	Subtotal Net Square Feet			2,520	
23	Circulation			1.20	
24	Subtotal Estimates Gross SF			3,024	
25	Lobby/Atrium			1,100	Model after St. Francis Atrium concept
26	Total Estimated Gross Square Feet			4,124	

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Space Program

Central Registration					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Remarks
1	Waiting Area	1	504	504	Registration - 8 people @ 18 sf Non-Invasive Testing - 6 @ 18 sf Radiology - 14 @ 18 sf
2	Reception Desk	1	100	100	2 FTE in peak hours
3	Office, Interview/Registrar	4	80	320	7'-6" x 10'-6"; Visual and acoustical privacy between offices. IP registered at bedside
4	Workroom/Supply Storage	1	150	150	Copy machine, fax, printers
5	Office, Financial Counseling	1	100	100	
6	Office, Supervisor	1	100	100	
7	Office, Cashier	1	100	100	
8	Staff Toilet	0	60	0	MUST HAVE A TOILET CLOSE BY
9	Coffee Alcove/Coat Alcove	1	20	20	part of back work space
Net Square Feet				1,394	
Circulation				1.25	
Total Estimated Gross Square Feet				1,743	

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Space Program

Medical Records					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
1	Reception/Incoming Records	1	80	80	
2	Waiting	1	60	60	
3	Workroom	1	120	120	Copy machine, fax, paper storage
4	Office, Manager	1	120	120	
5	Cubicle Coder	3	50	150	2 coders and 1 audit
6	Clinical Documentation Specialist - RN	1	50	50	Work space on the nursing units 2RN's
7	Incomplete Chart Holding Area	1	50	50	Adjacent to Medical Staff Services/physician lounge
8	Record Storage Area (Hard Copy)	1	40	40	Quantity to be verified
9	Physician Work Cubicle	0	40	0	integrated into medical staff space
10	Work Area, Scanning/Analysis Work Area	3	50	150	
11	Staff Toilet	1	60	60	Shared w/Central Registration
12	Coffee Alcove/Coat Alcove	1	50	50	
	Total Net Square Feet			930	
	Circulation			1.25	
	Total Estimated Gross Square Feet			1,163	23

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Space Program

Administration					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
Administrative Area					
1	Secretarial Workstation/Waiting	1	140	140	2 guest chairs
2	Coat Closet	0	15	0	
3	Office, CEO	1	170	170	
4	Office, CNO	1	150	150	Part of Nursing Administration
5	Office, Infection Ctrl & MSDS	1	140	140	2 FTE
6	Office, House Supervisor & Staffing Coordinator	1	140	140	2 FTE
7	Office, Nursing Shared	1	140	140	2 FTE
8	Workroom & Storage	1	140	140	Copy machine, fax, paper & form storage
9	Secretarial Workstation	2	70	140	
10	Storage Room	1	80	80	
11	Office Multifunctional	1	140	140	Occupants to be determined
12	Office, Human Resources	0	140	0	
13	Human Resources Waiting	0	60	0	Waiting applicant area
14	Board Room	1	500	500	Teleconferencing capability
15	Kitchenette Alcove	1	65	65	office suite
16	Staff Toilet	1	60	60	ADA accessible
17	Meeting Room	0	240	0	Seating to 10 to 12
Total Net Square Feet				2,005	
Circulation				1.35	
Total Estimated Gross Square Feet				2,707	

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Space Program

Human Resources					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
1	Reception Desk	0	65	0	Shared with Admin
2	Waiting & Cubicle, Applicant	2	40	80	Computer for on-line job application
3	Office, Employee Relations	1	120	120	Employee Health in ED
4	Office, Multifunctional	0	120	0	Shared: use to be determined
5	Office, Benefits Coordinator	0	120	0	
6	File Storage	1	100	100	Secure
7	Space for Staff ID Badges	0	0	0	
Total Net Square Feet				300	
Circulation				1.15	
Total Estimated Gross Square Feet				345	

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Space Program

Nursing Case Manager					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
					Part of Administration
1	Bed Management	0	80	0	Located in the ED
2	Case Manager	0	80	0	In the Nursing Units
3	Medical Necessity/Admitting Case Mgr			0	Located in the ED
4	ED Case Manager			0	Located in the ED
5	Supervisor office			0	
6	PRN Staff work space			0	
7	Secretarial Space			0	
8	Support Space			0	Printers, Fax, Copy
9	UR Staff Office	0	80	0	
10	Discharge Planner	0	80	0	
11	Social Worker	0	80	0	
12	Meeting room			0	share w nurse admin
	Subtotal Net Square Feet			0	
	Circulation/ Mechanical			1.25	
	Subtotal Estimated Gross SF			0	

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Space Program

Nursing Administration					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
					Part of Administration
1	Office CNO	0	160	0	locate next to administration, CEO's office
2	Assistant	0	0	0	
3	House Supervisor			0	
4	Conference room			0	
5	Infection Control staff office			0	
6	Office Shared - 2 FTE			0	1 MSDS & 2, open
7	Hospitalist Staff office			0	Move to ED -includes business and NP
8	Workroom	0	0	0	Copy, Printer, Fax, Supplies, files
9	Office Visiting			0	
	Subtotal Net Square Feet			0	
	Circulation/ Mechanical			1.25	
	Subtotal Estimated Gross SF			0	

000327

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Space Program

Medical Staff Services					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
1	Physicians Lounge	1	150	150	Ref, Coffee, Ovn Seating for 6, TV
2	Physician Dining	1	150	150	dining integrated into lounge function, Ref, Coffee, Ovn
3	Toilet	1	60	60	ADA accessible
4	Mailbox Alcove	1	20	20	
5	Workstations	2	35	70	Computer, PACS stations
6	Coat Alcove	1	10	10	
7	Medical Library	0	0	0	Not provided - on-line access
8	Office, Medical Staff	0	120	0	
9	Office, Assistant VPMD	1	120	120	
Total Net Square Feet				580	
Circulation				1.15	
Total Estimated Gross Square Feet				667	

000328

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Space Program

IV Therapy					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
1	Waiting	1	80	80	
2	Infusion Bay	2	65	130	
3	Infusion Room	1	100	100	
4	Toilet	1	50	50	ADA accessible
5	Nurse work	1	80	80	
6	Clean Supplies	1	90	90	
7	Soiled Holding	1	65	65	
8	Office / Work	1	65	65	
Total Net Square Feet				660	
Circulation				1.45	
Total Estimated Gross Square Feet				957	

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Space Program

Ambulatory Diagnostic Ctr.					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
<u>Reception/Waiting</u>					
<u>Shared Area</u>					
1	Waiting Room	1	108	108	6 People @18 sf
2	Office, Manager	0	0	0	
3					
4	<u>Support Area</u>				
5	Staff Lounge	0	150	0	Six people; shared: Cardiology, PSTT/Specimen Collection
6	Staff Locker /break	1	120	120	
7	Staff Toilet	1	60	60	10 half-size lockers Shared with Registration
Subtotal Net Square Feet				288	
Circulation/Mechanical				1.30	
Subtotal Estimated GSF				374	
<u>PSTT/Specimen Collection</u>					
8	Scale Alcove	1	15	15	
9	Specimen Collection - Private	0	100	0	Autologus, Pediatrics, etc.(part of Exam room function) labeling, P-tube
10	Work Area with Ptube	1	150	150	
11	Open Collection Bay	1	60	60	part of workroom
12	PSTT Exam/Interview Room	3	120	360	
13	Patient Toilet	1	60	60	Adjacent to specimen collection with passbox; ADA accessible
14	EKG Alcove	1	10	10	
15	Clean Holding Room	0	65	0	can be integrated with Cardiology
16	Soiled Holding Room	0	40	0	can be integrated with Cardiology
17	Pre-Screening Workstation	0	0	0	Centralized - off-campus
Subtotal Net Square Feet				655	
Circulation				1.35	
Subtotal Estimated GSF				884	
Total Estimated GSF				1,259	

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Space Program

Cardiology Services					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
1					
2	Reception Check-In Station	0	75	0	Contiguous to shared waiting room
3	Medication Alcove	0	45	0	
4	Clean Holding Room	0	140	0	Supply Pyxis, linen carts
5	Soiled Holding Room	0	65	0	
6	Multifunctional Procedure Room	0	168	0	12' x 14'
7	EKG/Holter Room	0	140	0	Hookup and Scanning workstation
8	EKG/Holter Echo Tech Workroom	0	120	0	3 people
9	EKG/Holter Physician Reading Room	0	100	0	2 workstations
10	Vascular Exam (TCOM/PVR)	1	168	168	12' x 14', Fold-Up Treadmill
11	Tech Workroom	0	100	0	2 people
12	Physician Reading Room	0	65	0	1 workstation
13	Procedure room	0	168	0	Equipment storage for Echo, Vascular & Procedure
14	Equipment storage	0	140	0	
15	Echo Room	1	168	168	12' x 14', Door sizes
16	Echo Tech Workroom	0	100	0	2 people
17	Echo Physician Reading Room	0	100	0	2 workstations
18	Stress Test Room	1	180	180	Direct access to Nuclear Medicine, and shared with ECHO
19	Inpatient holding Alcove	0	75	0	Next to Tech work
20	Pulmonary Function Testing Room	1	180	180	Acoustical privacy; pulmonary stress testing; 12' x 14', Body box, exercise bike
21	Pulmonary Tech Work Alcove	0	50	0	
22	EEG Room	0	160	0	12' x 14', with control, Part of-EKG room
23	EEG Control /Tech Room	0	120	0	Record storage
24	Central Technologist Workroom	1	120	120	4 workstations, printer
25	Central Physician Reading room	1	100	100	ECHO, EKG, Vascular, EEG/Nuclear
26	Patient Toilet	0	60	0	ADA accessible
27	Record/File Storage Room	0	80	0	
28	Office, Manager	0	100	0	
29	Staff Toilet	0	60	0	ADA accessible, shared with ambulatory diagnostic
Total Net Square Feet				916	
Circulation				1.50	
Total Estimated Gross Square Feet				1,374	

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Space Program

Diagnostic Imaging					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
Imaging					
Administrative					
1	Office, Manager	1	100	100	
2	Reception PACS work with CD Burner	1	120	120	Reception, CD prep, Scanning, Order entry, Work space, prep packages
3	Med room	1	40	40	Pyxis, Ref, IV cart part of tech core
4	Consult	0	110	0	
5	Radiologist Reading Room	2	80	160	2 - radiologist workstations;
6	Secretarial Work Station	0	65	0	
7	Visiting reading	0	40	0	
8	PACs Work Area (PACS)	1	80	80	PACS administration and work space Servers part of data center
9	RIS Computer Room (PACS)	0	100	0	part of Data Center
10	Transport station	0	50	0	
Procedure Area					
12	Digital Chest Room	0	180	0	Not provided
13	Patient Toilet	0	0	0	
14	Digital Radiographic Room	1	280	280	Includes control area; chest bucky
15	Digital Rad/Fluoro Room	1	300	300	Includes control area; direct access to patient toilet room; chest bucky
16	Dressing Room Vestibule -	0	120	0	Open floor area
17	Dressing Room	0	25	0	Lockers for patient belonging
18	Dressing Room	0	40	0	ADA accessible
19	Patient Toilet	0	60	0	ADA accessible; provide direct access to fluoro room from one toilet room
20	Staff Work Core/Image Processing (PACS)	1	160	160	CR processing, laser printers, contrast media storage
21	Linen Alcove	1	20	20	
Ultrasound & Mammography					
24	Dressing Room Vestibule	1	40	40	
25	Dressing Room	2	35	70	
26	Mammography	1	140	140	
27	Ultrasound Room	1	160	160	Separate male and female patient access ; 12' x 14'
28	Patient Toilet	1	60	60	ADA accessible
29	Ultrasound /QA Tech Workstation (PACS)	0	80	0	PACS compatible; position between rooms
30	Patient Holding/Recovery	2	100	200	Patients extended recovered in Ambulatory Surgery Unit -- Combine with On Deck and Nuc Med Holding
CT & MRI					
33	Sub- waiting Area	1	50	50	4 people
34	Dressing Room Vestibule	1	140	140	Open floor area
35	Dressing Room	2	25	50	CT/MRI patients
36	Dressing Room	2	40	80	ADA accessible
37	Patient Toilet	2	60	120	ADA accessible; CT/MRI patients. One room accessible from Holding/Prep bays
38	"On Deck" Prep Room	2	110	220	Patients recovered in Ambulatory Surgery Unit

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Roper St. Francis Hospital
Berkeley

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Space Program

Diagnostic Imaging					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
39	Tech/RN Workstation	1	40	40	Includes UC refrigerator, form storage, meds, contrast media
40	Linen Alcove	0	20	0	part of clean holding room
41	MRI Room	1	600	600	1.5 tessa
42	MRI Control Room(PACS)	1	120	120	
43	MRI Equipment Room	1	120	120	
44	CT Scan Room	1	400	400	
45	Control/Computer Room	1	120	120	Part of MRI Control Room
46	Portable Eq. Storage Alcove	1	25	25	
47	Eq. Storage Room	1	140	140	
48	Nuclear Medicine				
49	Dressing Room	0	40	0	ADA accessible
50	Patient Toilet	0	60	0	ADA accessible
51	Nuclear Camera Room	1	320	320	Contiguous to stress test room in Cardiology
52	Thyroid Uptake	1	65	65	space for stretcher when required
53	Hot Lab	1	80	80	with space for dosing
54	Hot Patient Toilet	1	60	60	
55	Nuclear Tech Work Area (PACS)	1	50	50	
56	Patient Holding/Recovery Area	0	110	0	2 patients - central
57					
58	Support Area				
59	Clean Holding Room	1	120	120	
60	Soiled Utility Room	1	80	80	Locate adjacent to Ultrasound for probe cleaning
61	Housekeeping Closet	1	40	40	
62	Staff Lounge/Kitchenette	1	150	150	
63	Staff Locker Room	1	80	80	50 Lockers
64	Physician/Staff Toilet	2	60	120	
65					
Total Net Square Feet				5,320	
Circulation				1,50	
Total Estimated Gross Square Feet				7,980	1,140

000333

Roper St. Francis Hospital
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Space Program

Emergency Department					
18,000 Visits					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
1					
2	Public Area				
3	Walk-In Entrance Vestibule	1	140	140	Open area
4	Security Control Desk	1	65	65	Locate with main reception
5	Wheelchair Alcove	1	40	40	
6	Waiting Room	1	405	405	23 people
7	Registration Support/Equipment	1	20	20	Shared
8	Public Toilet	2	60	120	ADA accessible
9	Vending Alcove	1	25	25	
10	Phones	0	5	0	Not provided
11	Administrative/Staff Area				
12	Reception/Registration Station	1	100	100	2 people - initial "mini-registration"
13	Triage Room	1	140	140	Provide medical gases
14	Triage Room	1	140	140	
15	Triage Sub-waiting Alcove open to the back	1	60	60	
16	Triage work/protocol -stretcher	1	100	100	ADA accessible; provide acoustical and visual privacy
17	Triage Toilet	1	60	60	
18	Counseling Patient Registration Work Area	1	120	120	
19	Consult/Grieving Room	1	120	120	
20	Office, Nurse Manager	1	120	120	
21	Office, Medical Dir	0	120	0	
22	Office, Case Manager/Med. Necessities	1	90	90	
23	Office, ED Physician w/ toil/shower	1	160	160	Workstation, lounge chair, file cabinets
24	Bed Mgr	1	80	80	2 Spaces
25	Staff Lounge/Kitchenette co-locate with conf/classroom	1	280	280	6 people, Multifunction for staff meeting space, 30 half-size lockers, ADA accessible
26	Staff Toilet	2	60	120	Security base, staff lockers
27	Office, Security	1	100	100	Shared: EMS and security staff
28	Toilet Room - Security	0	60	0	2 stations
29	Office, Telephone Switchboard - on the fringe	1	80	80	
30	CONFERENCE/REPORT	1	240	240	
31	On-call - hospitalist -on perimeter	1	100	100	
32	On call Toilet/Shower Hospitalist -on perimeter	1	60	60	ADA accessible
33					
34	ED Treatment Area Urgent/Emergent				
35	Ambulance Entrance Vestibule	1	140	140	Open area
36	Decontamination Room	1	120	120	Provide stretcher access
37	EMS Equipment/WORK	1	120	120	Adjacent to decontam and ambulance entrance
38					
39	Central Station	1	180	180	P-tube, PACS station; Occupants: unit secretary, registrar, physicians, clinical staff
40	Central Station	1	180	180	

Roper St. Francis Hospital Berkeley

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Space Program

Emergency Department					
18,000 Visits					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
41	Pre-Discharge Holding Area	0	0	0	4 people; holding area for patients awaiting tests results prior to discharge
42	Nourishment Alcove	1	60	60	
43	Medication room - combine with nourishment	1	90	90	Shared w/ Fast Track; Pyxis: 1 main + a tower + 1 auxiliary + 1 refrigerated unit
44	Clean Supply Room	1	160	160	
45	Soiled Utility Room/POC Testing	1	120	120	
46	Equipment Storage Room	1	225	225	
47	Cardiac Room/RESUS.	1	250	250	Minimum 250 DF clear floor area; connecting sliding doors between rooms; dialysis capable; no built-in storage cabinets
48	Universal Exam Room	13	140	1820	Multifunctional room; equip one room with an ENT chair; one room configured for airborne infection isolation (flex for one for Behavioral)
49	ISOLATION	1	140	140	
50	ISOLATION Anteroom	1	60	60	
51	Orthopedic Store Room	1	80	80	
52	Orthopedic Storage Alcove	0	0	0	Accessible from orthopedic rooms
53	Patient Toilet Isolation	1	60	60	Locate one room adjacent to GYN
54	PATIENT TOILET	4	60	240	1 for every 4 exam rooms
55	Code Cart Alcove	1	20	20	Central location
56	Mobile Cart Alcove	1	20	20	3 carts; central location
57	Wheelchair/Stretcher Alcove	1	30	30	
58	Portable X-Ray Alcove	1	30	30	
59	Housekeeping Closet/EVS Storage	1	60	60	Swing door out
60	ALCOVES	2	20	40	
61	Equipment Room	0	120	0	
62	Dirty Linen Hamper	3	15	45	
63	STORAGE; OXYGEN TANKS	0	40	0	Part of equipment storage
64	STORAGE; FOOD TRAYS	0	65	0	
65					
Total New Square Feet				7,375	
Circulation				1.55	
Total Estimated Gross Square Feet				11,431	762

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Roper St. Francis Hospital Berkeley

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Space Program

Laboratory					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
Administrative Area					
1	Reception/Clerical	0	65	0	
2	Administrative Work Alcove	1	80	80	Fax, copy machine, office supplies
3	Office, Pathologist	1	110	110	Multifunction one room for Supervisor - Blood Bank, Microbiology
4	Office, Lab Manager	1	90	90	
5	Office, Shift Supervisor	0	80	0	
6	Office, Transcription	0	0	0	Centralized transcription at Roper
7	LIS Computer Room	0	100	0	part of the data center
8	Office	0	100	0	visiting supervisor 2 workstation
9					
10	Laboratory Area				
11					
12	Specimen Receiving				Peak shift staff: ____
13	Receiving Bay	1	60	60	2 - 6" P-tube stations
14	Accessioning Station	1	40	40	
15	Spinning Station	1	20	20	
16	Send Out Station	1	20	20	
17					
18	Phlebotomy				Peak shift staff: 2
19	Alcove, Label Printer	1	10	10	
20	Work Station	1	40	40	Work counter, cart Storage
21	Supply Storage	1	50	50	High-density shelving
22					
23	Blood Bank				Peak shift staff: ____
24	Blood Bank	1	150	150	
25	Refrigerator/Freezer/Storage	1	30	30	
26	Workstation, Supervisor	1	40	40	
27	Chemistry				Peak shift staff: ____
28	Chemistry Bay	1.5	150	225	
29	Workstation, Supervisor	1	40	40	
30	Storage Space	1	30	30	Reagent & supply storage; shared w/Hematology
31	Hematology/ Body Fluids				Peak shift staff: ____
32	Hematology Bay	1.0	150	150	
33	Body Fluids/Coagulation Bay	1	60	60	
34	Workstation, Supervisor	0	40	0	
35					
36	Microbiology				Planting and incubating site.
37	Microbiology Room	0.75	150	113	Includes incubators & refrigerated storage

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Space Program

Laboratory					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
38	Serology Bay	1	65	65	
39	Workstation, Supervisor	0	25	0	
40					
41	Molecular Diagnostics				TO BE CONFIRMED
42	Molecular Lab	0	0	0	
43	Incubator Area	0	0	0	
44	Cold Room	0	0	0	
45	Workstation, Supervisor	0	0	0	
46					
47	Histology/Cytology				Peak shift staff: __
48	Grossing Station	1	25	25	Well ventilated
49	Staining Bay	1	25	25	
50	Histology Bay	1	25	25	Well ventilated
51	Tissue Processor	1	25	25	2 processors
52	Cytology - Wet Lab	1	25	25	Well ventilated
53	Storage Alcove	1	25	25	Slides/blocks/files
54	Workstation, Supervisor	0	25	0	
55					
56	Support Area				
57	Cold Room	1	65	65	Walk-in Unit - Central location accessible from processing bays close to histology
58	Bio Haz. Holding	1	20	20	
59	Flammable/Toxic Storage Cabinet	1	20	20	
60	General Storage Room	1	100	100	
61	Housekeeping Closet	1	35	35	
62					
63	Staff Area				
64	Staff Lounge/Kitchenette	1	120	120	6 seats; microwave, refrigerator, sink
65	Lockers & Lab Coats	1	20	20	24 lockers
66	Staff Toilet	1	60	60	ADA accessible
67					
Subtotal Net Square Feet				2,013	
Circulation				1.25	
Subtotal Estimated Gross Square Feet				2,516	50
Body Holding Area					
68	Vestibule	1	80	60	Direct access to outside
69	Viewing Room	0	100	0	
70	Refrigerated Storage	1	120	100	Well ventilated; 2 bodies (1 bariatric)
Subtotal Net Square Feet				160	
Circulation				1.15	
Subtotal Estimated Gross Square Feet				184	
Total Estimated Gross Square Feet				2,700	

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Space Program

Respiratory Therapy					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
1	Office, Supervisor	0	80	0	
2	Therapist Workroom	1	150	150	3 workstations, lounge & Locker part of ICU
3	Staff Toilet	0	60	0	ADA Toilet, shared with ICU
4	Equipment Clean-Up Room	1	90	90	
5	Clean Equipment & Supply Storage Room	1	120	120	
6	O2 Tank Storage and Shutdown room	1	60	60	
Total Net Square Feet				420	
Circulation				1.35	
Total Estimated Gross Square Feet				567	

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Space Program

Rehab					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
1	Office, Supervisor	1	100	100	
2	Staff Workroom	1	140	140	4 workstations, printers
3	Storage & Clean Supplies	1	120	120	Also place for DME
4	GYM space	1	165	165	Steps, Parallel Bar
5	Hydro Therapy	0	120	0	
6				0	
Total Net Square Feet				525	
Circulation				1.35	
Total Estimated Gross Square Feet				709	

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Space Program

Surgery					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
Reception/Waiting Area					
1	Waiting Room	1	480	480	20 people; coffee station, peds waiting
2	Wheelchair Alcove	1	20	20	
3	Vending Alcove	0	50	0	Part of main cafeteria
4	Telephone Alcove	0	10	0	ADA accessible
5	Consult Room	2	100	200	
6	Reception Desk	1	80	80	
7	Work Area Alcove	0	0	0	
8	Subtotal Net Square Feet			780	
9	Circulation			1.25	
10	Subtotal Estimated Gross Square Feet			975	
11					
Pre/Post Area					
13	Office, Charge Nurse	1	80	80	
14	Nurses / Control Station	1	180	180	Unit secretary, P-tube
15	Assessment Alcove	1	20	20	WC Weight
16	Physician Work Space	1	80	80	2 PC's, PACS
17	Crash Cart Alcove	1	20	20	
18	Care Giver Workstation	4	25	100	One workstation per 4 pre/post rooms
19	Pre/Post Recovery Rooms	15	115	1725	Surgery = $4 \times 3.5 = 14 + 1 = 15$
20	Patient Toilet, Shared	4	60	240	ADA accessible; shared between 4 pre/post
21	Patient Belongings Storage Alcove	0	40	0	Alcove space
22	Nourishment Alcove	1	65	65	Shared with first stage recovery; ice machine sized for ortho packs
23	Equipment Alcove	2	20	40	
24	Medication Alcove	1	90	90	Pyxis: 1 main + 1 tower + 1 auxiliary + 1 refrigerated unit
25	Clean Holding Room	1	160	160	One room shared with PACU; supply Pyxis, linen
26	Soiled Holding Room	1	120	120	
27	Equipment	1	150	150	Stretcher/recliner storage
28	Stretcher/Wheelchair Alcove	1	50	50	
29	Staff Toilet	1	80	80	ADA accessible; shared with PACU
30	Housekeeping Closet	1	40	40	
31	Quick Break	1	60	60	Share with PACU
32	Subtotal Net Square Feet			3,280	
33	Circulation			1.50	
34	Subtotal Estimated Gross Square Feet			4,920	
35					
36					

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Space Program

Surgery					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
37	PACU - First Stage Recovery				
38	Recovery Bay	5	90	450	Sized to accommodate six ORs; position one sink, computer, and telephone between two recovery bays
39	Isolation/Pediatric Recovery Room	1	140	140	Hand washing sink at entrance to room
40	Control Station	1	120	120	
41	Clean Holding Room	1	140	140	
42	Soiled Holding Room	1	80	80	
43	Equipment Storage Room	1	120	120	
44	Crash Cart Alcove	1	15	15	
45	Warmer Alcove	0	15	0	Blankets and fluids
46	Nourishment Alcove	0	0	0	Shared with Pre/Post area
47	Medication Alcove	1	45	45	
48	Physician Dictation Room	1	50	50	2 dictation stations
49	Staff Toilet	1	60	60	
50	Subtotal Net Square Feet			1,220	
51	Circulation			1.50	
52	Subtotal Estimated Gross Square Feet			1,830	
53					
54	Surgery Suite				
55	Inpatient Pre-Operative Holding	1	120	120	Holding for 1 patients;
56	Control Desk	1	120	120	2 people; P-tube
57	Office, Scheduling	0	0	0	Centralized off-site
58	Work Alcove	1	40	40	Copy machine, fax, files
59	Office, Charge Nurse	1	80	80	
60	Office, Manager Surgical Services	1	110	110	
61	Office, Buyer	0	80	0	Part of SPD
62	Office, Anesthesia	1	80	80	Provide acoustical privacy
63	Anesthesia Workroom	1	160	160	Medication storage; anesthesia carts stored in ORs
64	Stretcher Alcove	4	30	120	Outside of each OR
65	Operating Room - Large	4	630	2520	
66	Operating Room - General	0	500	0	RN work station, PACS,
67	Operating Room - Cysto	0	500	0	Lead-lined, includes x-ray control and image developing areas
68	Clean Core	1	720	720	
69	Sub-sterile Room	1	120	120	Pass thru flash sterilizer; one room on each side of OR core
70	Scrub Alcove	4	40	160	
71	Frozen Section Room	1	120	120	Pathologist and tech
72	Satellite Pharmacy	0	120	0	
73	C-Arm Alcove	1	40	40	2 C-arms @ 30 SF each
74	Soiled Work Room	1	120	120	
75	Equipment Storage Room	1	320	320	code 50 sf/or
76	Housekeeping Closet	1	50	50	
77	Toilets	1	60	60	
78	Endoscopy				
79	Physician Dictation Alcove	0	25	0	Adjacent to endoscopy procedure rooms
80	Endoscopy Room	0	280	0	Outside of sterile line
81	Patient Toilet	0	60	0	ADA accessible
82	Endoscopy Workroom/ clean-up	1	120	120	
83	Endoscopy Storage Room	1	80	80	
84	Subtotal Net Square Feet			5,260	
85	Circulation/Mechanical			1.50	
86	Subtotal Estimated Gross Square Feet			7,890	

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Space Program

Surgery					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
87					
88	Physician/Staff Support				
89	Lounge/Kitchenette/Dictation	1	240	240	4 people
90	MD. Lounge	0	150	0	
91	Male Locker Room	1	200	200	male physician & staff; - 40 full size lockers
92	Male Toilet/Shower Room	1	150	150	1 urinal, 1-toilet, 1 shower
93	Female Locker Room	1	300	300	Female physician & staff; 60 full-size
94	Female Toilet Shower	1	180	180	3 -toilet, 1-shower
95	Visitor Locker Room	0	50	0	10 full-size lockers
96	On-Call Rooms with Toilet/Shr	0	140	0	Anesthesia
97	Housekeeping Closet	1	40	40	
98	Subtotal Net Square Feet			1,110	
	Circulation/Mechanical			1.30	
	Subtotal Estimated Gross Square Feet			1,443	
	Total Estimated Gross Square Feet			17,058	4,265

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Space Program

Intensive Care					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
Family Area					
1	Family Room	1	240	240	12 people
2	Family Kitchenette	1	20	20	
3	Family Consult	1	100	100	
4	Family Toilet	1	60	60	ADA accessible
5	Public Telephone Alcove	1	10	10	ADA accessible
6					
Administrative Area					
8	Central (Nurse) Station	1	120	120	3 people
9	Work Alcove	1	40	40	Copy machine, fax
10	Communication Center	1	80	80	Charge Nurse, P.Tube
11	Clinical Staff Workroom	1	60	60	2 multifunctional stations: Pharmacy, Food Service, Therapy, etc
12	Physician Workroom	1	60	60	2 workstations, PACS station
13	Office, Unit Manager	1	100	100	
14	Office, Educator	0	80	0	Part of nursing unit
15	Office, Shared	1	80	80	Shared: 2 people, Case Manager, Social Work, Utilization Review
16					
Patient Care Area					
18	Staff Work Alcove	3	20	60	One alcove between 2 patient rooms
19	Patient Room	6	280	1680	Toilet in patient room; 2 isolation rooms
20	Anteroom	1	60	60	True isolation
Support Area					
22	Medication Room	1	90	90	Pyxis: 1 main + 1 tower + 1 auxiliary + 1 refrigerated unit
23	Nourishment Room	1	100	100	
24	Clean Holding Room	1	160	160	with RT supplies
25	Linen Alcove	1	20	20	
26	Soiled Utility Room	1	100	100	
27	Equipment Storage Room	1	120	120	
28	Point of Care Testing Alcove	1	30	30	
29	Crash Cart/Defibrillator Alcove	1	15	15	Central Location
30	Portable X-ray Alcove	1	25	25	
31	Housekeeping Closet	1	40	40	
32					
Staff Support Area					
34	Staff Lounge/Kitchenette	1	150	150	Seats 4; microwave, refrigerator, sink
35	Staff Locker Room	1	60	60	12 lockers
36	Staff Toilet	1	60	60	
37	Conference/Classroom	1	240	240	Shared with surgery
Total Net Square Feet				3,980	
Circulation/Mechanical				1.50	
Total Estimated Gross Square Feet				5,970	995

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Space Program

Medical /Surgical Unit w/Observation					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
Family Area					
1	Family Room	1	288	288	16 people
2	Family Kitchenette	1	20	20	
3	Family Consult	1	100	100	
4	Family Toilet	2	60	120	ADA accessible
5	Public Telephone Alcove	0	10	0	ADA accessible
6					
Administrative Area					
8	Central (Nurse) Station	2	180	360	5 PC, printers
9	Work Alcove	1	40	40	Copy machine, fax
10	Communication Center	1	120	120	Unit Secretary, P-tube station
11	Clinical Staff Workroom	2	80	160	Pharmacist, Therapist, Nutrition, etc.
12	Physician Workroom	2	80	160	2 workstations and PACS station
13	Office, Nurse Manager	1	100	100	
14	Office, Educator	1	80	80	
15	Office, Shared	1	150	150	Shared: 3 people; Case Manager, Social Work, Utilization Review
16	Telemetry Monitor Station	0	80	0	One tech - (includes the ICU server and monitors)
17					
Patient Care Area					
19	Staff Work Alcove	16	10	160	One alcove per 2 patient rooms
20	Private Patient Room	36	215	7,740	4 isolation rooms
21	Patient Toilet/Shower	32	65	2,080	
22	Patient Toilet/Shower	4	75	300	ADA accessible
23	Anteroom	4	60	240	four negative pressure rooms
24	Observations Patient Rooms w/Toilet	4	280	1,120	
Support Area					
26	Medication Room	2	90	180	One room per 15 beds; Pyxis - 1 main, + 1 tower + 1 auxiliary + 1 refrigerated unit
27	Nourishment Room	1	110	110	Room Service Menu
28	Clean Holding Room	2	160	320	One room per 16 beds; wire carts, bar-code
29	Linen Alcove	2	20	40	One per 16 beds
30	Soiled Work Room	2	110	220	One room per 15 beds
31	Point of Care Testing Alcove	1	30	30	Sink and PC connection
32	Equipment Storage Room	1	400	400	code = 10 sf / bed
33	Stretcher/Wheelchair Alcove	2	30	60	
34	Crash Cart/Defibrillator Alcove	2	15	30	One per unit
35	Portable X-Ray Alcove	1	25	25	
36	Trash and Housekeeping Closet	1	80	80	
37	Communications Room	1	120	120	IT, Nurse Call
38	Electrical Room	1	140	140	
39					

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Space Program

40	Staff Support Area				
41	Staff Lounge/Kitchenette, Lockers	1	330	330	60 lockers
42	Staff Toilet	3	60	180	ADA accessible
43	Conference/Classroom	1	240	240	
	Total Net Square Feet			15,843	
	Circulation/Mechanical			1.50	
	Total Estimated Gross Square Feet			23,765	660

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Space Program

Mother/Baby Unit - LDRP					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
Family Area					
1	Family Room	1	144	144	8 people
2	Family Kitchenette	1	20	20	
3	Family Consult	0	100	0	Use triage room
4	Family Toilet	1	60	60	Shared with ICU
5	Public Telephone Alcove	0	10	0	ADA accessible
6	Wheelchair Alcove	0	20	0	
7	Reception	0	0	0	Part of Triage Nurse work station
Administrative Area					
9	Office, Nurse Manager	1	100	100	
10	Office, Educator	0	80	0	in the M/S nursing unit
11	Office, Birth Certificate Clerk	0	80	0	part of medical records
12	Office, Lactation Consultant	1	100	100	Counter w/sink, 2 chairs
13	Office, Multifunctional	0	80	0	Physicians, Nurse Practitioners, etc.
14	Physician and Anesthesia Workroom	0	80	0	
15					
Triage/Observation					
17	Scale Alcove	1	15	15	
18	Triage Nurse Work Station	0	40	0	Part of LDRP Nurse Station
19	Physician Work Alcove	0	35	0	Part of LDR Nurse Station
20	Medication Alcove	0	75	0	shared with LDRP
21	Crash Cart Alcove	0	15	0	shared with LDRP
22	Nourishment Room	0	0	0	shared with LDRP
23	Clean Holding Room	0	120	0	shared with LDRP
24	Soiled Holding Room	0	100	0	shared with LDRP
25	Equipment Alcove	1	15	15	
26	Triage/Assessment/C-Section Prep Room	2	130	260	NST
27	Anteroom - Isolation	0	0	0	
28	Triage Toilet Room	2	60	120	
29	LAB Alcove	0	30	0	Sink, Microscope
LDRP Area					
31	Central (Nurse) Station	1	175	175	Unit Secretary, P-Tube station
32	Work Alcove	1	40	40	Copy machine, fax
33	Clinical Staff Workroom	1	40	40	1 multifunctional stations
34	Physician Workroom	1	60	60	2 workstations
35	Office, Charge Nurse	1	65	65	
36	Medication Alcove	1	90	90	Pyxis: 1 main + 1 tower + 1 auxillary + 1 refrigerated unit
37	Crash Cart/Defibrillator Alcove	1	15	15	
38	Nourishment Room	1	90	90	Shared with Triage/Observation
39	LDRP Area	8	350	2800	One negative pressure room
40	LDRP Toilet/Shower Room	8	75	600	
41	LDRP - Isolation Alcove	1	20	20	Hand washing sink and supply cart

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Space Program

Mother/Baby Unit - LDRP					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
42	Monitor Equipment Closet	0	30	0	
43	Soiled Utility/Equipment Clean-Up Room	1	135	135	Shared with C-Section space
44	Clean Holding/Delivery Equipment	1	160	160	
45	Housekeeping Closet	1	40	40	
46	Staff Toilet	1	60	60	
47	Equipment Storage Room	1	120	120	
48	Subtotal Net Square Feet			5,224	
49	Circulation/Mechanical			1.50	
50	Subtotal Estimated Gross Square Feet			7,836	
51					
52	C-Section Suite				
53	Nurse Work Alcove	1	40	40	
54	C- Section Room	2	460	920	Infant stabilization
55	Infant Stabilization Room	1	160	160	
56	Sub-Sterile Room	1	120	120	
57	Stretcher/Bed Alcove	2	30	60	
58	Scrub/Gowning Alcove	2	30	60	
59	Recovery Room	3	120	360	3 bays; nurse work area
60	Clean Holding Room	1	120	120	Narcotics Pyxis, Supply Pyxis, linen cart, c-section delivery packs, sutures, etc.
61	Soiled Holding Room	0	80	0	Shared
62	Anesthesia Storage Room & Work Room	1	80	80	
63	Housekeeping Closet	1	25	25	
64		0	160	0	
65	Subtotal Net Square Feet			1,945	
66	Circulation/Mechanical			1.50	
67	Subtotal Estimated Gross Square Feet			2,918	
68					
69	Physician/Staff Support				
70	Staff Locker Room	1	135	135	30 full size lockers
71	Staff Changing Room	2	35	70	
72	Female Toilet Room	1	60	60	
73	Male Toilet Room	1	60	60	
74	Staff Lounge/Kitchenette	1	180	180	10 people, refrigerator, microwave, sink
75	Physician Lounge	0	120	0	Adjacent to LDR/C-Section and on-call rooms
76	Physician Locker Room	0	80	0	10 full size lockers
77	Physician Changing Room	0	35	0	
78	On-Call/Sleep Room	1	90	90	
79	On-Call/Sleep Toilet/Shower Room	0	50	0	
80	On-Call/Sleep Toilet/Shower Room	1	60	60	ADA accessible
81					
82	Subtotal Net Square Feet			655	
83	Circulation/Mechanical			1.35	
84	Subtotal Estimated Gross Square Feet			884	
85					
86	Nursery				
87	Scrub Vestibule	1	15	15	
88	Admission Stations	1	65	65	
89	Well Baby Stations	1	240	240	8 infant stations
90	Level II Nursery	0	300	0	2 infant stations
91	Isolation Room	1	80	80	

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Space Program

Mother/Baby Unit - LDRP					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
92	Exam/Circumcision Alcove	1	65	65	
93	Hearing/Screening Alcove	1	20	20	Equipment storage
94	Nursery Staff Work Space	1	120	120	P-Tube
95	Physician Work Alcove	1	40	40	
96	Office, Charge Nurse	0	80	0	
97	Medication Alcove	1	60	60	Pyxis: 1 main + 1 tower + 1 auxiliary + 1 refrigerated unit
98	Breast Feeding/Bonding Room	0	80	0	
99	Clean Supply Room	1	100	100	Formula storage
100	Soiled Holding Room	1	65	65	
101	Staff Quick Break	0	20	0	coffee station
102	Staff Toilet	1	60	60	
103	Housekeeping Closet	1	25	25	
104					
105	Subtotal Net Square Feet			955	
106	Circulation/Mechanical			1.40	
107	Subtotal Estimated Gross Square Feet			1,337	
108					
109	Post-Partum Patient Care Area				
110	Staff Workstation	0	10	0	One room per 4 patient rooms
111	Private Patient Room	0	225	0	1 Isolation room
112	Patient Toilet/Shower	0	65	0	ADA accessible
113	Anteroom	0	60	0	Shared between two patient rooms
114					
115	Support Area				
116	Central (Nurse) Station	0	200	0	5 people, Unit secretary, P-Tube station
117					
118	Medication Room	0	95	0	Shared with LDR side
119	Nourishment Room	0	100	0	
120	Clean Holding Room	0	160	0	
121	Soiled Holding Room	0	120	0	
122	Equipment Storage Room	0	180	0	
123	Stretcher/Wheelchair Alcove	0	30	0	
124	Crash Cart/Defibrillator Alcove	0	15	0	Central location
125	Housekeeping Closet	0	40	0	Shared with LDR side
126	Communications Room	0	100	0	IT, Nurse Call
127	Electrical Room	0	100	0	
128	Staff Support Area				
129	Staff Lounge/Kitchenette	0	200	0	Shared with LDR side
130	Staff Locker Room	0	80	0	Shared with LDR side
131	Staff Toilet	0	60	0	ADA accessible
132	Conference/Classroom	0	300	0	Shared with ICU
	Subtotal Net Square Feet			0	
	Circulation/Mechanical			1.50	
	Subtotal Estimated Gross Square Feet			0	
	Total Estimated Gross Square Feet			12,975	1622

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Space Program

Building Support Services					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
Shared Administrative Area					
1	Office, Plant Operations/Maintenance	1	110	110	Plan storage
2	Meeting Room	1	100	100	
3	Office, EVS/Linen	1	60	60	
4	Office, Dietary Production Supervisor & Dietitian	1	120	120	Close to Kitchen
5	Office, Dietitian	0	80	0	
6	Office, Materials Management	1	60	60	
7	Workstation, Shared	1	60	60	Dietary, EVS, Patient Escort, Biomed, Plant Operations; EVS/Linen (buyer 50%, purchasing)
8	Workstation, Clerical	1	60	60	Dietary, EVS, Patient Escort, Biomed, Plant Operations; EVS/Linen
9	Workstation, Dispatch	1	60	60	Visibility over alarm panels; adjacent to Plant Operations/Maintenance office
10	P-Tube Control Room	1	0	0	
11	Fire Alarm Control Panel	1	0	0	Wall mount
12	Shop/Storage Room	0	180	0	
13	Workroom/File/Copy	1	80	80	Copy machine, files
14	Building System Monitoring / Security Monitoring	0	120	0	In the ED Program
15	Phone Operator / Fire Alarm	0	120	0	In the ED Program
16					
17	Subtotal Net Square Feet			710	
18	Circulation/Mechanical			1.15	
19	Subtotal Estimated Gross Square Feet			817	
20					
21	Shared Staff Support				Biomed, Dietary, EVS, Maintenance,
22	Staff Lounge/Kitchenette	1	150	150	8 people
23	Staff Locker Room	1	90	90	30 half-size lockers
24	Staff Toilet	2	60	120	
25					
26	Subtotal Net Square Feet			360	
27	Circulation/Mechanical			1.15	
28	Subtotal Estimated Gross Square Feet			414	
29					
30	Environmental Services				
31	Equipment Storage Room	1	180	180	Secure, 4 rider floor care equipment, space for battery charging good ventilation, washer and dryer
32	Paper Product Storage	0	80	0	
33	Equipment Clean-Up Room	1	65	65	Washer, dryer
34	Medical Equipment Storage/Dispatch	0	140	0	part of MM
35	Chemical Storage Room	1	65	65	good ventilation
36	General Storage Room	1	80	80	includes linen
37	Clean Linen Holding Room (80% exchange), 12 carts and fixed shelving for PAR, Scrubs	1	240	240	space for makeup carts and disaster carts
38	Soiled Linen Holding Room	1	160	160	
39	Mailroom/Copy Center	1	110	110	1 staff, also space for patient transport
40	Stretcher and WC storage Alcove	1	110	110	8 x 16

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Space Program

Building Support Services					Comments
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	
41	Subtotal Net Square Feet			1,010	
42	Circulation/Mechanical			1.25	
43	Subtotal Estimated Gross Square Feet			1,263	
44					
45	Materials Management				
46	Receiving Dock	0	0	0	Exterior; general receiving - 2 bays; trash dumpster and cardboard compactor; clean & soiled linen bays
47	Biohazardous Waste Storage Room - EVS	1	100	100	
48	Hazardous Waste Storage Room - EVS	0	100	0	
49	Medical Gas Storage Room	1	100	100	Internal
50	Receiving/Breakout Vestibule	1	150	150	
51	General Supply Room	1	1,000	1000	JIT or high density shelving
52	Medical Equipment Storage Room	1	225	225	Bed storage (caged storage in supply)
53	Equipment Issue/Patient Charge Storage	0	225	0	(Caged storage in supply room)
54	Subtotal Net Square Feet			1,575	
55	Circulation/Mechanical			1.20	
56	Subtotal Estimated Gross Square Feet			1,890	
57					
58					
59	Plant Operations				
60	Biomedical Engineering Workshop	1	180	180	
61	Biomedical - Clerical Work	0	65	0	
62	PC Tech Support w/storage	1	140	140	
63	PC Storage Space	0	80	0	
64	Data Center	1	240	240	
65	Biomedical Engineering Storage	0	100	0	included in biomedical workshop
66	Engineering Shop	1	180	180	
	Subtotal Net Square Feet			740	
	Circulation/Mechanical			1.20	
	Subtotal Estimated Gross Square Feet			898	
	Total Estimated Gross Square Feet			5,271	

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000350

Roper St. Francis Hospital
Berkeley

FreemanWhite

Space Program

Food Service					
No.	Room/Space	Approved Program 06/26/07	Unit Space (NSF)	Room Total	Comments
	<u>Administrative/Staff Area</u>				
1	Office, Director	0	0	0	Off-site
2	Office, Production Supervisor	1	0	0	Located in Shared Administrative Support Services area
3	Office, Dietitian	1	0	0	Located in Shared Administrative Support Services area
4	Staff Lounge	0	0	0	Located in Shared Administrative Support Services area
5	Staff Locker Room	1	40	40	
6	Staff Toilet	1	60	60	
7					
8	<u>Receiving/Storage Areas</u>				
9	Receiving Area	1	80	80	
10	Dry Stores	1	160	160	
11	Paper Good Storage	1	60	60	
12	Vending Storage	0	0	0	
13	Catering Storage Room	1	60	60	
14	Refrigerator	1	120	120	
15	Freezer	1	80	80	
16					
17	<u>Preparation Area</u>				Room Service Menu concept
18	Food Cart Storage Area	1	75	75	
19	Food Preparation	1	1,250	1250	
20	<u>Kitchen Support Area</u>				
21	Housekeeping Closet	1	40	40	
22	Dish/Pot & Pan Washing	1	150	150	
23	Cart Cleaning Area	1	30	30	
24	Waste Holding Room	0	65	0	
25					
26	Subtotal Net Square Feet			2,205	
27	<u>Circulation/Mechanical</u>			1.20	
28	Subtotal Estimated Gross Square Feet			2,646	
29					
30	<u>Public Area</u>				
31	Tray Pick-Up	1	40	40	
32	Deli/Café	1	400	400	
33	Cashier	2	50	100	Single sided
34	Condiments/Silverware Area	1	40	40	
35	Cafeteria Seating	1	900	900	50 people
36	Private Dining/Conference Room	0	300	0	15 people
37	Soiled Tray Drop	1	65	65	
38	Vending Area	1	100	100	Outsourced; visible from seating area, accessible after-hours
39					
40	Subtotal Net Square Feet			1,645	
41	<u>Circulation/Mechanical</u>			1.20	
	Subtotal Estimated GSF			1,974	
	Total Estimated Gross Square Feet			4,620	92

Roper St. Francis Hospital
Berkeley

FreemanWhite

Space Program

Pharmacy					
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total	Comments
<u>Administrative Area</u>					
1	Office, Director	0	120	0	
2	Office, Clinical Pharmacist	1	100	100	
3	Workstation, Secretary	1	65	65	
4	Staff Lounge/Conference Room	1	140	140	
5	Staff Locker Room	1	15	15	alcove in hallway
6	Staff Toilet	1	60	60	ADA accessible
7	Cubicle, Multifunctional	1	50	50	IT station, staff resource station
8					
<u>Medication Prep Area</u>					
10	Receiving/Trash Holding Area	1	65	65	
11	Receiving	0	50	0	15 cubes average
12	Bulk Storage	1	150	150	Active Build Storage; high density shelving
13	Narcotic Storage C2 Safe & Pyxis Server	1	100	100	
14	Out-of-Date Drug Storage Closet	1	15	15	
15	Ambulance Prep Area	0	30	0	
16	Crash Cart Holding Alcove	1	20	20	
17	Pre-Packing	1	40	40	pre-pack area
18	Central Refrigeration	1	40	40	2 full-size refrigerators, 1 Frz
19	Medication Pick-up Alcove	1	20	20	
20	Order Entry	1	80	80	2 computer stations, printers
21	Pyxis Fill/Picking Station	2	100	200	2 stations
22	Pneumatic Tube Station	1	15	15	2 stations w/tube storage
23	Anteroom - IV Prep	1	140	140	ISO Class 5
24	Staff IV Room Coats	0	10	0	Accessible from Anteroom
25	Housekeeping closet	1	15	15	
26	IV Prep Room	1	140	140	One 8'-0" laminar flow hood; ISO Class 8 standards
27	Chemotherapy Prep Room	1	80	80	One vertical flow hood vented to outside
Total Net Square Feet				1,550	
Circulation/Mechanical				1,25	
Total Estimated Gross Square Feet				1,938	

000352

Roper St. Francis Hospital
Berkeley

FreemanWhite

Space Program

Sterile Processing				
No.	Room/Space	No. of Rooms	Unit Space (NSF)	Room Total
1	Decon Scanning Work Station	0	10	0
2	Decontamination/Soiled Receiving Room	1	150	150
3	Housekeeping Closet	1	25	25
4	Pass-Thru Washers	1	80	80
5	Cart/Equipment Wash	1	80	80
6	Equipment Drying Area	1	65	65
7	Pack & Wrap Area	1	180	180
8	Packing Supplies and Bio Markers	1	40	40
9	Sterrad Alcove	1	20	20
10	Terminal Sterilizer Equipment	1	110	110
11	Instrument Cooling Area	1	40	40
12	Sterile Supply Storage Area	1	192	192
13	Sterile Instrumentation Storage Area	1	192	192
14	Case Cart Holding Area	1	96	96
15	Vendor - Prosthetic Storage	1	100	100
16	Housekeeping Closet	1	30	30
17	OR Buyer/Inventory control	1	45	45
18	Dispatch Station	1	45	45
19	Office, Supervisor	1	0	0
20	Equipment Holding	1	100	100
21	Linen Pack Storage	1	36	36
22	Support Area			
23	Staff Vestibule	0	50	0
24	Staff Locker Alcove	1	40	40
25	Staff Lounge	0	120	0
26	Staff Toilet	1	50	50
Total Net Square Feet				1,716
Circulation/Mechanical				1.20
Total Estimated Gross Square Feet				2,059

412

000353

Attachment 5
Roper Hospital
Proposed Bed Chart

000354

**Roper Hospital- Proposed Bed Chart
318 Licensed Beds**

Service Line	Location	# Beds	# Beds
Cardiac	5 th floor, New Tower	12	10
	4 th floor, New Tower	46	46
	3 rd floor, New Tower	23	23
	2 nd floor, New Tower	<u>8</u>	<u>8</u>
		89	87
Surgery	7 th floor, New Tower	43	43
	7 Pettit	<u>18</u>	<u>16</u>
		61	59
Oncology	5 South	22	16
	5 Pettit	12	0
	BMT	<u>4</u>	<u>4</u>
		38	20
Orthopedics/Neuro	6 South	19	19
	6 East	21	12
	6 Pettit	<u>15</u>	<u>15</u>
		55	46
Medicine	2 Pettit	14	12
	3 East	21	16
	5 East	22	18
	3 Pettit	<u>16</u>	<u>8</u>
		73	54
Sub-Total of Acute Care		316	266
Rehabilitation	8 Pettit	32	32
	3 North	<u>20</u>	<u>20</u>
		52	52
Total # Licensed Beds		368¹	318

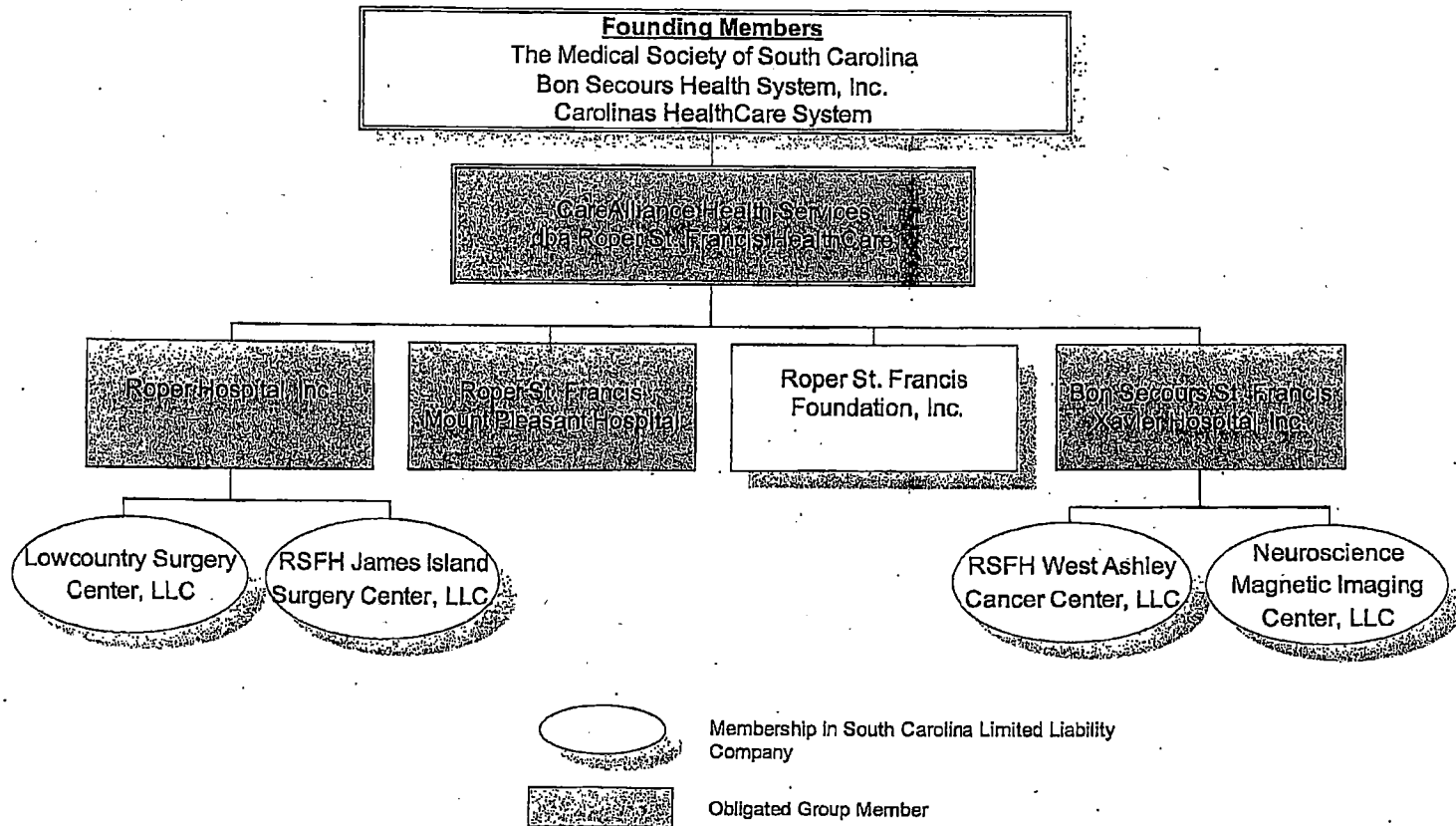
¹ Post the 85-bed transfer to Roper St. Francis Mt. Pleasant Hospital and addition of 13 rehabilitation beds

000355

Attachment 6
Organizational Chart

000356

Organizational Chart
CareAlliance Health Services d/b/a
Roper St. Francis Healthcare



RECORD 005736

000357

Joint Exhibit 002-0358

Attachment 7
Population Data

000358

County	July 1, 2005 Estimates	July 1, 2006 Projection	July 1, 2007 Projection	July 1, 2008 Projection	July 1, 2009 Projection	July 1, 2010 Projection
Abbeville	26,136	26,300	26,480	26,650	26,810	26,990
Aiken	150,213	152,170	154,140	156,090	158,050	160,020
Allendale	10,918	10,940	10,970	11,000	11,020	11,050
Anderson	175,543	177,210	178,880	180,540	182,200	183,860
Bamberg	15,881	15,810	15,730	15,650	15,570	15,500
Barnwell	23,348	23,540	23,740	23,940	24,150	24,340
Beaufort	137,814	140,640	143,490	146,320	149,170	152,020
Berkeley	151,798	153,910	156,030	158,140	160,250	162,370
Calhoun	15,116	15,270	15,420	15,560	15,720	15,870
Charleston	330,381	332,130	333,890	335,640	337,390	339,140
Cherokee	53,849	54,460	55,070	55,670	56,270	56,890
Chester	33,231	33,400	33,570	33,740	33,900	34,070
Chesterfield	43,432	43,670	43,910	44,170	44,410	44,650
Clarendon	33,367	33,640	33,910	34,180	34,450	34,720
Colleton	39,610	39,950	40,280	40,610	40,940	41,280
Darlington	67,336	67,600	67,870	68,140	68,400	68,670
Dillon	30,977	30,990	31,000	31,020	31,030	31,040
Dorchester	112,806	114,680	116,560	118,420	120,300	122,170
Edgefield	25,531	25,910	26,280	26,680	27,060	27,440
Fairfield	24,049	24,200	24,350	24,500	24,650	24,800
Florence	131,141	132,020	132,910	133,780	134,670	135,550
Georgetown	60,989	61,710	62,440	63,170	63,900	64,620
Greenville	407,414	412,260	417,100	421,940	426,780	431,630
Greenwood	67,987	68,500	69,010	69,530	70,030	70,540
Hampton	21,331	21,510	21,680	21,850	22,010	22,190
Horry	227,016	231,890	236,770	241,640	246,510	251,390
Jasper	21,452	21,760	22,090	22,420	22,740	23,060
Kershaw	56,492	57,220	57,950	58,690	59,410	60,140
Lancaster	63,201	63,610	64,020	64,430	64,830	65,250
Laurens	70,301	71,150	72,000	72,840	73,690	74,540
Lee	20,633	20,720	20,820	20,910	21,020	21,110
Lexington	235,221	239,150	243,100	247,030	250,990	254,920
McCormick	10,109	10,220	10,340	10,460	10,580	10,700
Marion	34,908	35,000	35,090	35,180	35,260	35,350
Marlboro	28,023	27,890	27,760	27,640	27,510	27,390
Newberry	37,254	37,500	37,750	38,010	38,260	38,510
Oconee	69,585	70,470	71,370	72,270	73,160	74,060
Orangeburg	92,163	92,680	93,190	93,710	94,220	94,740
Pickens	113,588	115,120	116,670	118,210	119,750	121,290
Richland	340,177	343,020	345,860	348,700	351,540	354,380
Saluda	18,897	19,030	19,160	19,290	19,430	19,570
Spartanburg	266,836	269,470	272,100	274,740	277,370	280,000
Sumter	105,532	106,300	107,070	107,830	108,610	109,370
Union	28,542	28,490	28,440	28,400	28,360	28,310
Williamsburg	35,399	35,370	35,340	35,320	35,290	35,260
York	190,048	193,230	196,420	199,600	202,800	205,980
South Carolina	4,255,575	4,301,700	4,348,000	4,394,300	4,440,500	4,486,700

000359

County	July 1, 2010 Projection	July 1, 2011 Projection	July 1, 2012 Projection	July 1, 2013 Projection	July 1, 2014 Projection	July 1, 2015 Projection
Abbeville	26,990	27,150	27,320	27,490	27,660	27,840
Aiken	160,020	161,980	163,940	165,900	167,870	169,820
Allendale	11,050	11,070	11,100	11,130	11,160	11,180
Anderson	183,860	185,530	187,190	188,850	190,520	192,190
Bamberg	15,500	15,420	15,340	15,270	15,190	15,110
Barnwell	24,340	24,550	24,750	24,950	25,150	25,350
Beaufort	152,020	154,850	157,700	160,530	163,370	166,210
Berkeley	162,370	164,480	166,600	168,710	170,820	172,940
Calhoun	15,870	16,020	16,170	16,320	16,470	16,630
Charleston	339,140	340,900	342,650	344,400	346,160	347,910
Cherokee	56,890	57,500	58,100	58,720	59,330	59,930
Chester	34,070	34,230	34,400	34,570	34,740	34,910
Chesterfield	44,650	44,890	45,130	45,380	45,630	45,870
Clarendon	34,720	34,990	35,260	35,520	35,790	36,060
Colleton	41,280	41,610	41,950	42,280	42,610	42,940
Darlington	68,670	68,940	69,200	69,470	69,750	70,010
Dillon	31,040	31,050	31,060	31,090	31,100	31,110
Dorchester	122,170	124,030	125,910	127,780	129,660	131,530
Edgefield	27,440	27,820	28,210	28,590	28,980	29,360
Fairfield	24,800	24,930	25,080	25,240	25,390	25,540
Florence	135,550	136,420	137,300	138,190	139,070	139,940
Georgetown	64,620	65,340	66,080	66,800	67,530	68,250
Greenville	431,630	436,470	441,310	446,160	450,990	455,840
Greenwood	70,540	71,060	71,560	72,080	72,590	73,100
Hampton	22,190	22,370	22,530	22,710	22,870	23,050
Horry	251,390	256,260	261,140	266,010	270,880	275,760
Jasper	23,060	23,390	23,700	24,030	24,360	24,680
Kershaw	60,140	60,880	61,610	62,340	63,080	63,800
Lancaster	65,250	65,660	66,060	66,480	66,890	67,300
Laurens	74,540	75,390	76,240	77,070	77,930	78,770
Lee	21,110	21,200	21,300	21,390	21,490	21,580
Lexington	254,920	258,860	262,790	266,740	270,670	274,610
McCormick	10,700	10,810	10,940	11,040	11,170	11,280
Marion	35,350	35,440	35,530	35,620	35,710	35,790
Marlboro	27,390	27,260	27,130	27,010	26,880	26,750
Newberry	38,510	38,760	39,010	39,270	39,520	39,770
Oconee	74,060	74,950	75,850	76,750	77,650	78,540
Orangeburg	94,740	95,250	95,770	96,280	96,790	97,300
Pickens	121,290	122,830	124,370	125,920	127,450	129,000
Richland	354,380	357,220	360,050	362,900	365,740	368,580
Saluda	19,570	19,700	19,830	19,970	20,110	20,250
Spartanburg	280,000	282,640	285,270	287,910	290,550	293,180
Sumter	109,370	110,140	110,900	111,680	112,440	113,210
Union	28,310	28,260	28,210	28,170	28,130	28,080
Williamsburg	35,260	35,240	35,210	35,190	35,160	35,130
York	205,980	209,160	212,350	215,530	218,730	221,910
South Carolina	4,486,740	4,532,900	4,579,100	4,625,430	4,671,710	4,717,890

000360



Demographic and Income Profile

Berkeley County

Area ID: 45015

Description: Berkeley County

Summary	2000	2008	2013	Annual Rate
Population	142,651	158,181	168,669	1.29%
Households	49,922	58,234	63,000	1.59%
Families	37,696	42,587	45,183	1.19%
Average Household Size	2.75	2.67	2.63	
Owner-occupied HUs	37,052	43,137	46,446	
Renter-occupied HUs	12,870	15,097	16,554	
Median Age	32.1	34.2	35.0	

	2000		2008		2013	
Households by Income	Number	Percent	Number	Percent	Number	Percent
<\$15,000	7,635	15.3%	8,458	11.1%	6,122	9.7%
\$15,000 - \$24,999	6,624	13.3%	5,388	9.3%	4,547	7.2%
\$25,000 - \$34,999	7,218	14.5%	6,106	10.5%	5,064	8.0%
\$35,000 - \$49,999	10,029	20.1%	9,680	16.6%	9,392	14.9%
\$50,000 - \$74,999	10,519	21.1%	13,549	23.3%	15,701	24.9%
\$75,000 - \$99,999	4,710	9.4%	9,229	15.8%	10,776	17.1%
\$100,000 - \$149,999	2,468	4.9%	5,886	10.1%	7,328	11.6%
\$150,000 - \$199,999	426	0.9%	1,199	2.1%	2,854	4.2%
\$200,000+	241	0.5%	728	1.3%	1,418	2.3%

Median Household Income	\$39,911	\$51,963	\$60,720
Average Household Income	\$46,791	\$61,248	\$70,743
Per Capita Income	\$16,880	\$22,748	\$26,635

	2000		2008		2013	
Population by Age	Number	Percent	Number	Percent	Number	Percent
0 - 4	10,242	7.2%	11,767	7.4%	12,515	7.4%
5 - 14	22,884	16.0%	21,394	13.5%	22,524	13.4%
15 - 19	12,725	8.9%	11,898	7.5%	11,662	6.9%
20 - 24	10,760	7.6%	11,933	7.5%	11,570	6.9%
25 - 34	20,935	14.7%	23,895	15.1%	26,128	15.5%
35 - 44	23,599	16.5%	22,286	14.1%	22,360	13.3%
45 - 54	18,461	12.9%	23,179	14.7%	24,084	14.3%
55 - 64	11,764	8.2%	17,220	10.9%	20,353	12.1%
65 - 74	6,973	4.9%	9,110	5.8%	10,903	6.5%
75 - 84	3,409	2.4%	4,222	2.7%	4,954	2.9%
85+	879	0.6%	1,279	0.8%	1,616	1.0%

	2000		2008		2013	
Race and Ethnicity	Number	Percent	Number	Percent	Number	Percent
White Alone	98,897	68.0%	104,179	65.9%	108,654	64.4%
Black Alone	37,985	26.6%	42,563	26.9%	45,485	27.0%
American Indian Alone	748	0.5%	1,015	0.6%	1,218	0.7%
Asian Alone	2,671	1.9%	4,059	2.6%	5,188	3.1%
Pacific Islander Alone	114	0.1%	163	0.1%	202	0.1%
Some Other Race Alone	1,718	1.2%	2,841	1.8%	3,855	2.3%
Two or More Races	2,418	1.7%	3,361	2.1%	4,089	2.4%
Hispanic Origin (Any Race)	3,935	2.8%	6,158	3.9%	8,049	4.8%

Source: ESRI, 2008 Estimates and Projections

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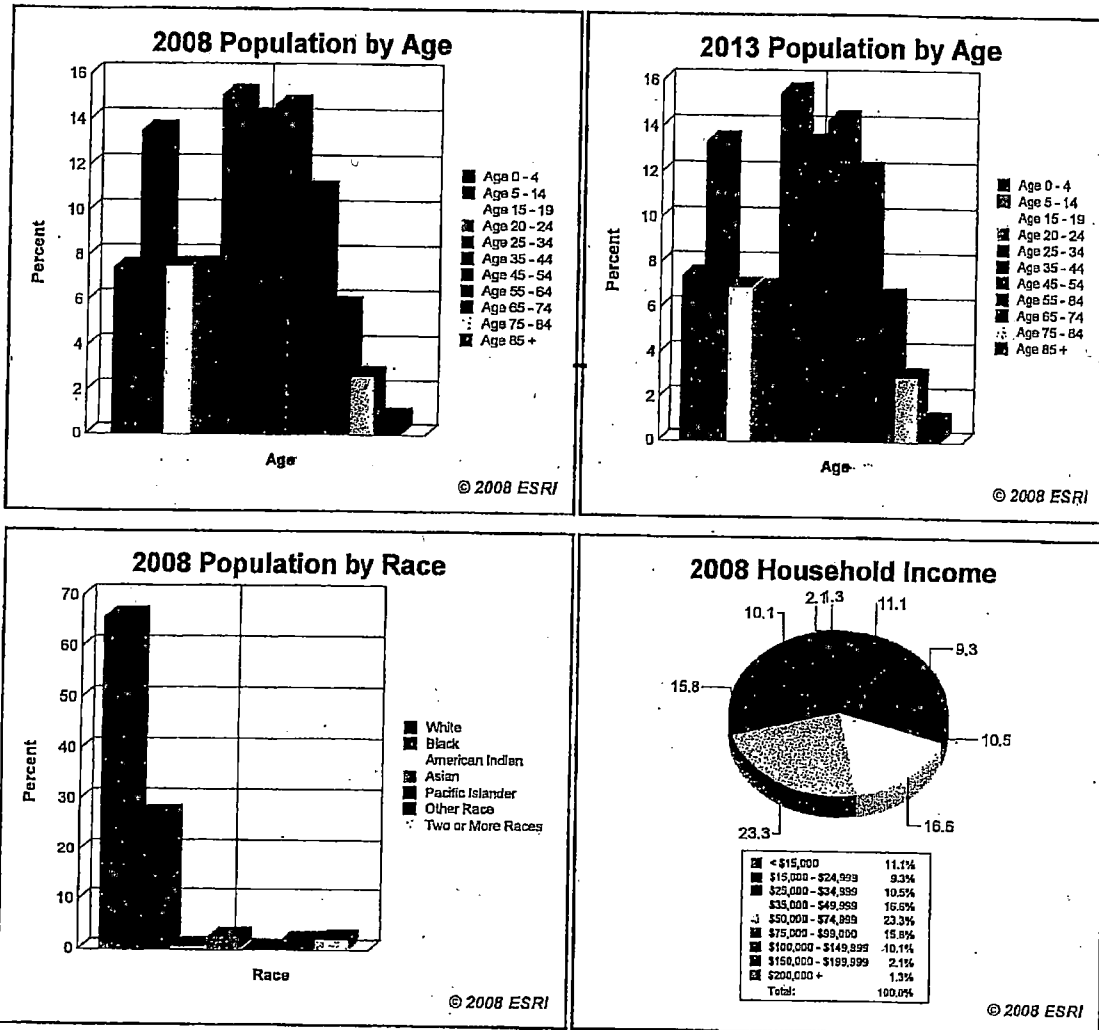


Demographic and Income Profile

Berkeley County

Area ID: 45015

Description: Berkeley County



Source: ESRI, 2008 Estimates and Projections

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Age by Sex Profile

Carnes CR 7-mile

Area ID: 0_1

Description: 0 - 7 Miles

Summary	2000	2008	2013	2008-2013 Change	2008-2013 Annual Rate
Population	86,007	104,371	117,051	12,680	2.32%
Households	30,409	38,085	43,332	5,237	2.61%
Average Household Size	2.80	2.72	2.68	-0.04	-0.30%
Median Age	33.3	35.3	35.9	0.6	0.34%
Median Male Age	32.2	33.8	34.6	0.8	0.47%
Median Female Age	34.3	36.6	37.3	0.7	0.38%

Total Population by Age

	2000		2008		2013	
	Number	Percent	Number	Percent	Number	Percent
Total	86,007	100%	104,371	100%	117,051	100%
0-4	6,188	7.2%	7,631	7.3%	8,538	7.3%
5-9	7,143	8.3%	7,069	6.8%	7,970	6.8%
10-14	7,754	9.0%	7,266	7.0%	7,801	6.7%
15-19	8,667	7.8%	7,557	7.2%	7,537	6.4%
20-24	4,893	5.7%	7,143	6.8%	7,288	6.2%
25-29	5,917	6.9%	8,118	7.8%	8,891	7.6%
30-34	6,796	7.9%	7,009	6.7%	9,107	7.8%
35-39	7,903	9.2%	7,435	7.1%	7,858	6.7%
40-44	7,641	8.9%	8,098	7.8%	7,997	6.8%
45-49	6,242	7.3%	8,586	8.2%	8,889	7.6%
50-54	5,468	6.4%	7,664	7.3%	8,936	7.6%
55-59	4,089	4.8%	6,531	6.3%	8,169	7.0%
60-64	2,972	3.5%	4,873	4.7%	6,141	5.2%
65-69	2,288	2.7%	3,410	3.3%	4,418	3.8%
70-74	1,538	1.8%	2,347	2.2%	2,925	2.5%
75-79	1,184	1.4%	1,633	1.6%	2,048	1.7%
80-84	720	0.8%	1,065	1.0%	1,361	1.2%
85+	598	0.7%	938	0.9%	1,197	1.0%
18+	60,478	70.3%	77,517	74.3%	87,855	75.1%
21+	NA	NA	73,359	70.3%	83,705	71.5%

Data Note: Detail may not sum to totals due to rounding.

Source: U.S. Bureau of the Census, 2000 Census of Population and Housing. ESRI forecasts for 2008 and 2013.

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RECORD 005742



Age by Sex Profile

Carnes CR 7-mile

Area ID: 0_1

Description: 0 - 7 Miles

Total Male Population by Age

	2000		2008		2013	
	Number	Percent	Number	Percent	Number	Percent
Total	42,094	100%	50,985	100%	57,219	100%
0-4	3,184	7.6%	3,927	7.7%	4,394	7.7%
5-9	3,648	8.7%	3,639	7.1%	4,098	7.2%
10-14	3,950	9.4%	3,738	7.3%	4,024	7.0%
15-19	3,522	8.4%	3,860	7.6%	3,887	6.8%
20-24	2,383	5.7%	3,585	7.0%	3,629	6.3%
25-29	2,922	6.9%	4,077	8.0%	4,371	7.6%
30-34	3,311	7.9%	3,466	6.8%	4,587	8.0%
35-39	3,826	9.1%	3,656	7.2%	3,895	6.8%
40-44	3,728	8.9%	3,909	7.7%	3,928	6.9%
45-49	2,976	7.1%	4,125	8.1%	4,290	7.5%
50-54	2,628	6.2%	3,662	7.2%	4,285	7.5%
55-59	2,024	4.8%	3,070	6.0%	3,878	6.8%
60-64	1,362	3.2%	2,305	4.5%	2,845	5.0%
65-69	1,126	2.7%	1,577	3.1%	2,043	3.6%
70-74	652	1.5%	1,051	2.1%	1,309	2.3%
75-79	465	1.1%	693	1.4%	867	1.5%
80-84	244	0.6%	379	0.7%	528	0.9%
85+	143	0.3%	266	0.5%	361	0.6%
18+	28,978	68.8%	37,185	72.9%	42,183	73.7%

Total Female Population by Age

	2000		2008		2013	
	Number	Percent	Number	Percent	Number	Percent
Total	43,913	100%	53,388	100%	59,832	100%
0-4	3,002	6.8%	3,704	6.9%	4,144	6.9%
5-9	3,495	8.0%	3,430	6.4%	3,872	6.5%
10-14	3,804	8.7%	3,528	6.6%	3,777	6.3%
15-19	3,145	7.2%	3,697	6.9%	3,650	6.1%
20-24	2,510	5.7%	3,558	6.7%	3,639	6.1%
25-29	2,985	6.8%	4,041	7.6%	4,520	7.6%
30-34	3,485	7.9%	3,543	6.6%	4,520	7.6%
35-39	4,077	9.3%	3,779	7.1%	3,963	6.6%
40-44	3,913	8.9%	4,189	7.8%	4,069	6.8%
45-49	3,268	7.4%	4,461	8.4%	4,589	7.7%
50-54	2,840	6.5%	4,002	7.5%	4,651	7.8%
55-59	2,075	4.7%	3,461	6.5%	4,291	7.2%
60-64	1,610	3.7%	2,568	4.8%	3,296	5.5%
65-69	1,162	2.6%	1,833	3.4%	2,375	4.0%
70-74	884	2.0%	1,296	2.4%	1,616	2.7%
75-79	719	1.6%	940	1.8%	1,181	2.0%
80-84	476	1.1%	686	1.3%	833	1.4%
85+	455	1.0%	670	1.3%	836	1.4%
18+	31,500	71.7%	40,332	75.5%	45,672	76.3%

Data Note: Detail may not sum to totals due to rounding.

Source: U.S. Bureau of the Census, 2000 Census of Population and Housing. ESRI forecasts for 2008 and 2013.

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RECORD 005743



Demographic and Income Profile

Trident MC site

Area ID: 0_1

Description: 0 - 7 Miles

Summary	2000	2008	2013	Annual Rate
Population	17,620	19,259	20,671	1.43%
Households	6,417	7,318	7,959	1.68%
Families	4,815	5,284	5,620	1.24%
Average Household Size	2.67	2.59	2.56	
Owner-occupied HUs	5,033	5,573	5,989	
Renter-occupied HUs	1,384	1,745	1,990	
Median Age	35.5	37.4	38.3	

	2000		2008		2013	
Households by Income	Number	Percent	Number	Percent	Number	Percent
<\$15,000	1,163	18.2%	1,037	14.2%	1,022	12.8%
\$15,000 - \$24,999	878	13.8%	766	10.5%	674	8.5%
\$25,000 - \$34,999	995	15.6%	935	12.8%	752	9.4%
\$35,000 - \$49,999	977	15.3%	1,174	16.0%	1,364	17.1%
\$50,000 - \$74,999	1,228	19.2%	1,432	19.6%	1,690	21.2%
\$75,000 - \$99,999	713	11.2%	1,032	14.1%	1,240	15.6%
\$100,000 - \$149,999	317	5.0%	708	9.7%	831	10.4%
\$150,000 - \$199,999	75	1.2%	132	1.8%	224	2.8%
\$200,000+	39	0.6%	102	1.4%	162	2.0%

Median Household Income	\$36,907	\$45,588	\$52,301
Average Household Income	\$47,115	\$57,483	\$63,859
Per Capita Income	\$17,254	\$21,995	\$24,749

	2000		2008		2013	
Population by Age	Number	Percent	Number	Percent	Number	Percent
0 - 4	1,212	6.9%	1,352	7.0%	1,433	6.9%
5 - 14	2,879	16.3%	2,668	13.9%	2,827	13.7%
15 - 19	1,300	7.4%	1,363	7.1%	1,391	6.7%
20 - 24	1,008	5.7%	1,244	6.5%	1,294	6.3%
25 - 34	2,277	12.9%	2,398	12.5%	2,550	12.3%
35 - 44	2,832	16.1%	2,675	13.9%	2,632	12.7%
45 - 54	2,471	14.0%	2,892	15.5%	3,185	15.4%
55 - 64	1,844	9.3%	2,322	12.1%	2,775	13.4%
65 - 74	1,095	8.2%	1,317	6.8%	1,520	7.4%
75 - 84	707	4.0%	679	3.5%	779	3.8%
85+	195	1.1%	249	1.3%	285	1.4%

	2000		2008		2013	
Race and Ethnicity	Number	Percent	Number	Percent	Number	Percent
White Alone	10,900	61.9%	11,478	59.6%	11,989	58.0%
Black Alone	6,093	34.6%	6,779	35.2%	7,377	35.7%
American Indian Alone	105	0.6%	150	0.8%	183	0.9%
Asian Alone	63	0.4%	99	0.5%	130	0.6%
Pacific Islander Alone	5	0.0%	8	0.0%	11	0.1%
Some Other Race Alone	237	1.3%	422	2.2%	576	2.8%
Two or More Races	217	1.2%	323	1.7%	405	2.0%
Hispanic Origin (Any Race)	403	2.3%	679	3.5%	907	4.4%

Source: ESRI, 2008 Estimates and Projections

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RECORD 005744

South Carolina by Place - GCT-T1. Population Estimates

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South Carolina -- Place

GCT-T1. Population Estimates

Data Set: 2007 Population Estimates

Note: For information on errors stemming from model error, sampling error, and nonsampling error, see: <http://www.census.gov/popest/topics/methodology>.

Geographic area	Population Estimates								Estimates Base	Census 2000
	July 1, 2007	July 1, 2006	July 1, 2005	July 1, 2004	July 1, 2003	July 1, 2002	July 1, 2001	July 1, 2000	April 1, 2000	April 1, 2000
South Carolina	4,407,709	4,330,108	4,254,989	4,201,437	4,146,770	4,104,683	4,062,933	4,023,628	4,011,816	4,012,012
PLACE										
Abbeville city, Abbeville County	5,564	5,587	5,633	5,716	5,754	5,785	5,823	5,853	5,846	5,840
Aiken city, Aiken County	29,218	28,670	28,147	27,670	27,052	26,665	26,276	26,129	26,085	25,337
Allendale town, Allendale County	3,706	3,749	3,810	3,860	3,888	3,956	4,007	4,060	4,062	4,052
Anderson city, Anderson County	26,404	26,149	25,741	25,660	25,653	25,778	25,746	25,670	25,647	25,514
Andrews town	2,954	2,981	3,036	3,036	3,014	3,042	3,045	3,067	3,068	3,068
Georgetown County (part)	2,923	2,950	3,005	3,006	2,985	3,012	3,016	3,036	3,037	3,037
Williamsburg County (part)	31	31	31	30	29	30	30	31	31	31
Arcadia Lakes town, Richland County	836	838	840	841	847	852	853	861	863	882
Atlantic Beach town, Horry County	390	383	376	365	358	355	352	352	351	351
Awendaw town, Charleston County	1,185	1,197	1,215	1,219	1,214	1,206	1,196	1,198	1,198	1,195
Aynor town, Horry County	588	584	591	588	588	585	582	587	587	587
Bamberg town, Bamberg County	3,463	3,504	3,523	3,539	3,567	3,630	3,661	3,720	3,733	3,733
Barnwell city, Barnwell County	4,801	4,804	4,814	4,814	4,858	4,857	4,907	4,934	4,944	5,035
Batesburg-Leesville town	5,545	5,563	5,526	5,507	5,513	5,500	5,527	5,542	5,542	5,517
Lexington County (part)	5,041	5,061	5,028	5,016	5,017	5,001	5,026	5,037	5,037	5,012
Saluda County (part)	504	502	498	491	496	499	501	505	505	505
Beaufort city, Beaufort County	11,868	11,940	12,410	12,269	12,326	12,815	12,187	12,706	12,704	12,950
Belton city, Anderson County	4,622	4,576	4,546	4,525	4,512	4,512	4,511	4,487	4,481	4,461
Bennettsville city, Marlboro County	8,923	8,981	9,060	9,256	9,375	9,442	9,385	9,501	9,517	9,425

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South Carolina by Place - GCT-T1. Population Estimates

Bethune town, Kershaw County	367	363	358	355	352	349	352	352	352	352
Bishopville city, Lea County	3,890	3,827	3,730	3,658	3,648	3,662	3,673	3,675	3,665	3,670
Blacksburg town, Cherokee County	1,898	1,894	1,887	1,891	1,891	1,896	1,890	1,885	1,882	1,880
Blackville town, Barnwell County	2,855	2,865	2,882	2,891	2,928	2,928	2,960	2,968	2,973	2,973
Blenheim town, Marlboro County	130	131	132	133	134	135	136	137	137	137
Bluffton town, Beaufort County	4,054	3,686	3,213	2,930	2,631	2,483	2,354	2,174	2,122	1,275
Blythewood town	1,299	1,224	1,111	1,065	973	937	930	849	828	170
Fairfield County (part)	98	90	78	78	77	78	78	77	77	0
Richland County (part)	1,201	1,134	1,035	987	896	859	852	772	751	170
Bonneau town, Berkeley County	349	348	353	352	351	354	354	354	354	354
Bowman town, Orangeburg County	1,150	1,154	1,158	1,162	1,172	1,183	1,192	1,198	1,198	1,198
Branchville town, Orangeburg County	1,039	1,042	1,045	1,048	1,057	1,067	1,075	1,082	1,083	1,083
Briarcliffe Acres town, Horry County	536	523	510	494	483	476	471	471	470	470
Brunson town, Hampton County	575	573	571	574	580	580	586	589	590	589
Burnettown town, Aiken County	2,654	2,637	2,633	2,634	2,629	2,626	2,622	2,626	2,627	2,720
Calhoun Falls town, Abbeville County	2,192	2,203	2,223	2,256	2,274	2,287	2,300	2,307	2,303	2,303
Camden city, Kershaw County	7,029	6,978	6,935	6,903	6,860	6,832	6,870	6,889	6,883	6,882
Cameron town, Calhoun County	415	414	420	422	430	434	444	449	449	449
Campobello town, Spartanburg County	592	578	567	565	563	562	581	559	559	449
Carlisle town, Union County	460	464	469	474	480	487	492	496	496	496
Cayce city, Lexington County	12,556	12,496	12,323	12,334	12,357	12,356	12,119	12,171	12,177	12,150
Central town, Pickens County	4,092	4,094	4,096	3,768	3,666	3,676	3,679	3,691	3,688	3,522
Central Pacolet town, Spartanburg County	276	273	271	271	271	271	270	268	267	267
Chapin town, Lexington County	695	684	670	661	651	641	636	630	628	628
Charleston city	110,015	110,035	108,813	107,117	103,499	101,121	99,084	97,850	97,520	96,650
Berkeley County (part)	5,681	5,122	4,291	3,656	2,910	2,299	1,895	1,280	1,124	1,122
Charleston County (part)	104,334	104,913	104,522	103,461	100,589	98,822	97,189	96,570	96,396	95,528
Cheraw town, Chesterfield County	5,415	5,407	5,432	5,399	5,433	5,478	5,470	5,566	5,582	5,524
Chesnee city	1,064	1,048	1,038	1,035	1,034	1,033	1,030	1,027	1,026	1,003
Cherokee County (part)	4	4	4	4	4	4	4	4	4	0
Spartanburg County (part)	1,060	1,044	1,035	1,031	1,030	1,029	1,026	1,023	1,022	1,003
Chester city, Chester County	6,040	6,082	6,140	6,216	6,295	6,362	6,402	6,475	6,476	6,476

000367

South Carolina by Place - GCT-T1. Population Estimates

Chesterfield town, Chesterfield County	1,314	1,311	1,317	1,323	1,333	1,345	1,347	1,366	1,369	1,318
Clemson city	12,816	12,474	12,394	12,001	11,759	11,785	11,817	11,864	11,854	11,939
Anderson County (part)	57	53	52	47	44	43	43	42	42	42
Pickens County (part)	12,759	12,421	12,342	11,954	11,715	11,742	11,774	11,822	11,812	11,897
Clinton city, Laurens County	8,955	8,961	8,988	8,998	8,991	9,029	9,118	9,158	9,169	8,091
Clio town, Marlboro County	732	738	747	753	759	764	768	774	774	774
Clover town, York County	4,678	4,410	4,238	4,036	3,935	3,903	3,919	4,001	4,018	4,014
Columbia city	124,818	123,635	124,075	126,797	123,512	121,759	122,422	119,712	119,616	116,278
Lexington County (part)	446	439	433	427	424	419	417	413	411	402
Richland County (part)	124,372	123,196	123,642	126,370	123,088	121,340	122,005	119,299	119,205	115,876
Conway city, Horry County	14,989	14,244	13,835	13,577	13,323	12,827	12,756	12,694	12,646	11,788
Cope town, Orangeburg County	102	102	103	103	104	105	106	107	107	107
Cordova town, Orangeburg County	150	150	151	151	153	154	155	157	157	167
Cottageville town, Colleton County	683	689	696	700	702	708	707	708	707	707
Coward town, Florence County	673	669	665	661	657	655	651	650	650	650
Cowpens town, Spartanburg County	2,379	2,342	2,319	2,309	2,304	2,299	2,291	2,282	2,279	2,279
Cross Hill town, Laurens County	583	584	587	588	594	596	601	601	601	601
Darlington city, Darlington County	6,627	6,624	6,623	6,674	6,738	6,784	6,806	6,860	6,870	6,720
Denmark city, Bamberg County	3,035	3,079	3,101	3,121	3,151	3,224	3,260	3,315	3,328	3,328
Dillon city, Dillon County	6,338	6,325	6,315	6,343	6,339	6,354	6,381	6,377	6,393	6,316
Donalds town, Abbeville County	336	337	340	345	347	349	351	354	354	354
Due West town, Abbeville County	1,262	1,265	1,270	1,284	1,286	1,294	1,292	1,210	1,209	1,209
Duncan town, Spartanburg County	3,039	2,988	2,956	2,938	2,928	2,919	2,906	2,892	2,888	2,870
Easley city	20,028	19,300	18,974	18,774	18,490	18,375	18,235	18,071	18,000	17,754
Anderson County (part)	6	6	6	6	6	6	6	6	6	(X)
Pickens County (part)	20,020	19,294	18,968	18,768	18,484	18,369	18,229	18,065	17,994	17,754
Eastover town, Richland County	780	782	785	795	807	815	819	828	830	830
Edgefield town, Edgefield County	4,415	4,413	4,429	4,390	4,411	4,408	4,400	4,442	4,449	4,449
Edisto Beach town, Colleton County	713	703	693	683	675	670	662	646	641	641
Ehrhardt town, Bamberg County	558	566	570	573	579	593	601	611	614	614
Elgin town, Kershaw County	1,074	1,028	935	868	819	800	812	808	806	806
Elko town, Barnwell County	207	207	208	208	210	209	211	212	212	212
Elloree town, Orangeburg County	701	702	704	706	712	719	729	740	742	742
Estill town, Hampton County	2,337	2,328	2,320	2,327	2,348	2,347	2,369	2,378	2,383	2,425

000368

South Carolina by Place - GCT-T1, Population Estimates

Eufawville town, Orangeburg County	330	330	332	333	336	339	341	344	344	344
Fairfax town, Allendale County	3,105	3,127	3,172	3,156	3,224	3,196	3,076	3,200	3,206	3,206
Florence city, Florence County	31,431	31,324	31,247	31,077	30,814	30,773	30,634	30,824	30,875	30,248
Folly Beach city, Charleston County	2,333	2,360	2,310	2,298	2,252	2,250	2,198	2,134	2,116	2,116
Forest Acres city, Richland County	9,960	10,019	10,076	10,181	10,302	10,376	10,414	10,548	10,576	10,558
Fort Lawn town, Chester County	810	817	825	836	848	857	861	865	864	864
Fort Mill town	9,394	8,761	8,462	8,235	8,119	7,908	7,785	7,832	7,835	7,587
Lancaster County (part)	6	6	6	5	5	5	5	5	5	(X)
York County (part)	9,388	8,755	8,456	8,230	8,110	7,903	7,780	7,827	7,830	7,587
Fountain Inn city	7,386	7,146	6,786	6,639	6,525	6,426	6,235	6,136	6,106	6,017
Greenville County (part)	5,680	5,495	5,223	5,119	5,031	4,963	4,821	4,746	4,724	4,637
Laurens County (part)	1,706	1,651	1,563	1,520	1,494	1,463	1,414	1,390	1,382	1,380
Furman town, Hampton County	280	279	278	280	283	283	285	286	286	286
Gaffney city, Cherokee County	12,945	12,952	12,909	12,882	12,857	12,963	12,932	12,973	12,968	12,968
Gaston town, Lexington County	1,375	1,383	1,377	1,380	1,384	1,382	1,354	1,314	1,304	1,304
Georgetown city, Georgetown County	8,524	8,590	8,737	8,844	8,863	8,894	8,884	8,972	8,979	8,950
Gifford town, Hampton County	358	357	356	358	363	362	365	365	365	370
Gilbert town, Lexington County	580	566	553	543	534	524	518	508	506	500
Goose Creek city	36,466	35,265	32,372	32,879	32,262	31,666	31,307	31,008	30,868	29,208
Berkeley County (part)	36,460	35,259	32,367	32,875	32,259	31,664	31,306	31,007	30,868	29,208
Charleston County (part)	6	6	5	4	3	2	1	1	0	0
Govan town, Bamberg County	62	63	64	64	65	66	66	67	67	67
Gray Court town, Laurens County	987	987	992	993	1,003	1,006	1,016	1,021	1,021	1,021
Great Falls town, Chester County	2,041	2,055	2,075	2,101	2,128	2,151	2,166	2,193	2,194	2,194
Greeleyville town, Williamsburg County	403	406	413	418	424	435	443	451	452	452
Greenville city, Greenville County	58,754	57,579	56,973	56,576	56,441	56,639	56,866	56,544	56,431	56,002
Greenwood city, Greenwood County	22,383	22,340	22,322	22,304	22,368	22,242	22,170	22,253	22,288	22,071
Greer city	23,395	22,403	21,430	20,501	19,696	19,030	18,313	17,745	17,599	16,843
Greenville County (part)	14,803	14,190	13,586	13,014	12,621	12,123	11,727	11,400	11,316	10,966
Spartanburg County (part)	8,592	8,213	7,844	7,487	7,175	6,907	6,586	6,345	6,283	5,877
Hampton town, Hampton County	2,773	2,762	2,752	2,764	2,793	2,791	2,818	2,832	2,838	2,837
Hanahan city, Berkeley County	15,580	14,716	13,754	13,466	13,101	12,900	12,895	12,947	12,938	12,937

000369

South Carolina by Place - GCT-T1. Population Estimates

Hardeeville city, Jasper County	1,930	1,827	1,822	1,812	1,803	1,809	1,820	1,798	1,793	1,793
Harleyville town, Dorchester County	686	680	678	672	677	676	676	677	678	594
Hartsville city, Darlington County	7,435	7,435	7,406	7,414	7,498	7,513	7,520	7,564	7,574	7,556
Heath Springs town, Lancaster County	987	970	949	932	913	895	878	863	864	864
Hemingway town, Williamsburg County	506	510	517	523	531	545	557	570	573	573
Hickory Grove town, York County	407	390	373	361	352	346	341	338	337	337
Hilda town, Bamwell County	423	424	426	426	431	431	435	435	436	436
Hilton Head Island town, Beaufort County	33,994	34,271	34,855	34,683	34,647	34,671	34,080	33,989	33,862	33,862
Hodges town, Greenwood County	166	166	165	165	165	165	165	165	165	158
Holly Hill town, Orangeburg County	1,352	1,353	1,356	1,362	1,377	1,396	1,408	1,420	1,421	1,281
Hollywood town, Charleston County	4,352	4,365	4,396	4,376	4,311	4,245	4,170	3,992	3,946	3,946
Honea Path town	3,635	3,601	3,578	3,563	3,554	3,553	3,550	3,527	3,521	3,504
Abbeville County (part)	80	80	79	79	79	78	78	78	78	78
Anderson County (part)	3,555	3,521	3,499	3,484	3,475	3,475	3,472	3,449	3,443	3,426
Inman city, Spartanburg County	1,954	1,927	1,911	1,903	1,901	1,900	1,890	1,885	1,884	1,884
Irmo town	11,542	11,426	11,322	11,279	11,255	11,207	11,176	11,209	11,211	11,039
Lexington County (part)	4,392	4,347	4,283	4,245	4,206	4,163	4,154	4,141	4,135	4,071
Richland County (part)	7,150	7,079	7,039	7,034	7,049	7,044	7,022	7,068	7,076	6,968
Isle of Palms city, Charleston County	4,674	4,740	4,675	4,679	4,609	4,585	4,541	4,577	4,583	4,583
Iva town, Anderson County	1,189	1,178	1,172	1,169	1,167	1,167	1,166	1,156	1,156	1,156
Jackson town, Aiken County	1,640	1,630	1,627	1,628	1,626	1,624	1,622	1,624	1,625	1,625
Jamestown town, Berkeley County	100	98	98	98	98	98	97	97	97	97
Jefferson town, Chesterfield County	691	689	691	692	695	699	699	705	705	704
Johnsonville city, Florence County	1,447	1,443	1,439	1,430	1,418	1,411	1,403	1,408	1,410	1,418
Johnston town, Edgefield County	2,338	2,335	2,350	2,323	2,336	2,358	2,351	2,393	2,400	2,336
Jonesville town, Union County	902	913	918	928	944	956	967	981	982	982
Kershaw town, Lancaster County	1,886	1,852	1,809	1,775	1,738	1,702	1,669	1,642	1,645	1,645
Kiawah Island town, Charleston County	1,115	1,131	1,151	1,157	1,153	1,150	1,146	1,160	1,163	1,163

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South Carolina by Place - GCT-T1. Population Estimates

Kingstree town, Williamsburg County	3,281	3,285	3,321	3,347	3,388	3,469	3,527	3,603	3,618	3,496
Kline town, Bamwell County	232	233	233	234	236	235	237	238	238	238
Lake City city, Florence County	6,665	6,645	6,631	6,588	6,536	6,531	6,486	6,479	6,478	6,478
Lake View town, Dillon County	784	782	786	788	787	786	792	788	789	789
Lamar town, Darlington County	990	993	996	1,003	1,008	1,012	1,012	1,015	1,015	1,015
Lancaster city, Lancaster County	9,715	9,486	9,343	9,235	9,007	8,850	8,537	8,269	8,251	8,177
Landrum city, Spartanburg County	2,570	2,530	2,506	2,495	2,490	2,485	2,480	2,472	2,470	2,472
Lane town, Williamsburg County	524	528	537	543	552	566	575	584	585	585
Latta town, Dillon County	1,475	1,477	1,459	1,446	1,427	1,419	1,416	1,415	1,419	1,410
Laurens city, Laurens County	9,728	9,712	9,714	9,702	9,768	9,784	9,832	9,910	9,916	9,916
Lexington town, Lexington County	14,995	14,024	13,510	12,858	12,236	11,578	11,040	10,542	10,410	9,793
Liberty city, Pickens County	3,052	3,039	3,012	3,000	2,995	3,004	3,005	3,012	3,009	3,009
Lincolnton town, Charleston County (part)	846	867	893	904	907	912	913	922	924	904
Dorchester County (part)	0	0	0	0	0	0	0	0	0	(X)
Little Mountain town, Newberry County	260	260	257	256	256	256	255	255	255	255
Livingston town, Orangeburg County	143	143	143	144	145	146	147	148	148	148
Lockhart town, Union County	492	497	502	507	516	523	531	542	543	39
Lodge town, Colleton County	112	112	113	113	112	113	113	114	114	114
Loris city, Horry County	2,301	2,302	2,320	2,208	2,179	2,078	2,072	2,082	2,079	2,079
Lowndesville town, Abbeville County	160	161	162	165	166	167	168	168	168	166
Lowrys town, Chester County	197	198	199	201	203	205	205	207	207	207
Luray town, Hampton County	113	112	112	113	114	114	115	115	115	115
Lyman town, Spartanburg County	2,825	2,777	2,746	2,729	2,719	2,711	2,700	2,694	2,691	2,659
Lynchburg town, Lee County	559	569	576	585	583	583	583	588	588	588
McBee town, Chesterfield County	705	704	708	709	711	713	711	717	717	714
McClellanville town, Charleston County	485	480	487	489	477	470	459	459	459	459
McColl town, Marlboro County	2,345	2,364	2,394	2,416	2,447	2,467	2,479	2,498	2,498	2,498
McConnells town, York County	346	323	299	281	265	252	253	256	257	287
McCormick town, McCormick County	2,675	2,685	2,677	2,639	2,690	2,676	2,652	2,668	2,658	1,489

000371

000372

South Carolina by Place - GCT-T1, Population Estimates

Orangeburg city, Orangeburg County	12,756	12,631	13,527	13,391	13,207	12,948	12,891	12,796	12,807	12,765
Pacolet town, Spartanburg County	2,785	2,742	2,715	2,702	2,735	2,766	2,757	2,747	2,744	2,690
Pageland town, Chesterfield County	2,511	2,505	2,504	2,501	2,508	2,507	2,497	2,524	2,527	2,521
Pamplico town, Florence County	1,151	1,146	1,148	1,141	1,132	1,131	1,123	1,136	1,139	1,139
Parksville town, McCormick County	115	117	116	116	119	120	121	120	120	120
Patrick town, Chesterfield County	346	346	347	348	350	351	351	354	354	354
Pawleys Island town, Georgetown County	141	140	140	139	137	138	137	138	138	138
Paxville town, Clarendon County	244	244	245	245	244	245	247	248	248	248
Peak town, Newberry County	62	62	61	61	61	61	61	61	61	61
Pelion town, Lexington County	592	590	582	576	573	571	570	557	553	553
Pelzer town, Anderson County	101	100	99	99	98	98	98	97	97	97
Pendleton town, Anderson County	3,084	3,051	3,030	3,015	3,005	3,002	2,998	2,975	2,970	2,966
Perry town, Aiken County	238	237	237	237	237	237	236	234	234	237
Pickens city, Pickens County	3,010	3,003	2,991	3,009	3,019	3,029	3,032	3,041	3,038	3,012
Pine Ridge town, Lexington County	1,754	1,726	1,693	1,671	1,648	1,624	1,613	1,598	1,593	1,593
Pinewood town, Sumter County	485	488	494	500	502	503	502	507	507	459
Plum Branch town, McCormick County	94	95	94	95	97	98	99	98	98	98
Pomaria town, Newberry County	181	181	179	178	178	178	177	177	177	177
Port Royal town, Beaufort County	10,212	10,190	9,862	9,555	9,582	9,329	9,299	9,314	9,309	9,950
Prosperity town, Newberry County	1,054	1,054	1,044	1,043	1,032	1,025	1,018	1,005	1,002	1,047
Quinby town, Florence County	866	862	859	853	845	840	836	841	842	842
Ravenel town, Charleston County	2,285	2,315	2,356	2,370	2,363	2,353	2,337	2,340	2,341	2,214
Reevesville town, Dorchester County	210	207	206	204	206	206	205	205	205	207
Reidville town, Spartanburg County	515	506	500	496	493	490	486	480	478	478
Richburg town, Chester County	312	315	318	322	325	329	330	332	332	332
Ridgeland town, Jasper County	2,630	2,624	2,610	2,602	2,600	2,606	2,617	2,617	2,618	2,518

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South Carolina by Place - GCT-T1. Population Estimates

Ridge Spring town, Saluda County	787	789	789	785	798	807	814	822	823	823
Ridgeville town, Dorchester County	2,033	2,027	2,024	1,956	1,964	1,826	1,745	1,723	1,723	1,690
Ridgeway town, Fairfield County	314	319	321	325	324	328	337	329	328	328
Rock Hill city, York County	64,858	61,555	59,289	57,779	56,489	54,879	53,020	50,621	49,981	49,765
Rockville town, Charleston County	131	133	135	136	136	136	135	137	137	137
Rowesville town, Orangeburg County	361	362	363	365	368	371	374	378	378	378
Ruby town, Chesterfield County	341	340	341	342	343	345	344	348	348	348
St. George town, Dorchester County	2,104	2,081	2,080	2,062	2,073	2,076	2,068	2,072	2,074	2,092
St. Matthews town, Calhoun County	1,981	1,989	2,001	2,014	2,053	2,059	2,091	2,110	2,109	2,107
St. Stephen town, Berkeley County	1,758	1,753	1,770	1,782	1,783	1,785	1,778	1,776	1,774	1,776
Salem town, Oconee County	131	130	129	128	129	128	127	126	126	126
Salley town, Aiken County	412	410	409	409	409	408	408	410	410	410
Saluda town, Saluda County	2,935	2,944	2,942	2,930	2,979	3,014	3,036	3,062	3,066	3,066
Santee town, Orangeburg County	715	716	717	718	723	729	734	739	740	740
Scotia town, Hampton County	223	223	222	224	226	226	228	227	227	227
Scranton town, Florence County	993	992	992	988	983	979	974	973	973	942
Seabrook Island town, Charleston County	1,200	1,216	1,238	1,244	1,239	1,237	1,232	1,247	1,250	1,250
Sellers town, Marion County	261	262	265	266	268	270	273	277	277	277
Seneca city, Oconee County	8,105	7,969	7,953	7,981	7,706	7,745	7,708	7,725	7,720	7,652
Sharon town, York County	488	469	449	436	427	420	421	424	425	421
Silverstreet town, Newberry County	224	223	221	220	219	218	217	216	216	216
Simpsonville city, Greenville County	16,761	16,009	15,527	15,308	15,037	14,965	14,883	14,748	14,703	14,352
Six Mile town, Pickens County	577	575	571	573	574	574	572	572	571	553
Smoaks town, Colleton County	135	136	137	138	138	139	139	140	140	140
Smyrna town	76	72	66	62	60	57	58	59	59	59
Cherokee County (part)	1	1	0	0	0	0	0	0	0	0
York County (part)	75	71	66	62	60	57	58	59	59	59
Snelling town, Barnwell County	241	242	243	243	246	245	247	246	246	246
Society Hill town, Darlington County	685	687	690	695	699	701	701	700	700	700
South Congaree town, Lexington County	2,374	2,379	2,329	2,320	2,325	2,326	2,315	2,288	2,281	2,266

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South Carolina by Place - GCT-T1. Population Estimates

Spartanburg city, Spartanburg County	38,843	38,501	38,259	38,453	38,790	39,284	39,484	39,802	39,870	39,673
Springdale town, Lexington County	2,912	2,924	2,893	2,874	2,870	2,865	2,872	2,877	2,877	2,877
Springfield town, Orangeburg County	484	485	487	488	492	497	500	505	505	504
Starr town, Anderson County	195	191	187	184	182	179	177	174	173	173
Stuckey town, Williamsburg County	236	238	242	245	249	255	259	262	263	263
Sullivan's Island town, Charleston County	1,878	1,912	1,937	1,926	1,906	1,906	1,894	1,908	1,911	1,911
Summerton town, Clarendon County	1,027	1,029	1,036	1,036	1,034	1,043	1,056	1,060	1,061	1,061
Summerville town	44,036	42,180	38,325	34,938	32,571	31,007	29,941	29,064	28,852	27,752
Berkeley County (part)	2,208	2,084	1,775	1,515	1,293	1,162	1,071	988	966	945
Charleston County (part)	442	416	311	220	144	94	62	29	20	20
Dorchester County (part)	41,386	39,680	36,239	33,203	31,134	29,751	28,808	28,047	27,866	26,787
Summit town, Lexington County	256	249	243	238	233	228	225	220	219	219
Sumter city, Sumter County	38,782	39,052	39,572	40,042	40,075	40,325	40,216	40,723	40,780	39,643
Surfside Beach town, Horry County	4,742	4,818	4,803	4,671	4,537	4,482	4,451	4,440	4,425	4,425
Swansea town, Lexington County	785	773	759	751	745	738	744	746	746	533
Sycamore town, Allendale County	173	174	176	178	178	180	181	185	185	185
Tatum town, Marlboro County	63	64	65	65	66	67	68	69	69	69
Tega Cay city, York County	4,719	4,542	4,370	4,257	4,179	4,138	4,109	4,129	4,130	4,044
Timmons ville town, Florence County	2,373	2,368	2,364	2,350	2,333	2,322	2,309	2,313	2,315	2,315
Travelers Rest city, Greenville County	4,474	4,363	4,247	4,164	4,065	4,097	4,098	4,100	4,098	4,099
Trenton town, Edgefield County	289	288	275	298	306	273	232	236	237	226
Troy town, Greenwood County	107	107	107	106	106	106	106	105	105	105
Turbeville town, Clarendon County	706	708	712	713	712	718	721	720	719	602
Ulmer town, Allendale County	95	96	97	98	98	99	100	102	102	102
Union city, Union County	8,083	8,175	8,249	8,273	8,423	8,535	8,641	8,786	8,797	8,793
Vance town, Orangeburg County	199	200	201	201	203	205	206	208	208	208
Varnville town, Hampton County	2,056	2,048	2,041	2,050	2,071	2,069	2,088	2,097	2,101	2,074

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South Carolina by Place - GCT-T1. Population Estimates

Wagener town, Aiken County	873	868	868	869	868	868	867	868	868	863
Walhalla city, Oconee County	3,647	3,679	3,716	3,747	3,791	3,831	3,812	3,817	3,813	3,801
Walterboro city, Colleton County	5,739	5,745	5,733	5,681	5,604	5,395	5,396	5,449	5,452	5,153
Ward town, Saluda County	105	106	105	105	107	108	109	110	110	110
Ware Shoals town	2,346	2,345	2,347	2,350	2,358	2,364	2,363	2,368	2,369	2,363
Abbeville County (part)	522	523	525	529	532	533	535	535	534	534
Greenwood County (part)	1,823	1,821	1,820	1,820	1,825	1,830	1,827	1,832	1,835	1,829
Laurens County (part)	1	1	1	1	1	1	1	1	0	0
Waterloo town, Laurens County	201	201	201	201	203	203	204	203	203	203
Wellford city, Spartanburg County	2,318	2,282	2,260	2,250	2,244	2,243	2,236	2,226	2,223	2,030
West Columbia city, Lexington County	13,907	13,628	13,414	13,179	13,157	13,176	13,259	13,322	13,331	13,064
Westminster city, Oconee County	2,668	2,662	2,657	2,681	2,732	2,763	2,748	2,747	2,743	2,743
West Pelzer town, Anderson County	905	898	893	890	888	888	888	881	879	879
West Union town, Oconee County	301	300	300	298	300	299	297	297	297	297
Whitmire town, Newberry County	1,526	1,526	1,512	1,510	1,507	1,510	1,508	1,511	1,512	1,512
Williams town, Colleton County	117	117	117	117	116	117	116	116	116	116
Williamston town, Anderson County	3,920	3,879	3,853	3,834	3,822	3,821	3,818	3,797	3,791	3,791
Williston town, Barnwell County	3,206	3,211	3,220	3,224	3,255	3,256	3,288	3,302	3,308	3,307
Windsor town, Aiken County	131	129	129	129	129	128	128	127	127	127
Winnsboro town, Fairfield County	3,564	3,619	3,645	3,683	3,659	3,694	3,686	3,717	3,714	3,599
Woodford town, Orangeburg County	188	189	189	190	191	193	194	196	196	196
Woodruff city, Spartanburg County	4,084	4,075	4,086	4,124	4,159	4,197	4,219	4,237	4,240	4,229
Yemassee town	860	847	833	827	826	818	818	812	811	807
Beaufort County (part)	180	169	157	147	138	131	125	118	116	116
Hampton County (part)	680	678	676	680	688	687	693	694	695	691
York city, York County	7,735	7,443	7,187	6,999	6,926	7,035	6,985	6,995	6,992	6,985

Source: US Census Bureau, Population Estimates Program
 More Tables and Information: [Population Estimates Program](#)

Note: The April 1, 2000 estimates base reflects changes to the Census 2000 population resulting from legal boundary updates as of January 1 of the estimates year, other geographic program changes, and Count Question Resolution actions. All geographic boundaries for the July 1, 2007 population estimates series are defined as of January 1, 2007. An "(X)" in the Census 2000 field indicates a locality that was formed or incorporated after Census 2000. Additional information on these localities can be found in the [Geographic Change Notes](#) (see "Boundary Changes" under the Geographic Topics section of the Estimates page).

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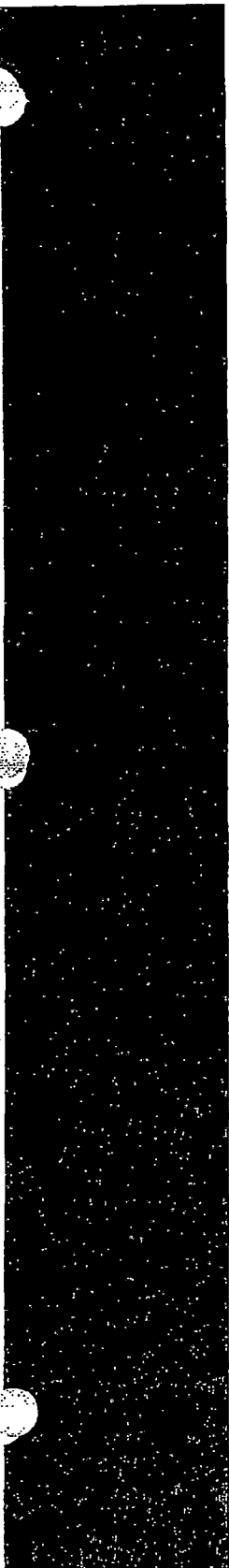
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RECORD 005755

South Carolina by Place - GCT-T1, Population Estimates

USCENSUSBUREAU
Helping You Make Informed Decisions



000377

Attachment 8
ORS Summary
of Discharge Data

000378

2006 BERKELEY COUNTY COMPLETE ORS DATA SET -- TARGET PATIENTS ONLY

2006 BERKELEY	TOTAL	Non-Tertiary Non-Specialty DRGs Only	<u>Sum of Total</u>	<u>Sum of Roper</u>	<u>Sum of St.-Francis</u>	<u>Sum of Other Charleston</u>	<u>Sum of Other Providers</u>
			13,732	2,037	1,115	10,413	167

RECORD 005758

000379

Joint Exhibit 002-0380

PATIENT ORIGIN FOR SELECTED PROCEDURAL CATEGORIES, BY HOSPITAL, EXCLUDING NEWBORNS
SOUTH CAROLINA HOSPITAL DISCHARGE DATA SYSTEM--2006

** INCLUDES INPATIENT DISCHARGES FROM ALL NONFEDERAL ACUTE CARE HOSPITALS,
HOSPITALS IN GEORGIA AND NORTH CAROLINA, AND ALL MILITARY & VA HOSPITALS IN SOUTH CAROLINA **

HOSPITAL: TRIDENT MEDICAL CENTER

PROCEDURAL CATEGORY	TOTAL	COUNTY	NO.	MKT PCT.	COUNTY	NO.	MKT PCT.	COUNTY	NO.	MKT PCT.
T A L	21159	AIKEN	10	0.0%	ALLENDALE	1	0.1%	BAMBERG	11	0.5%
		BARNWELL	4	0.1%	BEAUFORT	15	0.1%	BERKELEY	8547	54.2%
		CALHOUN	4	0.2%	CHARLESTON	2600	6.5%	CHESTER	1	0.0%
		CHESTERFIELD	2	0.0%	CLARENDON	17	0.4%	COLLETON	515	7.9%
		DARLINGTON	5	0.0%	DILLON	2	0.0%	DORCHESTER	8244	64.1%
		FLORENCE	14	0.1%	GEORGETOWN	36	0.3%	GREENVILLE	7	0.0%
		GREENWOOD	4	0.0%	HAMPTON	58	1.7%	HORRY	22	0.1%
		JASPER	5	0.2%	KERSHAW	5	0.1%	LANCASTER	1	0.0%
		LAURENS	4	0.1%	LEXINGTON	12	0.0%	MARION	3	0.1%
		NEWBERRY	1	0.0%	OCONEE	1	0.0%	ORANGEBURG	662	5.2%
		PICKENS	2	0.0%	RICHLAND	6	0.0%	SPARTANBURG	3	0.0%
		SUMTER	12	0.1%	WILLIAMSBURG	24	0.5%	YORK	6	0.0%
		GEORGIA	20	0.0%	N.C.	35	0.0%	NOT GA, SC, NC	238	3.7%
OBSTETRICS	4052	AIKEN	1	0.0%	BAMBERG	1	0.4%	BERKELEY	1750	62.1%
		CALHOUN	1	0.5%	CHARLESTON	643	10.1%	COLLETON	63	9.0%
		DARLINGTON	2	0.2%	DORCHESTER	1439	71.9%	GEORGETOWN	2	0.2%
		GREENWOOD	1	0.1%	HAMPTON	1	0.3%	HORRY	1	0.0%
		LEXINGTON	1	0.0%	ORANGEBURG	113	5.6%	PICKENS	1	0.1%
		RICHLAND	2	0.0%	SPARTANBURG	1	0.0%	WILLIAMSBURG	2	0.5%
		YORK	1	0.0%	N.C.	4	0.0%	NOT GA, SC, NC	22	10.1%
SURGICAL PROCEDURES	9440	AIKEN	7	0.2%	ALLENDALE	1	0.3%	BAMBERG	6	0.7%
		BARNWELL	2	0.2%	BEAUFORT	14	0.2%	BERKELEY	3796	52.8%
		CHARLESTON	1088	6.5%	CHESTERFIELD	1	0.0%	CLARENDON	13	0.8%
		COLLETON	340	12.8%	DARLINGTON	2	0.0%	DILLON	1	0.1%
		DORCHESTER	3581	62.7%	FLORENCE	13	0.1%	GEORGETOWN	21	0.5%
		GREENVILLE	4	0.0%	GREENWOOD	2	0.1%	HAMPTON	40	3.2%
		HORRY	13	0.1%	JASPER	3	0.4%	KERSHAW	1	0.0%
		LANCASTER	1	0.0%	LAURENS	3	0.1%	LEXINGTON	6	0.0%
		MARION	2	0.1%	OCONEE	1	0.0%	ORANGEBURG	305	6.2%
		PICKENS	1	0.0%	RICHLAND	4	0.0%	SPARTANBURG	2	0.0%
		SUMTER	11	0.2%	WILLIAMSBURG	16	0.9%	YORK	3	0.0%
		GEORGIA	11	0.3%	N.C.	17	0.0%	NOT GA, SC, NC	108	3.6%
1. OPER. NERV. SYS.	434	AIKEN	2	2.1%	BERKELEY	161	39.9%	CHARLESTON	52	5.6%
		CLARENDON	1	1.7%	COLLETON	17	14.0%	DORCHESTER	161	49.2%
		FLORENCE	2	0.4%	HAMPTON	3	6.3%	JASPER	1	2.9%
		LAURENS	1	0.7%	LEXINGTON	1	0.2%	ORANGEBURG	21	10.9%
		WILLIAMSBURG	1	1.2%	NOT GA, SC, NC	10	6.5%			

PATIENT ORIGIN FOR SELECTED PROCEDURAL CATEGORIES, BY HOSPITAL, EXCLUDING NEWBORNS
SOUTH CAROLINA HOSPITAL DISCHARGE DATA SYSTEM--2006

** INCLUDES INPATIENT DISCHARGES FROM ALL NONFEDERAL ACUTE CARE HOSPITALS,

RECORD 005759

000380

Joint Exhibit 002-0381

HOSPITALS IN GEORGIA AND NORTH CAROLINA, AND ALL MILITARY & VA HOSPITALS IN SOUTH CAROLINA **

HOSPITAL: TRIDENT MEDICAL CENTER

CEBURAL CATEGORY	TOTAL	COUNTY	NO.	MKT PCT.	COUNTY	NO.	MKT PCT.	COUNTY	NO.	MKT PCT.
2. OPHTHALMOLOGY	1	DORCHESTER	1	20.0%						
3. OTORHINO.	132	BEAUFORT	1	1.1%	BERKELEY	61	47.3%	CHARLESTON	7	2.6%
		COLLETON	8	18.2%	DORCHESTER	48	55.8%	ORANGEBURG	3	3.0%
		SUMTER	1	1.4%	N.C.	1	0.1%	NOT GA, SC, NC	2	4.5%
3A. TONSIL./ADENOID.	15	BERKELEY	5	83.3%	CHARLESTON	2	25.0%	DORCHESTER	8	80.0%
4. THYROID/THYMUS	61	BERKELEY	25	39.1%	CHARLESTON	9	7.0%	DORCHESTER	25	54.3%
		ORANGEBURG	1	2.9%	YORK	1	1.4%			
5. VASC./CARD. SURG.	2796	AIKEN	1	0.1%	ALLENDALE	1	0.9%	BERKELEY	1166	56.7%
		CHARLESTON	268	5.3%	CLARENDON	5	0.9%	COLLETON	132	15.7%
		DORCHESTER	1051	66.9%	FLORENCE	3	0.1%	GEORGETOWN	5	0.4%
		HAMPTON	21	5.3%	HORRY	3	0.1%	LAURENS	1	0.1%
		MARION	2	0.4%	ORANGEBURG	86	5.3%	RICHLAND	3	0.1%
		SUMTER	1	0.1%	WILLIAMSBURG	1	0.2%	YORK	1	0.0%
		GEORGIA	4	1.0%	N.C.	7	0.0%	NOT GA, SC, NC	34	3.7%
6. THORACIC SURGERY	333	BERKELEY	137	53.5%	CHARLESTON	40	6.2%	COLLETON	16	13.8%
		DORCHESTER	124	62.9%	HAMPTON	3	6.4%	ORANGEBURG	7	3.0%
		N.C.	2	0.0%	NOT GA, SC, NC	4	3.2%			
7. ABDOMINAL SURGERY	1545	AIKEN	1	0.1%	BAMBERG	2	1.2%	BARNWELL	1	0.5%
		BEAUFORT	2	0.2%	BERKELEY	646	53.2%	CHARLESTON	173	6.4%
		CLARENDON	1	0.3%	COLLETON	25	5.7%	DARLINGTON	1	0.1%
		DORCHESTER	617	61.6%	GEORGETOWN	6	0.9%	GREENVILLE	1	0.0%
		GREENWOOD	1	0.1%	HAMPTON	2	0.8%	HORRY	3	0.2%
		LEXINGTON	1	0.0%	ORANGEBURG	43	5.1%	PICKENS	1	0.1%
		SPARTANBURG	2	0.1%	N.C.	2	0.0%	NOT GA, SC, NC	14	3.2%
7A. REPAIR OF HERNIA	14	BERKELEY	4	25.0%	CHARLESTON	3	7.3%	DORCHESTER	5	55.6%
		ORANGEBURG	1	6.7%	NOT GA, SC, NC	1	12.5%			
7B. APPENDECTOMY	191	BERKELEY	85	68.0%	CHARLESTON	28	10.3%	COLLETON	3	6.7%
		DORCHESTER	63	75.0%	HAMPTON	2	9.5%	LEXINGTON	1	0.4%
		ORANGEBURG	3	7.0%	GEORGIA	2	18.2%	NOT GA, SC, NC	4	3.4%
7C. CHOLECYSTECTOMY	241	BERKELEY	113	63.8%	CHARLESTON	29	7.8%	COLLETON	4	6.5%
		DORCHESTER	83	70.3%	HAMPTON	1	5.6%	ORANGEBURG	5	3.4%
		WILLIAMSBURG	1	2.1%						

PATIENT ORIGIN FOR SELECTED PROCEDURAL CATEGORIES, BY HOSPITAL, EXCLUDING NEWBORNS
SOUTH CAROLINA HOSPITAL DISCHARGE DATA SYSTEM--2006

** INCLUDES INPATIENT DISCHARGES FROM ALL NONFEDERAL ACUTE CARE HOSPITALS,
HOSPITALS IN GEORGIA AND NORTH CAROLINA, AND ALL MILITARY & VA HOSPITALS IN SOUTH CAROLINA **

RECORD 005760

000381

Joint Exhibit 002-0382

HOSPITAL: TRIDENT MEDICAL CENTER

PROCEDURAL CATEGORY	TOTAL	COUNTY	NO.	MKT PCT.	COUNTY	NO.	MKT PCT.	COUNTY	NO.	MKT PCT.
7C. CHOLECYSTECTOMY		N.C.	1	0.0%	NOT GA, SC, NC	4	4.3%			
8. PROCTO. SURGERY	27	BERKELEY	10	21.7%	CHARLESTON	2	1.6%	COLLETON	1	7.7%
		DORCHESTER	13	39.4%	ORANGEBURG	1	3.1%			
9. UROLOGICAL SURG.	632	BAMBERG	1	3.1%	BERKELEY	242	63.5%	CHARLESTON	85	11.6%
		COLLETON	33	41.3%	DILLON	1	1.1%	DORCHESTER	229	67.2%
		FLORENCE	2	0.3%	HAMPTON	4	9.1%	HORRY	1	0.1%
		ORANGEBURG	18	8.0%	WILLIAMSBURG	3	3.6%	N.C.	2	0.1%
		NOT GA, SC, NC	11	11.3%						
10. BREAST SURGERY	34	BERKELEY	12	50.0%	CHARLESTON	7	7.3%	COLLETON	1	5.9%
		DORCHESTER	13	54.2%	SUMTER	1	2.3%			
11. GYN. SURGERY	893	BEAUFORT	6	2.2%	BERKELEY	328	59.5%	CHARLESTON	133	13.3%
		CHESTERFIELD	1	0.7%	COLLETON	32	24.1%	DARLINGTON	1	0.4%
		DORCHESTER	337	76.8%	FLORENCE	5	0.8%	GEORGETOWN	3	1.2%
		GREENVILLE	1	0.1%	HORRY	3	0.4%	JASPER	1	2.3%
		LANCASTER	1	0.6%	ORANGEBURG	28	9.6%	SUMTER	1	0.2%
		WILLIAMSBURG	3	3.0%	GEORGIA	1	1.3%	NOT GA, SC, NC	8	14.5%
12. ORTHOPEDIC SURG.	1689	AIKEN	2	0.2%	BAMBERG	3	2.2%	BARNWELL	1	0.5%
		BEAUFORT	2	0.1%	BERKELEY	651	47.0%	CHARLESTON	198	5.7%
		CLARENDON	5	1.5%	COLLETON	56	9.7%	DORCHESTER	652	57.8%
		FLORENCE	1	0.0%	GEORGETOWN	4	0.4%	GREENVILLE	1	0.0%
		GREENWOOD	1	0.1%	HAMPTON	3	1.2%	HORRY	3	0.1%
		KERSHAW	1	0.2%	LAURENS	1	0.1%	LEXINGTON	2	0.1%
		ORANGEBURG	71	9.2%	RICHLAND	1	0.0%	SUMTER	7	0.7%
		WILLIAMSBURG	5	1.7%	YORK	1	0.1%	GEORGIA	4	0.2%
		N.C.	2	0.0%	NOT GA, SC, NC	11	1.5%			
13. PLASTIC SURGERY	40	BEAUFORT	1	3.6%	BERKELEY	20	48.8%	CHARLESTON	4	4.3%
		COLLETON	2	10.0%	DORCHESTER	9	40.9%	GEORGETOWN	1	3.2%
		GREENVILLE	1	1.1%	ORANGEBURG	2	10.0%			
14. ORAL/MAXIL. SURG.	21	BERKELEY	8	40.0%	CHARLESTON	4	8.7%	COLLETON	1	12.5%
		DORCHESTER	7	35.0%	ORANGEBURG	1	6.3%			
15. DENTAL SURGERY	8	BEAUFORT	1	11.1%	BERKELEY	5	50.0%	DORCHESTER	1	100%
		ORANGEBURG	1	50.0%						

PATIENT ORIGIN FOR SELECTED PROCEDURAL CATEGORIES, BY HOSPITAL, EXCLUDING NEWBORNS
SOUTH CAROLINA HOSPITAL DISCHARGE DATA SYSTEM--2006

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HOSPITALS IN GEORGIA AND NORTH CAROLINA, AND ALL MILITARY & VA HOSPITALS IN SOUTH CAROLINA **

HOSPITAL: TRIDENT MEDICAL CENTER

MKT MKT MKT

RECORD 005761

000382

Joint Exhibit 002-0383

PROCEDURAL CATEGORY	TOTAL	COUNTY	NO.	PCT.	COUNTY	NO.	PCT.	COUNTY	NO.	PCT.
16. OTHER SURGERIES	333	AIKEN	1	0.6%	BEAUFORT	1	0.4%	BERKELEY	117	43.7%
		CHARLESTON	44	5.1%	CLARENDON	1	1.4%	COLLETON	9	7.1%
		DORCHESTER	134	54.0%	GEORGETOWN	2	1.0%	HAMPTON	1	1.3%
		JASPER	1	2.3%	LEXINGTON	1	0.2%	OCONEE	1	0.5%
		ORANGEBURG	13	5.5%	WILLIAMSBURG	2	2.0%	NOT GA, SC, NC	5	5.2%
PEDIATRIC W/O PROC.	404	BERKELEY	170	30.4%	CHARLESTON	42	3.1%	DORCHESTER	174	29.0%
		GEORGETOWN	1	0.1%	KERSHAW	1	0.2%	ORANGEBURG	12	2.7%
		N.C.	1	0.0%	NOT GA, SC, NC	3	1.8%			
PSYCHIATRIC	73	BERKELEY	31	9.9%	CHARLESTON	5	0.3%	COLLETON	2	1.6%
		DORCHESTER	32	10.7%	HORRY	1	0.1%	ORANGEBURG	2	0.4%
DIAG. W/O SURG. PROC.	7190	AIKEN	2	0.0%	BAMBERG	4	0.4%	BARNWELL	2	0.1%
		BEAUFORT	1	0.0%	BERKELEY	2800	57.1%	CALHOUN	3	0.5%
		CHARLESTON	822	6.2%	CHESTER	1	0.0%	CHESTERFIELD	1	0.0%
		CLARENDON	4	0.2%	COLLETON	110	4.0%	DARLINGTON	1	0.0%
		DILLON	1	0.0%	DORCHESTER	3018	71.1%	FLORENCE	1	0.0%
		GEORGETOWN	12	0.3%	GREENVILLE	3	0.0%	GREENWOOD	1	0.0%
		HAMPTON	17	1.1%	HORRY	7	0.1%	JASPER	2	0.2%
		KERSHAW	3	0.1%	LAURENS	1	0.0%	LEXINGTON	5	0.1%
		MARION	1	0.0%	NEWBERRY	1	0.0%	ORANGEBURG	230	4.3%
		SUMTER	1	0.0%	WILLIAMSBURG	6	0.3%	YORK	2	0.0%
		GEORGIA	9	0.0%	N.C.	13	0.0%	NOT GA, SC, NC	105	3.7%
1. INFEC./PARA. DIS.	217	BERKELEY	86	47.3%	CHARLESTON	28	4.8%	COLLETON	6	5.4%
		DORCHESTER	88	59.1%	HAMPTON	1	1.6%	ORANGEBURG	3	0.9%
		N.C.	2	0.1%	NOT GA, SC, NC	3	2.5%			
2. NEOPLASMS	136	BERKELEY	48	45.3%	CHARLESTON	28	7.4%	COLLETON	5	7.7%
		DORCHESTER	45	57.0%	HAMPTON	1	1.9%	ORANGEBURG	7	5.9%
		NOT GA, SC, NC	2	6.7%						
3. ENDO./META. DIS.	380	BERKELEY	164	57.5%	CHARLESTON	48	5.9%	CHESTERFIELD	1	0.5%
		COLLETON	8	3.9%	DORCHESTER	142	64.3%	LEXINGTON	1	0.2%
		ORANGEBURG	10	2.8%	GEORGIA	3	0.1%	NOT GA, SC, NC	3	2.6%
4. DISEASES OF BLOOD	222	BERKELEY	102	54.0%	CHARLESTON	41	7.0%	COLLETON	2	3.3%
		DORCHESTER	66	65.3%	HAMPTON	1	2.6%	HORRY	1	0.5%
		ORANGEBURG	6	2.9%	NOT GA, SC, NC	3	7.1%			

PATIENT ORIGIN FOR SELECTED PROCEDURAL CATEGORIES, BY HOSPITAL, EXCLUDING NEWBORNS
SOUTH CAROLINA HOSPITAL DISCHARGE DATA SYSTEM--2006

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HOSPITALS IN GEORGIA AND NORTH CAROLINA, AND ALL MILITARY & VA HOSPITALS IN SOUTH CAROLINA **

HOSPITAL: TRIDENT MEDICAL CENTER

PROCEDURAL CATEGORY	TOTAL	COUNTY	NO.	MKT PCT.	COUNTY	NO.	MKT PCT.	COUNTY	NO.	MKT PCT.

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000388

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5. DIS. OF NERV. SYS.	120	BERKELEY	37	36.3%	CHARLESTON	18	5.9%	CLARENDON	1	2.7%
		DORCHESTER	61	57.5%	ORANGEBURG	1	0.8%	WILLIAMSBURG	2	6.5%
6. DIS. OF CIMC. SYS.	1651	BAMBERG	1	0.4%	BERKELEY	628	60.4%	CALHOUN	1	0.6%
		CHARLESTON	190	6.5%	CLARENDON	2	0.5%	COLLETON	21	3.5%
		DORCHESTER	706	75.9%	GEORGETOWN	1	0.1%	HAMPTON	5	1.4%
		LEXINGTON	1	0.0%	NEWBERRY	1	0.2%	ORANGEBURG	64	4.7%
		WILLIAMSBURG	1	0.2%	GEORGIA	2	0.0%	N.C.	1	0.0%
		NOT GA, SC, NC	26	3.4%						
7. DIS. OF RESP. SYS.	1219	BAMBERG	1	0.6%	BERKELEY	446	59.9%	CHARLESTON	124	6.4%
		COLLETON	16	3.3%	DORCHESTER	1	0.1%	DORCHESTER	566	79.2%
		GEORGETOWN	7	1.0%	HAMPTON	3	1.3%	LAURENS	1	0.2%
		MARION	1	0.2%	ORANGEBURG	33	4.4%	WILLIAMSBURG	2	0.7%
		YORK	1	0.1%	N.C.	2	0.0%	NOT GA, SC, NC	15	3.9%
8. DIS. OF DIG. SYS.	575	BARNWELL	1	0.4%	BERKELEY	226	54.1%	CHARLESTON	77	7.6%
		COLLETON	9	3.6%	DORCHESTER	229	66.2%	GEORGETOWN	1	0.3%
		GREENVILLE	1	0.1%	HAMPTON	1	1.0%	HORRY	1	0.1%
		KERSHAW	3	0.9%	LEXINGTON	1	0.2%	ORANGEBURG	11	3.0%
		GEORGIA	1	0.0%	N.C.	2	0.0%	NOT GA, SC, NC	11	3.8%
9. DIS. OF GENITOURI.	631	AIKEN	1	0.1%	BAMBERG	1	1.3%	BARNWELL	1	0.5%
		BERKELEY	247	65.9%	CHARLESTON	75	9.7%	COLLETON	9	5.1%
		DILLON	1	0.5%	DORCHESTER	261	81.1%	GEORGETOWN	1	0.3%
		HORRY	1	0.1%	ORANGEBURG	24	6.5%	N.C.	3	0.1%
		NOT GA, SC, NC	6	3.9%						
10. DIS. OF SKIN/SUB.	171	AIKEN	1	0.3%	BERKELEY	51	50.5%	CHARLESTON	22	7.6%
		CLARENDON	1	2.4%	COLLETON	1	1.8%	DORCHESTER	89	71.8%
		HORRY	1	0.3%	ORANGEBURG	1	1.1%	NOT GA, SC, NC	4	4.9%
11. DIS. OF MUSC. SYS.	137	BERKELEY	55	53.4%	CHARLESTON	15	5.9%	COLLETON	2	3.5%
		DORCHESTER	58	69.0%	HORRY	1	0.5%	ORANGEBURG	6	4.3%
12. CONGEN. ANOMALIES	5	BERKELEY	2	66.7%	CHARLESTON	1	20.0%	DORCHESTER	1	50.0%
		ORANGEBURG	1	50.0%						
14. SYM/ILL-DEF COND.	1221	BAMBERG	1	1.4%	BERKELEY	519	66.9%	CALHOUN	2	2.7%
		CHARLESTON	103	7.1%	CHESTER	1	0.4%	COLLETON	18	5.0%
		DORCHESTER	495	77.1%						

PATIENT ORIGIN FOR SELECTED PROCEDURAL CATEGORIES, BY HOSPITAL, EXCLUDING NEWBORNS
SOUTH CAROLINA HOSPITAL DISCHARGE DATA SYSTEM--2006
** INCLUDES INPATIENT DISCHARGES FROM ALL NONFEDERAL ACUTE CARE HOSPITALS,
HOSPITALS IN GEORGIA AND NORTH CAROLINA, AND ALL MILITARY & VA HOSPITALS IN SOUTH CAROLINA **

HOSPITAL: TRIDENT MEDICAL CENTER

PROCEDURAL CATEGORY	TOTAL	COUNTY	NO.	MKT PCT.	COUNTY	NO.	MKT PCT.	COUNTY	NO.	MKT PCT.
14. SYM/ILL-DEF COND.		GEORGETOWN	1	0.2%	GREENVILLE	2	0.2%	GREENWOOD	1	0.3%
		HAMPTON	2	1.3%	HORRY	2	0.1%	JASPER	1	1.1%
		LEXINGTON	1	0.1%	ORANGEBURG	38	6.0%	WILLIAMSBURG	1	0.4%

		YORK	1	0.1%	GEORGIA	2	0.0%	N.C.	2	0.0%
		NOT GA, SC, NC	28	7.7%						
15. ACC./POISON./VIO.	413	BEAUFORT	1	0.2%	BERKELEY	165	46.7%	CHARLESTON	45	4.7%
		COLLETON	6	3.2%	DORCHESTER	173	54.2%	FLORENCE	1	0.2%
		GEORGETOWN	1	0.4%	HAMPTON	2	2.2%	JASPER	1	0.9%
		LEXINGTON	1	0.2%	ORANGEBURG	10	2.9%	SUMTER	1	0.3%
		GEORGIA	1	0.0%	N.C.	1	0.0%	NOT GA, SC, NC	4	1.3%
15. SPEC. COND./EXAM.	92	BERKELEY	24	19.7%	CHARLESTON	7	0.7%	COLLETON	7	6.9%
		DORCHESTER	38	36.5%	HAMPTON	1	1.5%	ORANGEBURG	15	12.7%

RECORD 005764

000385

NUMBER AND PERCENT OF PERSONS HOSPITALIZED OUTSIDE THEIR COUNTY OF RESIDENCE
 BY COUNTY WHERE SERVICE OCCURRED, EXCLUDING NEWBORNS
 SOUTH CAROLINA HOSPITAL DISCHARGE DATA SYSTEM -- 2006
 ** INCLUDES INPATIENT DISCHARGES FROM ALL NONFEDERAL ACUTE CARE HOSPITALS,
 HOSPITALS IN GEORGIA AND NORTH CAROLINA, AND ALL MILITARY & VA HOSPITALS IN SOUTH CAROLINA **

FOR RESIDENTS OF BERKELEY COUNTY

VICE GROUPING	COUNTY RESIDENTS SERVED			NUMBER AND PERCENT OF RESIDENTS SERVED OUTSIDE OF THEIR COUNTY OF RESIDENCE, BY COUNTY WHERE SERVICE OCCURRED					
	NUMBER SERVED IN COUNTY	OUT	PCT. OCC	COUNTY	NO.	PCT.	COUNTY	NO.	PCT.
T A L	15774		100	AIKEN	3	0.0	ANDERSON	1	0.0
				BAMBERG	5	0.0	BEAUFORT	11	0.1
				CHARLESTON	15487	98.2	CHESTER	1	0.0
				CLARENDON	27	0.2	COLLETON	6	0.0
				DARLINGTON	1	0.0	FLORENCE	13	0.1
				GEORGETOWN	22	0.1	GREENVILLE	1	0.0
				HORRY	28	0.2	JASPER	3	0.0
				LEXINGTON	7	0.0	OCONEE	1	0.0
				ORANGEBURG	19	0.1	RICHLAND	30	0.2
				SPARTANBURG	3	0.0	SUMTER	8	0.1
				WILLIAMSBURG	2	0.0	YORK	3	0.0
				GEORGIA	52	0.3	NORTH CAROLINA	40	0.3
I. OBSTETRICS	2820		100	CHARLESTON	2809	99.6	CLARENDON	2	0.1
				COLLETON	1	0.0	FLORENCE	1	0.0
				ORANGEBURG	2	0.1	RICHLAND	3	0.1
				GEORGIA	2	0.1			
I. SURGICAL PROCEDURES	7183		100	AIKEN	2	0.0	BAMBERG	5	0.1
				BEAUFORT	3	0.0	CHARLESTON	7069	98.4
				CHESTER	1	0.0	CLARENDON	10	0.1
				COLLETON	2	0.0	DARLINGTON	1	0.0
				FLORENCE	4	0.1	GEORGETOWN	6	0.1
				HORRY	15	0.2	LEXINGTON	4	0.1
				OCONEE	1	0.0	ORANGEBURG	6	0.1
				RICHLAND	21	0.3	SPARTANBURG	2	0.0
				SUMTER	6	0.1	YORK	2	0.0
				GEORGIA	1	0.0	NORTH CAROLINA	22	0.3
1. OPER. NERV. SYS.	404		100	CHARLESTON	396	98.0	DARLINGTON	1	0.2
				LEXINGTON	1	0.2	OCONEE	1	0.2
				RICHLAND	3	0.7	NORTH CAROLINA	2	0.5
2. OPHTHALMOLOGY	6		100	CHARLESTON	5	83.3	SUMTER	1	16.7
3. OTORHINO.	129		100	CHARLESTON	127	98.4	LEXINGTON	1	0.8
				ORANGEBURG	1	0.8			

NUMBER AND PERCENT OF PERSONS HOSPITALIZED OUTSIDE THEIR COUNTY OF RESIDENCE
 BY COUNTY WHERE SERVICE OCCURRED, EXCLUDING NEWBORNS
 SOUTH CAROLINA HOSPITAL DISCHARGE DATA SYSTEM -- 2006

RECORD 005765

000386

Joint Exhibit 002-0387

802010

** INCLUDES INPATIENT DISCHARGES FROM ALL NONFEDERAL ACUTE CARE HOSPITALS,
HOSPITALS IN GEORGIA AND NORTH CAROLINA, AND ALL MILITARY & VA HOSPITALS IN SOUTH CAROLINA **

FOR RESIDENTS OF BERKELEY COUNTY

/ICE GROUPING	COUNTY RESIDENTS SERVED		NUMBER AND PERCENT OF RESIDENTS SERVED OUTSIDE OF THEIR COUNTY OF RESIDENCE, BY COUNTY WHERE SERVICE OCCURRED					
	NUMBER SERVED IN COUNTY	OUT	PCT. OCC	COUNTY	NO.	PCT.	COUNTY	NO. PCT.
3A. TONSIL./ADENOID.	6	100		CHARLESTON	6	100.0		
4. THYROID/THYMUS	64	100		CHARLESTON	64	100.0		
5. VASC./CARD. SURG.	2058	100		AIKEN	1	0.0	BAMBERG	5 0.2
				CHARLESTON	2026	98.4	COLLETON	2 0.1
				FLORENCE	1	0.0	GEORGETOWN	1 0.0
				HORRY	4	0.2	ORANGEBURG	3 0.1
				RICHLAND	5	0.2	SPARTANBURG	1 0.0
				SUMTER	4	0.2	NORTH CAROLINA	5 0.2
6. THORACIC SURGERY	256	100		CHARLESTON	247	96.5	HORRY	1 0.4
				RICHLAND	1	0.4	NORTH CAROLINA	7 2.7
7. ABDOMINAL SURGERY	1215	100		BEAUFORT	1	0.1	CHARLESTON	1200 98.8
				CLARENDON	2	0.2	FLORENCE	1 0.1
				HORRY	5	0.4	LEXINGTON	2 0.2
				NORTH CAROLINA	4	0.3		
7A. REPAIR OF HERNIA	16	100		CHARLESTON	16	100.0		
7B. APPENDECTOMY	125	100		CHARLESTON	121	96.8	HORRY	1 0.8
				ORANGEBURG	1	0.8	SPARTANBURG	1 0.8
				NORTH CAROLINA	1	0.8		
7C. CHOLECYSTECTOMY	177	100		CHARLESTON	174	98.3	FLORENCE	1 0.6
				GEORGETOWN	1	0.6	RICHLAND	1 0.6
8. PROCTO. SURGERY	46	100		CHARLESTON	46	100.0		
9. UROLOGICAL SURG.	381	100		BEAUFORT	1	0.3	CHARLESTON	378 99.2
				HORRY	1	0.3	YORK	1 0.3
10. BREAST SURGERY	24	100		CHARLESTON	24	100.0		
11. GYN. SURGERY	551	100		CHARLESTON	548	99.5	HORRY	2 0.4
				RICHLAND	1	0.2		

NUMBER AND PERCENT OF PERSONS HOSPITALIZED OUTSIDE THEIR COUNTY OF RESIDENCE
BY COUNTY WHERE SERVICE OCCURRED, EXCLUDING NEWBORNS
SOUTH CAROLINA HOSPITAL DISCHARGE DATA SYSTEM -- 2006
** INCLUDES INPATIENT DISCHARGES FROM ALL NONFEDERAL ACUTE CARE HOSPITALS,
HOSPITALS IN GEORGIA AND NORTH CAROLINA, AND ALL MILITARY & VA HOSPITALS IN SOUTH CAROLINA **

RECORD 005766

000387

Joint Exhibit 002-0388

FOR RESIDENTS OF BERKELEY COUNTY

VICE GROUPING	COUNTY RESIDENTS SERVED		NUMBER AND PERCENT OF RESIDENTS SERVED OUTSIDE OF THEIR COUNTY OF RESIDENCE, BY COUNTY WHERE SERVICE OCCURRED					
	NUMBER SERVED IN COUNTY	PCT. OUT	COUNTY	NO.	PCT.	COUNTY	NO.	PCT.
12. ORTHOPEDIC SURG.	1386	100	AIKEN	1	0.1	BEAUFORT	1	0.1
			CHARLESTON	1358	98.0	CHESTER	1	0.1
			CLARENDON	4	0.3	FLORENCE	1	0.1
			GEORGETOWN	4	0.3	ORANGEBURG	1	0.1
			RICHLAND	10	0.7	SUMTER	1	0.1
			GEORGIA	1	0.1	NORTH CAROLINA	3	0.2
13. PLASTIC SURGERY	41	100	CHARLESTON	41	100.0			
14. ORAL/MAXIL. SURG.	20	100	CHARLESTON	20	100.0			
15. DENTAL SURGERY	10	100	CHARLESTON	10	100.0			
16. OTHER SURGERIES	268	100	CHARLESTON	262	97.8	CLARENDON	4	1.5
			HORRY	1	0.4	YORK	1	0.4
1. PEDIATRIC W/O PROC.	559	100	AIKEN	1	0.2	CHARLESTON	547	97.9
			GEORGETOWN	2	0.4	HORRY	1	0.2
			RICHLAND	1	0.2	GEORGIA	5	0.9
			NORTH CAROLINA	2	0.4			
7. PSYCHIATRIC	312	100	ANDERSON	1	0.3	BEAUFORT	5	1.6
			CHARLESTON	293	93.9	FLORENCE	1	0.3
			GEORGETOWN	2	0.6	HORRY	1	0.3
			ORANGEBURG	2	0.6	RICHLAND	1	0.3
			GEORGIA	3	1.0	NORTH CAROLINA	3	1.0
V. DIAG. W/O SURG. PROC.	4900	100	BEAUFORT	3	0.1	CHARLESTON	4769	97.3
			CLARENDON	15	0.3	COLLETON	3	0.1
			FLORENCE	7	0.1	GEORGETOWN	12	0.2
			GREENVILLE	1	0.0	HORRY	11	0.2
			JASPER	3	0.1	LEXINGTON	3	0.1
			ORANGEBURG	9	0.2	RICHLAND	4	0.1
			SPARTANBURG	1	0.0	SUMTER	2	0.0
			WILLIAMSBURG	2	0.0	YORK	1	0.0
			GEORGIA	41	0.8	NORTH CAROLINA	13	0.3
1. INFEC./PARA. DIS.	182	100	CHARLESTON	172	94.5	CLARENDON	1	0.5
			COLLETON	1	0.5	GEORGETOWN	1	0.5
			JASPER	1	0.5			

NUMBER AND PERCENT OF PERSONS HOSPITALIZED OUTSIDE THEIR COUNTY OF RESIDENCE
BY COUNTY WHERE SERVICE OCCURRED, EXCLUDING NEWBORNS
SOUTH CAROLINA HOSPITAL DISCHARGE DATA SYSTEM -- 2006
** INCLUDES INPATIENT DISCHARGES FROM ALL NONFEDERAL ACUTE CARE HOSPITALS,
HOSPITALS IN GEORGIA AND NORTH CAROLINA, AND ALL MILITARY & VA HOSPITALS IN SOUTH CAROLINA **

RECORD 005767

000388

Joint Exhibit 002-0389

FOR RESIDENTS OF BERKELEY COUNTY

VICE GROUPING	COUNTY RESIDENTS SERVED		NUMBER AND PERCENT OF RESIDENTS SERVED OUTSIDE OF THEIR COUNTY OF RESIDENCE, BY COUNTY WHERE SERVICE OCCURRED					
	NUMBER SERVED IN COUNTY	OUT	PCT. OOC	COUNTY	NO.	PCT.	COUNTY	NO. PCT.
1. INFECTION/PARA. DIS.				LEXINGTON	1	0.5	ORANGEBURG	2 1.1
				NORTH CAROLINA	3	1.6		
2. NEOPLASMS	106	100		CHARLESTON	104	98.1	GEORGETOWN	1 0.9
				HORRY	1	0.9		
3. ENDO./META. DIS.	285	100		CHARLESTON	284	99.6	HORRY	1 0.4
4. DISEASES OF BLOOD	189	100		CHARLESTON	183	96.8	FLORENCE	3 1.6
				LEXINGTON	1	0.5	RICHLAND	1 0.5
				SUMTER	1	0.5		
5. DIS. OF NERV. SYS.	102	100		CHARLESTON	89	87.3	GEORGETOWN	6 5.9
				JASPER	2	2.0	ORANGEBURG	1 1.0
				RICHLAND	1	1.0	GEORGIA	2 2.0
				NORTH CAROLINA	1	1.0		
6. DIS. OF CIRC. SYS.	1040	100		DEAFORT	1	0.1	CHARLESTON	1024 98.5
				CLARENDON	2	0.2	FLORENCE	1 0.1
				GEORGETOWN	2	0.2	HORRY	2 0.2
				LEXINGTON	1	0.1	ORANGEBURG	2 0.2
				RICHLAND	1	0.1	GEORGIA	2 0.2
				NORTH CAROLINA	2	0.2		
7. DIS. OF RESP. SYS.	745	100		CHARLESTON	730	98.0	CLARENDON	6 0.8
				HORRY	1	0.1	ORANGEBURG	2 0.3
				SUMTER	1	0.1	WILLIAMSBURG	2 0.3
				GEORGIA	3	0.4		
8. DIS. OF DIG. SYS.	418	100		CHARLESTON	411	98.3	CLARENDON	3 0.7
				HORRY	1	0.2	GEORGIA	3 0.7
9. DIS. OF GENITOURI.	375	100		CHARLESTON	369	98.4	CLARENDON	2 0.5
				GEORGETOWN	1	0.3	HORRY	1 0.3
				GEORGIA	1	0.3	NORTH CAROLINA	1 0.3
10. DIS. OF SKIN/SUB.	101	100		CHARLESTON	99	98.0	GEORGIA	2 2.0

NUMBER AND PERCENT OF PERSONS HOSPITALIZED OUTSIDE THEIR COUNTY OF RESIDENCE
 BY COUNTY WHERE SERVICE OCCURRED, EXCLUDING NEWBORNS
 SOUTH CAROLINA HOSPITAL DISCHARGE DATA SYSTEM -- 2006
 ** INCLUDES INPATIENT DISCHARGES FROM ALL NONFEDERAL ACUTE CARE HOSPITALS,
 HOSPITALS IN GEORGIA AND NORTH CAROLINA, AND ALL MILITARY & VA HOSPITALS IN SOUTH CAROLINA **

FOR RESIDENTS OF BERKELEY COUNTY

COUNTY RESIDENTS SERVED NUMBER AND PERCENT OF RESIDENTS SERVED OUTSIDE OF THEIR

RECORD 005768

000389

Joint Exhibit 002-0390

VICE GROUPING	NUMBER SERVED		PCT. OOC	COUNTY OF RESIDENCE, BY COUNTY WHERE SERVICE OCCURRED					
	IN COUNTY	OUT		COUNTY	NO.	PCT.	COUNTY	NO.	PCT.
11. DIS. OF MUSC. SYS.	103		100	CHARLESTON	101	98.1	COLLETON	1	1.0
				NORTH CAROLINA	1	1.0			
12. CONGEN. ANOMALIES	3		100	CHARLESTON	3	100.0			
14. SYM/ILL-DEF COND.	776		100	BEAUFORT	1	0.1	CHARLESTON	765	98.6
				COLLETON	1	0.1	FLORENCE	1	0.1
				HORRY	1	0.1	ORANGEBURG	2	0.3
				SPARTANBURG	1	0.1	GEORGIA	3	0.4
				NORTH CAROLINA	1	0.1			
15. ACC./POISON./VIO.	353		100	BEAUFORT	1	0.3	CHARLESTON	317	89.8
				CLARENDON	1	0.3	FLORENCE	1	0.3
				GEORGETOWN	1	0.3	HORRY	2	0.6
				RICHLAND	1	0.3	YORK	1	0.3
				GEORGIA	25	7.1	NORTH CAROLINA	3	0.8
16. SPEC. COND./EXAM.	122		100	CHARLESTON	118	96.7	FLORENCE	1	0.8
				GREENVILLE	1	0.8	HORRY	1	0.8
				NORTH CAROLINA	1	0.8			

RECORD 005769

000390

2006 SC OUTPATIENT SURGERY OUTMIGRATION REPORT
NUMBER AND PERCENT OF CASES/VISITS WITH OUTPATIENT SURGICAL PROCEDURES SERVED OUTSIDE THEIR
COUNTY OF RESIDENCE BY COUNTY WHERE SERVICE OCCURRED
SOUTH CAROLINA UB-92 OUTPATIENT & LICENSED FREESTANDING CENTER BILLING DATA

FOR RESIDENTS OF BERKELEY COUNTY

VICE GROUPING	COUNTY RESIDENTS SERVED		NUMBER AND PERCENT OF RESIDENTS SERVED OUTSIDE OF THEIR COUNTY OF RESIDENCE, BY COUNTY WHERE SERVICE OCCURRED					
	NUMBER SERVED IN COUNTY	PCT. OUT	COUNTY	NO.	PCT.	COUNTY	NO.	PCT.
AL	23,986	100.0	AIKEN	2	0.0	ANDERSON	2	0.0
			BAMBERG	35	0.1	BEAUFORT	1	0.0
			CHARLESTON	23,002	95.9	CHESTERFIELD	2	0.0
			CLARENDON	14	0.1	COLLETON	8	0.0
			DARLINGTON	3	0.0	DORCHESTER	745	3.1
			FLORENCE	13	0.1	GEORGETOWN	22	0.1
			GREENVILLE	11	0.0	HAMPTON	1	0.0
			HORRY	15	0.1	JASPER	17	0.1
			LAURENS	1	0.0	LEXINGTON	12	0.1
			MARION	1	0.0	OCONEE	2	0.0
			ORANGEBURG	26	0.1	PICKENS	1	0.0
			RICHLAND	36	0.2	SPARTANBURG	4	0.0
			SUMTER	4	0.0	WILLIAMSBURG	4	0.0
			YORK	2	0.0			
OPS ON THE NERVOUS SYS	3,257	100.0	CHARLESTON	2,871	88.1	DARLINGTON	1	0.0
			DORCHESTER	358	11.0	FLORENCE	1	0.0
			GEORGETOWN	9	0.3	HORRY	1	0.0
			JASPER	3	0.1	LEXINGTON	2	0.1
			ORANGEBURG	3	0.1	RICHLAND	8	0.2
ANES INJ.(ANALGES) NERVE/SP CRD	229	100.0	CHARLESTON	201	87.8	DORCHESTER	26	11.4
			GEORGETOWN	1	0.4	JASPER	1	0.4
SPINAL CANAL INJECT NEC	2,110	100.0	CHARLESTON	1,830	86.7	DARLINGTON	1	0.0
			DORCHESTER	264	12.5	GEORGETOWN	6	0.3
			JASPER	1	0.0	ORANGEBURG	3	0.1
			RICHLAND	5	0.2			
CARPAL TUNNEL RELEASE	240	100.0	CHARLESTON	201	83.8	DORCHESTER	39	16.3
OPS ON ENDOCRINE SYS.	77	100.0	CHARLESTON	77	100.0			
I. OPS ON THE EYE	2,146	100.0	CHARLESTON	2,128	99.2	COLLETON	2	0.1
			GEORGETOWN	6	0.3	JASPER	2	0.1
			LEXINGTON	2	0.1	RICHLAND	6	0.3
EXTRACAPSULAR LENS EXTRACT	1,188	100.0	CHARLESTON	1,181	99.4	GEORGETOWN	4	0.3
			RICHLAND	3	0.3			

2006 SC OUTPATIENT SURGERY OUTMIGRATION REPORT
NUMBER AND PERCENT OF CASES/VISITS WITH OUTPATIENT SURGICAL PROCEDURES SERVED OUTSIDE THEIR

RECORD 005770

Joint Exhibit 002-0392

00039

**COUNTY OF RESIDENCE BY COUNTY WHERE SERVICE OCCURRED
SOUTH CAROLINA UB-92 OUTPATIENT & LICENSED FREESTANDING CENTER BILLING DATA**

FOR RESIDENTS OF BERKELEY COUNTY

VICE GROUPING	COUNTY RESIDENTS SERVED		PCT. OOC	NUMBER AND PERCENT OF RESIDENTS SERVED OUTSIDE OF THEIR COUNTY OF RESIDENCE, BY COUNTY WHERE SERVICE OCCURRED					
	NUMBER SERVED IN COUNTY	OUT		COUNTY	NO.	PCT.	COUNTY	NO.	PCT.
AFTER-CATAR DISCISSION	398		100.0	CHARLESTON	395	99.2	GEORGETOWN	2	0.5
				JASPER	1	0.3			
OPS ON THE EAR	482		100.0	CHARLESTON	481	99.8	ORANGEBURG	1	0.2
MYRINGOTOMY W INTUBATION	388		100.0	CHARLESTON	387	99.7	ORANGEBURG	1	0.3
OPS ON NOSE, MOUTH, PHARYNX	1,096		100.0	BAMBERG	1	0.1	CHARLESTON	1,086	99.1
				CLARENDON	5	0.5	JASPER	1	0.1
				RICHLAND	2	0.2	YORK	1	0.1
TONSILL. &/OR ADENOIDECTOMY	309		100.0	CHARLESTON	308	99.7	YORK	1	0.3
OPS ON RESPIRATORY SYSTEM	480		100.0	CHARLESTON	479	99.8	COLLETON	1	0.2
DIAGNOSTIC BRONCHUS/LUNG	138		100.0	CHARLESTON	138	100.0			
OPS ON CARDIOVASCULAR SYS	1,390		100.0	AIKEN	1	0.1	BAMBERG	33	2.4
				CHARLESTON	1,343	96.6	CHESTERFIELD	1	0.1
				DARLINGTON	1	0.1	DORCHESTER	1	0.1
				FLORENCE	6	0.4	LEXINGTON	2	0.1
				RICHLAND	1	0.1	SUMTER	1	0.1
DIAGNOSTIC CARDIAC CATH	417		100.0	CHARLESTON	413	99.0	DARLINGTON	1	0.2
				FLORENCE	1	0.2	LEXINGTON	1	0.2
				RICHLAND	1	0.2			
I. OPS ON HEMIC/LYMPHAT SYS.	70		100.0	CHARLESTON	70	100.0			
OPS ON DIGESTIVE SYS.	6,454		100.0	ANDERSON	2	0.0	CHARLESTON	6,416	99.4
				CLARENDON	5	0.1	COLLETON	1	0.0
				DARLINGTON	1	0.0	FLORENCE	3	0.0
				GEORGETOWN	2	0.0	GREENVILLE	3	0.0
				HORRY	3	0.0	LEXINGTON	2	0.0
				MARION	1	0.0	ORANGEBURG	5	0.1
				RICHLAND	4	0.1	SPARTANBURG	1	0.0
				SUMTER	1	0.0	WILLIAMSBURG	3	0.0
				YORK	1	0.0			

2006 SC OUTPATIENT SURGERY OUTMIGRATION REPORT

**NUMBER AND PERCENT OF CASES/VISITS WITH OUTPATIENT SURGICAL PROCEDURES SERVED OUTSIDE THEIR
COUNTY OF RESIDENCE BY COUNTY WHERE SERVICE OCCURRED
SOUTH CAROLINA UB-92 OUTPATIENT & LICENSED FREESTANDING CENTER BILLING DATA**

RECORD 005771

000392

Joint Exhibit 002-0393

FOR RESIDENTS OF BERKELEY COUNTY

/ICE GROUPING	COUNTY RESIDENTS SERVED		NUMBER AND PERCENT OF RESIDENTS SERVED OUTSIDE OF THEIR COUNTY OF RESIDENCE, BY COUNTY WHERE SERVICE OCCURRED						
	NUMBER SERVED IN COUNTY	OUT	PCT. OCC	COUNTY	NO.	PCT.	COUNTY	NO.	PCT.
EGD WITH CLOSED BIOPSY	1,279		100.0	CHARLESTON	1,272	99.5	CLARENDON	1	0.1
				GREENVILLE	1	0.1	HORRY	2	0.2
				RICHLAND	2	0.2	WILLIAMSBURG	1	0.1
DIAGNOSTIC LARGE INTESTINE	2,446		100.0	CHARLESTON	2,427	99.2	COLLETON	1	0.0
				DARLINGTON	1	0.0	FLORENCE	3	0.1
				GEORGETOWN	2	0.1	GREENVILLE	1	0.0
				MARION	1	0.0	ORANGEBURG	4	0.2
				RICHLAND	2	0.1	SPARTANBURG	1	0.0
				SUMTER	1	0.0	WILLIAMSBURG	2	0.1
LAP CHOLECYSTECTOMY	359		100.0	CHARLESTON	359	100.0			
DIAGNOSTIC SMALL INTESTINE	242		100.0	CHARLESTON	240	99.2	GREENVILLE	1	0.4
				ORANGEBURG	1	0.4			
OPS. ON URINARY SYS	622		100.0	CHARLESTON	606	97.4	FLORENCE	1	0.2
				GREENVILLE	1	0.2	HORRY	2	0.3
				ORANGEBURG	7	1.1	RICHLAND	3	0.5
				SUMTER	1	0.2	WILLIAMSBURG	1	0.2
DIAGNOSTIC BLADDER/URETER	210		100.0	CHARLESTON	207	98.6	GREENVILLE	1	0.5
				HORRY	1	0.5	RICHLAND	1	0.5
OPS ON MALE GENITAL SYS.	279		100.0	CHARLESTON	275	98.6	CLARENDON	1	0.4
				FLORENCE	1	0.4	ORANGEBURG	2	0.7
OPS ON FEMALE GENITAL SYS.	1,001		100.0	CHARLESTON	991	99.0	CLARENDON	1	0.1
				GEORGETOWN	1	0.1	GREENVILLE	2	0.2
				HORRY	1	0.1	JASPER	1	0.1
				LEXINGTON	1	0.1	RICHLAND	1	0.1
				SPARTANBURG	2	0.2			
D&C/ASPIRATION CURRETAGE	171		100.0	CHARLESTON	169	98.8	SPARTANBURG	2	1.2
BILAT ENDOSC. OCC. TUBE	136		100.0	CHARLESTON	135	99.3	LEXINGTON	1	0.7
II. OBSTETRICAL PROCEDURES	57		100.0	CHARLESTON	57	100.0			

2006 SC OUTPATIENT SURGERY OUTMIGRATION REPORT
NUMBER AND PERCENT OF CASES/VISITS WITH OUTPATIENT SURGICAL PROCEDURES SERVED OUTSIDE THEIR
COUNTY OF RESIDENCE BY COUNTY WHERE SERVICE OCCURRED
SOUTH CAROLINA UB-92 OUTPATIENT & LICENSED FREESTANDING CENTER BILLING DATA

FOR RESIDENTS OF BERKELEY COUNTY

RECORD 005772

000393

Joint Exhibit 002-0394

SERVICE GROUPING	COUNTY RESIDENTS SERVED			NUMBER AND PERCENT OF RESIDENTS SERVED OUTSIDE OF THEIR COUNTY OF RESIDENCE, BY COUNTY WHERE SERVICE OCCURRED					
	NUMBER SERVED IN COUNTY	OUT	PCT. OOC	COUNTY	NO.	PCT.	COUNTY	NO.	PCT.
OPS ON MUSCULOSKEL SYS.	2,787		100.0	BEAUFORT	1	0.0	CHARLESTON	2,379	85.4
				CHESTERFIELD	1	0.0	CLARENDON	1	0.0
				DORCHESTER	377	13.5	GEORGETOWN	3	0.1
				GREENVILLE	2	0.1	HAMPTON	1	0.0
				HORRY	4	0.1	JASPER	4	0.1
				LEXINGTON	3	0.1	OCONEE	2	0.1
				ORANGEBURG	1	0.0	RICHLAND	7	0.3
				SPARTANBURG	1	0.0			
EXCIS KNEE SEMILUN CARTL	246		100.0	CHARLESTON	156	63.4	DORCHESTER	89	36.2
				RICHLAND	1	0.4			
OPS ON INTEGUMENTARY SYS.	3,787		100.0	AIKEN	1	0.0	BAMBERG	1	0.0
				CHARLESTON	3,742	98.8	CLARENDON	1	0.0
				COLLETON	4	0.1	DORCHESTER	9	0.2
				FLORENCE	1	0.0	GEORGETOWN	1	0.0
				GREENVILLE	3	0.1	HORRY	4	0.1
				JASPER	6	0.2	LAURENS	1	0.0
				ORANGEBURG	7	0.2	PICKENS	1	0.0
				RICHLAND	4	0.1	SUMTER	1	0.0
LOCAL EXCIS BREAST LES	155		100.0	BAMBERG	1	0.6	CHARLESTON	152	98.1
				COLLETON	1	0.6	SUMTER	1	0.6
OTHER LOCAL DESTRUC. SKIN	1,475		100.0	AIKEN	1	0.1	CHARLESTON	1,456	98.7
				CLARENDON	1	0.1	DORCHESTER	6	0.4
				GREENVILLE	3	0.2	JASPER	2	0.1
				ORANGEBURG	6	0.4			
BE OUT OF RANGE	1		100.0	CHARLESTON	1	100.0			

RECORD 005773

000394

Attachment 9
Joint Annual Reports

000395

This report is designed to be printed using the Portrait orientation with all print margins set to 0.25 inches.

SCHEDULE A: Identification

SCHEDULE B: Classification

B1. Control

Government, Non-Federal	Non-Government, Not for Profit	Investor Owned, For Profit	Federal Government
☐ No Response			
☐ State	☐ Church-Operated	☐ Individual	☐ Air Force
☐ County	☒ Other	☐ Partnership	☐ Army
☐ City, County		☐ Corporation	☐ Navy
☐ Hospital District or Authority		☐ Limited Liability Corp.	☐ Veterans Administration

B2. Service

☐ No Response
☒ General Medical and Surgical
☐ Hospital Unit of an Institution (e.g. Prison Hospital, College Infirmary)
☐ Hospital Unit in an Institution for the Mentally Retarded
☐ Surgical
☐ Psychiatric
☐ Obstetrics and Gynecology

000396.

JOINT ANNUAL REPORT OF HOSPITALS

- ☐ Tuberculosis and Other Respiratory Diseases
☐ Long Term Acute Care Hospital
☐ Ear, Eye, Nose and Throat
☐ Rehabilitation
☐ Orthopedic
☐ Chronic Disease
☐ Institution for Mentally Retarded
☐ Alcoholism and Other Chemical Dependency
☐ Other (Specify Treatment Area):

B3. Does the hospital itself operate subsidiary corporations?

- ☐ Yes ☒ No ☐ No Response

B4. Is the hospital contract managed?

- ☐ Yes ☒ No ☐ No Response

If YES, please provide the name, city and state for the organization that manages the hospital.

Name:

City:

State:

B5. Is your hospital a participant in a network?

- ☐ Yes ☒ No ☐ No Response

If YES, please provide the name, address, and telephone for the network.

Name:

Address:

City:

State:

Zip:

Phone:

B6. Does your hospital have a web site?

- ☒ Yes ☐ No ☐ No Response

If YES, please provide the address: <http://www.ropersaintfrancis.com>

B7. Is your hospital owned in whole or in part by physicians or a physician group?

- ☐ Yes ☒ No ☐ No Response

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B8. If you checked Long Term Acute Care hospital (LTCH) in Section B2 (Service), please indicate if you are a freestanding LTCH or a LTCH collocated within a general acute care hospital?

☐ Free standing LTCH ☐ LTCH collocated in a general acute care ☒ No Response

If you are collocated in a general acute care hospital, please provide the name, city, and state of your host hospital.

Name:

City:

State:

B9. NATIONAL PROVIDER IDENTIFIER (NPI)

a. Does your hospital have its new National Provider Identifier (NPI) from the National Plan and Provider Enumeration System?

☒ Yes ☐ No ☐ No Response If yes, please report the ten-digit NPI: 1962472860

b. Does your hospital also have a Subpart NPI?

☒ Yes ☐ No ☐ No Response

If YES, please report the Subpart NPI and provide the relevant taxonomy code to indicate the type of service provided. If you have multiple Subpart NPIs, please report them all.

Subpart NPI 1: 127550379

Taxonomy Code: 04

Subpart NPI 2: 161994714

Taxonomy Code: 10

Subpart NPI 3:

Taxonomy Code:

SCHEDULE C: Reporting Period**C1. Indicate reporting period used:**

Begin Date (MMDDYY): 01/01/06 End Date (MMDDYY): 12/31/06 Number of Days: 365

C2. In operation 12 full months at the end of reporting period?

☒ Yes ☐ No ☐ No Response Number of days open: 365

C3. Indicate the beginning of your current fiscal year:

Fiscal Year Begin Date (MMDDYY): 01/01/07

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SCHEDULE D: Facilities and Services

D1. GENERAL MEDICAL, SURGICAL, AND ANCILLARY SERVICES

Your responses from 2005 (if 2006 not entered) or 2006 (if entered) are checked below. Please review the list of services carefully, as new categories have been added this year.

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
1. General medical-surgical care	Yes			Yes
2. Pediatric medical-surgical care	Yes			Yes
3. Obstetrics: Level of Unit - 2	Yes			Yes
4. Medical surgical intensive care	Yes			Yes
5. Cardiac intensive care	Yes			
6. Neonatal intensive care				Yes
7. Neonatal intermediate care	Yes			
8. Pediatric intensive care				
9. Burn care				Yes
10. Other special care	Yes			
11. Other intensive care	Yes			
12. Physical Rehabilitation	Yes			
13. Alcoholism-drug abuse or dependency care				

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
				000399

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my local
community)
(2)

1. Psychiatric care		
15. Skilled nursing care		
16. Intermediate nursing care		
17. Acute long-term care		
18. Other long-term care		
19. Other care		
Specify:		
# of beds:		
20. Adult day care program		
21. Airborne infection isolation room	Yes	Yes
# of rooms: 16		
22. Alcoholism-drug abuse or dependency outpatient services		
23. Alzheimer Center		
24. Ambulance services	Yes	Yes
25. Ambulatory surgery center	Yes	Yes
26. Arthritis treatment center		
27. Assisted living		
28. Auxiliary	Yes	
29. Bariatric/weight control services		

Service Area

Owned or
provided by
my hospital or
its subsidiary
(1)

Provided
through a
formal
contractual
agreement or
joint venture
with another
provider that
is not in my
system or
network (in
my local
community)
(2)

Provided by
my network
(in my local
community)
(3)

Provided by
my Health
System (in my
local
community)
(4)

30. Birthing room - LDR room - LDRP room	Yes		Yes
31. Blood Donor Center			Yes
32. Breast cancer screening/mammograms	Yes		Yes
33. Cardiology services			
a. Adult diagnostic/invasive catheterization	Yes		Yes
b. Pediatric diagnostic/invasive catheterization			
c. Adult interventional cardiac catheterization	Yes		
d. Pediatric interventional cardiac catheterization			
e. Adult cardiac surgery	Yes		
f. Pediatric cardiac surgery			
g. Cardiac Rehabilitation	Yes		

000400 Yes

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34. Case management
 35. Chaplaincy/pastoral care services
 36. Chemotherapy
 37. Children wellness program
 38. Chiropractic services

Yes
 Yes
 Yes

Yes
 Yes

Service Area

Owned or
 provided by
 my hospital or
 its subsidiary
 (1)

Provided
 through a
 formal
 contractual
 agreement or
 joint venture
 with another
 provider that
 is not in my
 system or
 network (in
 my local
 community)
 (2)

Provided by
 my network
 (in my local
 community)
 (3)

Provided by
 my Health
 System (in my
 local
 community)
 (4)

39. Community outreach
 40. Complementary medicine services
 41. Computer assisted orthopedic surgery
 (CAOS)

Yes

Yes

42. Crisis prevention

43. Dental services

44. Emergency services

- a. Emergency department

Yes

Yes

- b. Freestanding/Satellite Emergency Department

Yes

Yes

- c. If you checked column 1 (44b), is the department open 24
 hours a day, 7 days a week?

Yes

No

No Response
 C

- d. Trauma center (certified)

Yes

Yes

- Level of unit (1-3): 3

45. Enabling services

46. End of life service

- a. Hospice program

Yes

Yes

- b. Pain management program

Yes

- c. Palliative care program

Yes

Yes

47. Enrollment assistance services

Yes

Yes

48. Extracorporeal shock wave lithotripter
 (ESWL)

Yes

Provided
 through a
 formal
 contractual

000401

Owned or agreement or Provided by Provided by

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Service Area	provided by my hospital or its subsidiary (1)	joint venture with another provider that is not in my system or network (in my local community) (2)	my network (in my local community) (3)	my Health System (in my local community) (4)
49. Fitness center				
50. Freestanding outpatient care center	Yes			
51. Geriatric services				
52. Health fair	Yes			Yes
53. Health information center	Yes			Yes
54. Health screenings	Yes			Yes
55. Hemodialysis	Yes			Yes
56. HIV-AIDS services	Yes			
57. Home health services	Yes			
58. Hospital-based outpatient care center- services	Yes			Yes
59. Indigent care clinic				
60. Linguistic/translation services	Yes			Yes
61. Meals on wheels	Yes			
62. Mobile Health Services				
63. Neurological services	Yes			Yes
64. Nutrition programs	Yes			Yes
65. Occupational health services	Yes			Yes
66. Oncology services	Yes			
67. Orthopedic services	Yes			Yes

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
68. Outpatient surgery	Yes			Yes
69. Patient Controlled Analgesia (PCA)	Yes			Yes
70. Patient education center	Yes			Yes
71. Patient representative services	Yes			Yes
72. Physical rehabilitation outpatient services	Yes			Yes

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73. Primary care department

74. Psychiatric services

a. Psychiatric child-adolescent services

b. Psychiatric consultation-liaison services

c. Psychiatric education services

d. Psychiatric emergency services

e. Psychiatric geriatric services

f. Psychiatric outpatient services

g. Psychiatric partial hospitalization program

Yes

Yes

Service Area

Owned or
provided by
my hospital or
its subsidiary
(1)Provided
through a
formal
contractual
agreement or
joint venture
with another
provider that
is not in my
system or
network (in
my local
community)
(2)Provided by
my network
(in my local
community)
(3)Provided by
my Health
System (in my
local
community)
(4)

75. Radiology, therapeutic

a. Image-guided radiation therapy (IGRT)

b. Intensity-Modulated Radiation Therapy (IMRT)

c. Shaped Beam Radiation System

76. Radiology, diagnostic

a. CT Scanner

b. Diagnostic radioisotope facility

c. Electron Beam Computed Tomography (EBCT)

d. Full-field digital mammography (FFDM)

e. Magnetic resonance imaging (MRI)

f. Multislice spiral computed tomography (<64+ slice CT)

g. Multislice spiral computed tomography (64+ slice CT)

h. Positron emission tomography (PET)

i. Positron emission tomography/CT (PET/CT)

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Provided
through a
formal
contractual

000403

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Service Area	Owned or provided by my hospital or its subsidiary (1)	agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
j. Single photon emission computerized tomography (SPECT)	Yes			Yes
k. Ultrasound	Yes			Yes
77. Reproductive health				
a. Fertility Clinic				
b. Genetic testing/counseling	Yes			
78. Retirement housing				
79. Robotic surgery				
80. Sleep Center	Yes			
81. Social work services	Yes			Yes
82. Sports medicine	Yes			Yes
83. Stereotactic radiosurgery				
84. Support groups	Yes			Yes
85. Swing bed services				
86. Teen outreach services				
87. Tobacco Treatment/Cessation program	Yes			

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
88. Transplant services				
a. Bone marrow transplant services	Yes			
b. Heart				
c. Kidney				
d. Liver				
e. Lung				
f. Tissue				
g. Other				

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89. Transportation to health services

90. Urgent care center

91. Virtual colonoscopy

92. Volunteer services department

93. Women's health center/services

94. Wound Management Services

Yes

Yes

Yes

Yes

Yes

Yes

Yes

D2. Selected Service Utilization

(For the Reporting Period)

A. Heart Surgery

Heart Surgeries should be identified by the following ICD-9-CM procedure codes: 35.10-35.14, 35.20-35.28, 35.31-35.35, 35.39, 35.41-35.42, 35.50-35.51, 35.53-35.54, 35.60-35.63, 35.70-35.73, 35.81-35.84, 35.91-35.95, 35.98-35.99, 36.03, 36.09, 36.10-36.16, 36.19, 36.2, 36.91, 36.99, 37.10-37.11, 37.32-37.33.

	Reported 2005	2006
1. Adult Open-Heart Surgical Operations	471	451
2. Pediatric Open-Heart Surgical Operations	0	0
3. Number of Heart Surgery Suites	2	2

Note: Report the number of patients having open heart surgery regardless of the number of procedures performed during that visit.

B. Cardiac Catheterizations

Only the ICD-9-CM codes listed below should be counted. All other procedures performed in the cardiac cath lab should be reported under "All Other, Total." Please report the number of patients having cardiac catheterization procedures, regardless of the number of procedures performed during that visit to the cath lab. If a patient has a diagnostic cath followed by a therapeutic cath within the same lab visit, please only report it as a single therapeutic cath on the JAR.

The codes for Diagnostic Catheterizations are:

37.21 Right Heart Cardiac Catheterization

37.22 Left Heart Cardiac Catheterization

37.23 Combined Right and Left Heart Cardiac Catheterization

The following ICD-9-CM codes refer to Therapeutic Catheterizations:

35.96 Percutaneous Valvuloplasty

36.01 Atherectomy, Coronary, PTCA, Single Vessel, Without Mention of Thrombolytic Agent

36.02 Atherectomy, Coronary, PTCA, Single Vessel, With Thrombolytic Agent

36.05 Atherectomy, Coronary, PTCA, Multiple Vessel, With or Without Thrombolytic Agent

36.06 Insertion of Coronary Artery Stent(s)

36.07 Insertion of Drug Eluting Coronary Artery Stent(s)

of Mobile Labs: 0 . # of Fixed Labs: 3

Patients

2005

Adult

2005

Pediatric

000401

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	Reported	2006	Reported	2006
Diagnostic, Total	2778	2055	0	0
Inpatient	1624	985	0	0
Outpatient	1154	1070	0	0
Therapeutic, Total	766	736	0	0
Inpatient	664	622	0	0
Outpatient	102	114	0	0
All Other, Total	863	335	0	0
Inpatient	482	189	0	0
Outpatient	381	146	0	0

Note: Report the number of patients having cardiac catheterization regardless of the number of procedures performed during that visit.

C. Magnetic Resonance Imaging

of Mobile Unit: 0 # of Fixed Units: 2

	# of Procedures 2005	# of Procedures 2006
Inpatient	1558	1816
Outpatient	5138	4630
Total	6696	6446

D. PET Scanner (Include PET CT)

of Mobile Unit: 0 # of Fixed Units: 1

	# of Procedures 2005	# of Procedures 2006
Inpatient	0	0
Outpatient	1380	823
Total	1380	823

E. Megavoltage Radiation TherapyFinal CPT Codes for Radiation Treatment Delivery [Joint Annual Report]

77401 Radiation treatment delivery, superficial and/or ortho voltage

77402 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks, up to 5 MeV

77403 6-10 MeV

77404 11-19 MeV

77406 20+ MeV

77407 Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks, up to 5 MeV

77408 6-10 MeV

77409 11-19 MeV

77411 20+ MeV

77412 Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (e.g., electron or neutrons), up to 5 MeV

77413 6-10 MeV

000406

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77414 11-19 MeV

77416 20+ MeV

77418 Intensity modulated treatment delivery (IMRT), single or multiple fields/arcs, via narrow spatially and temporally modulated beams (e.g., binary, dynamic MLC), per treatment session

77470 Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)

G0339 Single fractionation treatment

G0340 Multiple treatment sessions

Megavoltage	Number of Machines	Number of unduplicated patients for the reporting period	Number of Treatments*
1. Linear Accelerator			
2005	2	535	11759
2006	2	587	12368
2. Gamma Knife			
2005	0	0	0
2006	0	0	0

*Note: Under Number of Treatments, record the number of patient visits. This is NOT ports.

J. Surgical Department

- Count each patient undergoing surgery as one surgical operation, regardless of the number of surgical procedures that were performed while the patient was in the operating room or procedure room.
- For outpatient surgical operations, record operations performed on patients who do not remain in the hospital overnight.
- Include all operations, whether performed in the inpatient operating rooms or in procedure rooms located in the outpatient facility.
- Exclude vaginal deliveries; include Caesarean Sections.
- Count other special rooms (e.g. laser surgery) on the OTHER line.

Number of Operating/Special Purpose Rooms and Number of Operations

(Please include open heart surgeries and Caesarean sections. Exclude licensed free-standing ambulatory surgeries and lithotripters.)

Type of Room	Number of Rooms		Inpatient Operations		Outpatient Operations		2006 Total
	2005	2006	2005	2006	2005	2006	
Operating	15	16	5305	5487	6242	5591	11078
Cystoscopy	1	1	0	0	828	917	917
Endoscopy	5	5	1218	1175	1313	1521	2696
Other	4	4	328	325	16	19	344
TOTAL	25	26	6851	6987	8399	8048	15035

How many days per week may elective surgery be scheduled? 6 days

SCHEDULE E: Licensed Beds

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Licensed Bed Capacity on last day of reporting period: 453 beds

SCHEDULE F: Utilization**F1. Inpatient - Adult and Pediatric (Exclude Newborn)****A. Patient Census Records**

- Provide either admissions or discharges by service, if available. However, both TOTAL admissions and TOTAL discharges are needed.
- List beds for a particular service area only if a unit is specifically designated for the service area.
- If beds are not assigned to separate services, indicate by recording all beds under UNASSIGNED.
- The total number of beds set up and staffed for use on last day of reporting period should be recorded in TOTAL. Please account for all the inpatient beds set up and staffed on last day of reporting period.
- **DO NOT** include swing beds or Medicaid administrative days program or observation patients not admitted as inpatients.
- Include patient days in observation for patients admitted as inpatients following observation status.
- **Do not count beds more than once.**

Service Area	Beds Set Up and Staffed		Admissions (Exclude Births)		Discharges: Include Deaths (Exclude Newborns)		Total Patient Days Care (Exclude Newborns)	
	2005	2006	2005	2006	2005	2006	2005	2006
Acute and Subacute Care								
Adult Medical/Surgical	253	237	14101	13055	14980	14075	79077	74853
Obstetrical Level of Unit: 2	0	16	0	1099	0	1092	0	2364
Pediatric Medical/Surgical	0	0	0	0	0	0	0	0
Psychiatric - Total	0	0	0	0	0	0	0	0
Age 0 to 64		0	0	0	0	0	0	0
Age 65 and Older		0	0	0	0	0	0	0

Service Area	Beds Set Up and Staffed		Admissions (Exclude Births)		Discharges: Include Deaths (Exclude Newborns)		Total Patient Days Care (Exclude Newborns)	
	2005	2006	2005	2006	2005	2006	2005	2006
Rehabilitation - Total	39	39	988	964	974	955	12369	11803
Age 0 to 64		0	0	0	0	0	0	0
Age 65 and Older		0	0	0	0	0	0	0
Alcohol/Chemical Dependency (Detoxification)	0	0	0	0	0	0	0	0
Age 0 to 64		0	0	0	0	0	0	0
Age 65 and Older		0	0	0	0	0	0	0

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Alcohol/Chemical Dependency (Inpatient)	0	0	0	0	0	0	0	0
Age 0 to 64		0	0	0	0	0	0	0
Age 65 and Older		0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Please Specify:								
Unassigned	0	0	0	0	0	0	0	0
Intensive Care								
Medical/Surgical (ICU)	18	18	503	571	175	207	5892	5446
Cardiac (CCU)	18	20	705	801	150	175	5053	4913
Pediatric	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Please Specify:								

Service Area	Beds Set Up and Staffed		Admissions (Exclude Births)		Discharges: Include Deaths (Exclude Newborns)		Total Patient Days Care (Exclude Newborns)	
	2005	2006	2005	2006	2005	2006	2005	2006
Grand Total (Acute and Intensive Care)	328	330	16297	16490	16279	16504	102391	99379
Age 0 to 64		0	0	0	7811	8173	40924	41690
Age 65 and Older		0	0	0	8468	8331	61467	57689

2005

2006

B. Total Discharge Days of Care

(exclude newborns; include neonatal, swing-bed patients, and deaths)

102756

99619

C. Number of Patients in Hospital on last day of reporting period

254

240

D. Medicare/Medicaid/MIAP Utilization

- Required by March 1, 2007 by S.C. Medically Indigent Assistance Act.

- Exclude newborns, swing beds, Medicaid admin. days and observation patients.

1. Total Medicare Inpatient Discharges - Title XVIII	9540	9460
2. Total Medicare Inpatient Days	69940	66609
3. Total Medicaid Inpatient Discharges - Title XIX	1189	1295
4. Total Medicaid Inpatient Days	6371	6105
5. Total S.C. MIAP Inpatient Discharges (Medically Indigent Assistance Program)	135	93
6. Total S.C. MIAP Inpatient Days	684	516

F2. Nursing Home Care

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	Beds Set Up (last day of reporting period)	Licensed Beds	Admissions	Patient Days
A. Hospital Based Unit	0	0	0	0
B. Free-Standing on Hospital Campus	0	0	0	0
C. Free-Standing off Campus	0	0		0

F3. Residential Treatment Center For Children And Adolescents

	Beds Set Up (last day of reporting period)	Licensed Beds	Admissions	Patient Days
Residential Treatment Center for Children and Adolescents	0	0	0	0

F4. For Hospitals With Approved Swing Beds

A. Number of Acute Care Beds Designated as Swing Beds: 0 beds

B. Utilization (Medicare and Non-Medicare) During Reporting Period of Swing Beds for Provision of Acute and Subacute Care

	MEDICAID		MEDICARE		OTHER	
	Admissions	Pat/Days	Admissions	Pat/Days	Admissions	Pat/Days
Total Swing Beds	0	0	0	0	0	0

F5. Medicaid Administrative Days Program

Admissions: 0 Patient Days: 0

F6. Observation Patients

Patients: 687

F7. Obstetrics Unit

(for the reporting period)

Note: Please check that the obstetrics level is completed in Section F1, Part A.

	2005 Reported	2006
A. Labor and Delivery as of the last day of the reporting period		
1. Number of Labor Rooms	0	0
2. Number of Delivery Rooms	0	0
3. Number of LDR Rooms	8	0
4. Number of LDRP Rooms	0	8
. Newborn Nursery (Well Baby)		
1. Number of Bassinets (on last day of reporting period)	20	26
2. Number of Newborn Patient Days	1560	1461

C. Birth and Death Records

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1. Number of Infants Born Alive	740	670
2. Number of Deaths of Infants Born Alive	0	0
3. Number of Fetal Deaths (Still-born)	9	3

D. Neonatal Special Care Bassinets

(A special unit for care of infants who are less than 28 days old at the time of admission to the unit. The unit is equipped with monitoring and life-saving systems and staffed with personnel specifically qualified, by training or experience, in providing neonatal care.)

	Bassinets Set Up	Bed Days Available	Admissions	Discharges	Patient Days
Intensive Care					
2005 Reported	0	0	0	0	0
2006	0	0	0	0	0
Intermediate Care					
2005 Reported	5	1825	56	57	365
2006	5	1825	47	47	310
Continuing Care					
2005 Reported	0	0	0	0	0
2006	0	0	0	0	0

	2005 Reported	2006
Total Neonatal Special Care Patient Days	365	310

SCHEDULE G: Outpatient Utilization

- **Outpatient Visit:** A visit to each organized outpatient care program or the emergency service area by a person who is not

lodged in the hospital overnight while receiving medical or dental services.

- Include in the visit count each appearance of an outpatient in each organized outpatient program or emergency service area.

- **DO NOT** include the number of diagnostic and/or therapeutic treatments the patient received in the ancillary departments.

- (1) **Emergency Visits** should reflect total number of patients seen in an emergency or trauma unit.

- (2) **Clinic Visits** should reflect total number of non-emergency outpatients with pre-arranged appointments in an organized outpatient care program.

- (3) **Other Visits** should reflect any other non-emergency visit. **DO NOT** include occasions of service.

For example, one 'other' visit would be an outpatient receiving a blood test and an x-ray during a single appearance in the ancillary service area.

G1. Are your emergency services staffed by a physician present 24 hours a day?

Yes ☒ No ☐ No Response ☐

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G2. Indicate emergency department category (JCAHO level):

JCAHO Level: 2

G3. Indicate level of unit # for certified trauma department:

Level : 3

Source of designation (check all that apply):

- ☐ American College of Surgeons
☒ State/Local Government
☐ Self Designation

G4.

	Emergency or Trauma Department (exclude outpatient visits reported in Schedule D) (1)		Organized Outpatient Clinic (2)	Other Ancillary Services (exclude outpatient surgeries reported in Schedule D) (3)
	2005 reported	2006		
A. Visits (Total sum of 1, 2)*	67126	68556	721	184389
1. Non-Emergency Visits	23934	23419		
2. True Emergency Visits	43192	45137		
B. Visits Resulting in Admission to Hospital	6042	6329		

*Required by March 1, 2007 by S.C. Medically Indigent Assistance Act.

G5. In terms of location, your ambulatory care programs are:

(check all that apply):

- ☒ Within the hospital
☐ On hospital campus in a freestanding center
☒ Freestanding off campus
☐ No ambulatory care

G6. In terms of ownership, your ambulatory care programs are:

(check all that apply):

- ☒ Part of a division of your hospital
☒ Offered through a subsidiary of the hospital
☐ Primarily through a division of the hospital with some special services (e.g. rehabilitation) through a separate subsidiary

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SCHEDULE H: Hospital Employees as of the last day of the reporting period

H1. Hospital Employees:

- Information is requested on the total number of employees of the hospital and select types of personnel and status of employment, as of the last day of the reporting period.

- Numbers reported here for full and part-time, and budgeted vacancies, should be consistent with payroll expenses reported on the Financial Data Report.

- Include members of religious orders for whom dollar equivalents will be reported.

- People who work in more than one area should be included only in the category of their primary responsibility and should be counted only once.

- **Do not include nursing home staff on this page.**

- If there are staff positions that are shared between the hospital and nursing home, please record these staff as part-time employees.

- Where one or more physicians maintain offices for private practice in the hospital building, do not include personnel employed for assistance with the private office practice.

	Full-Time		Part-Time		Budgeted Vacancies		Consultant / Contractual	
	2005	2006	2005	2006	2005	2006	2005	2006
Administrative Occupations								
Hospital Administrator	1	1	0	0	0	0	0	0
Assistant Hospital Administrator	0	0	0	0	0	0	0	0
Physicians and Dentists								
Physicians	2	2	0	0	0	0	0	0
Medical Interns and Residents	0	0	0	0	0	0	0	0
Dentists	0	0	0	0	0	0	0	0
Dental Interns and Residents	0	0	0	0	0	0	0	0

	Full-Time		Part-Time		Budgeted Vacancies		Consultant / Contractual	
	2005	2006	2005	2006	2005	2006	2005	2006
Nursing Care								
Registered Nurses (excluding next four categories)	593	633	236	230	36	50	8	39
Nurse Clinicians	13	10	0	0	1	0	0	0
Nurse Anesthetists	0	0	0	0	0	0	0	0
Nurse Midwives	0	0	0	0	0	0	0	0
Other Nurse Practitioners	2	2	2	2	0	0	0	0

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Licensed								
Practical/Vocational Nurses	66	54	18	13	3	1	0	0
Nursing Aides, Orderlies, Attendants	174	203	51	67	16	14	0	0
Psychiatric Aides	0	0	0	0	0	0	0	0
Ward Clerks	55	60	23	13	4	4	0	0
Radiology technicians *NEW*		88		22		9		0
Laboratory technicians *NEW*		103		32		3		0
Pharmacists, licensed *NEW*		26		4		1		0
Pharmacy technicians *NEW*		25		6		0		0

	Full-Time		Part-Time		Budgeted Vacancies		Consultant / Contractual	
	2005	2006	2005	2006	2005	2006	2005	2006
All Other Health Professionals and Technical Personnel	452	205	135	64	20	14	0	0
All Other Non-Health Professionals and Non-Technical Personnel	586	482	155	135	25	27	0	0
Total Hospital Personnel	1944	1894	620	588	105	123	8	39

H2. Do hospitalists provide care for patients in your hospital?Yes ☒ No ☐ No Response ☐**H3. If yes, please report the number of full-time and part-time hospitalists:**

Full-Time: 5 Part-Time: 10

H4. If yes, please select the category below that best describes the employment model for your hospitalists:

- ☐ No Response
☐ Independent Provider Group
☒ Employed by a Physician Group
☐ Employed by Your Hospital
☐ Employed by a University or School Program
☐ Other

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SCHEDULE I: Physician Arrangements

I1. Does your hospital have a contractual arrangement with a physician who serves in a paid capacity (Medical Director or V.P. for Medical Affairs) as a liaison between hospital management and the medical staff?

Yes ☒ No ☐ No Response ☐

I2. Does your hospital offer core clerkship or elective undergraduate medical education programs?

Yes ☐ No ☒ No Response ☐

I3. Which of the following physician arrangements does your hospital or system/network participate in?

Network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together in a joint agreement to coordinate and deliver a broad spectrum of services to their community. Please refer to the network identified in Schedule B, Question 5.

Health System is a corporate body that owns and/or manages health provider facilities or health related subsidiaries; the system may also own non health-related facilities. It owns or manages health provider facilities that are participants.

For hospital level physician arrangements that are reported in the "In Hospital" column, please report the number of physicians involved.

	In Hospital	Number of Physicians	Network	Health System
A. Independent Practice Association	☐		☐	☐
B. Group Practice Without Walls	☐		☐	☐
C. Open Physician-Hospital Organization (PHO)	☐		☐	☐

	In Hospital	Number of Physicians	Network	Health System
D. Closed Physician-Hospital Organization (PHO)	☐		☐	☐
E. Management Service Organization	☐		☐	☐

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(MSO)

F. Integrated Salary

☒

5

☐☐

Model

J. Equity Model

☐☐☐

H. Foundation

☐☐☐**14. Does your hospital participate in any joint venture arrangements with physicians or physician groups?**Yes ☒ No ☐ No Response ☐**15. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures**

(check all that apply)

☐ a. Limited Service Hospital (check all that apply)☐ Cardiac☐ Orthopedic☐ Surgical☐ Other☒ b. Ambulatory Surgical Centers☒ c. Imaging Centers☐ d. Other**16. Does your hospital participate in joint venture arrangements with organizations other than physician groups?**Yes ☐ No ☒ No Response ☐**SCHEDULE J: Community Orientation****J1. Does your hospital, health system or health network have an equity interest in any of the following insurance products?**

Network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together in a joint agreement to coordinate and deliver a broad spectrum of services to their community. Please refer to the network identified in Schedule B, Question 5.

Health System is a corporate body that owns and/or manages health provider facilities or health related subsidiaries; the system may also own non health-related facilities. It owns or manages health provider facilities that are participants.

Check all that apply:

In Hospital

Health System

Network

Joint Venture with Insurer

0 0 0 1 0

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A. Health Maintenance Organization	☐	☐	☐	☐
B. Preferred Provider Organization	☐	☐	☐	☐
C. Indemnity Fee for Service Plan	☐	☐	☐	☐

J2. Does your hospital have a formal written contract that specifies the obligations of each party with:Health Maintenance Organization (HMO) Yes ☒ No ☐ No Response ☐

How many contracts? 5

Preferred Provider Organization (PPO) Yes ☒ No ☐ No Response ☐

How many contracts? 20

J3. What percentage of the hospital's net patient revenue is paid on a capitated basis?

(If the hospital does not participate in capitated arrangements, please enter "0") 0 %

J4. What percentage of the hospital's net revenue is paid on a shared risk basis?

0 %

J5. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined or shared risk basis?Yes ☐ No ☒ No Response ☐**J6. If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated payment, how many lives are covered?****J7. Community Outreach**

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1. Does your hospital's mission statement include a focus on community benefit? Yes ☒ No ☐ No Response ☐2. Does your hospital have a long-term plan for improving health in the community? Yes ☒ No ☐ No Response ☐3. Does your hospital have resources for its community benefit activities? Yes ☒ No ☐

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4. Does your hospital work with other providers, public agencies or community representatives to conduct a health status assessment in the community?	No Response ☐
	Yes ☒ No ☐
5. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing services?	No Response ☐
	Yes ☒ No ☐
6a. Does your hospital work with local providers, public agencies, or community representatives to develop a written assessment of the appropriate capacity for health services in the community?	No Response ☐
	Yes ☒ No ☐
6b. If yes, have you used the assessment to identify unmet health needs, excess capacity, or duplicate services in the community?	No Response ☐
	Yes ☒ No ☐
7. Does your hospital work with other providers to collect, track and communicate clinical and health information across cooperating organizations?	No Response ☐
	Yes ☐ No ☒
8. Does your hospital either by itself or in conjunction with others, disseminate reports to the community on the quality and cost of health care?	No Response ☐
	Yes ☒ No ☐
9. Does your hospital self-assess against Balrige like criteria for sustained continuous improvement?	No Response ☐
	Yes ☒ No ☐
10. Does your hospital gather information on a patient's race/ethnicity at any point during their stay?	No Response ☐
	Yes ☒ No ☐
11. Does your hospital gather information on a patient's language at any point during their stay?	No Response ☐
	Yes ☒ No ☐
12. Does your hospital or health system currently have or plan to develop, implement or evaluate a leadership development program?	No Response ☐
	Yes ☒ No ☐
13. Does your hospital or health system currently have or plan to develop, implement or evaluate a diversity strategy or plan?	No Response ☐
	Yes ☒ No ☐
14. Does your hospital or health system engage in leadership succession planning?	No Response ☐
	Yes ☒ No ☐
15. Does your hospital or health system currently provide career development resources to administrators?	No Response ☐
	Yes ☒ No ☐

SCHEDULE K: Information Technology**K1. Number of employed IT staff**

58 (in FTEs)

K2. Number of outsourced IT staff

1 (in FTEs)

K3. Does your hospital have an electronic health record?

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- ☒ Yes, fully implemented ☐ Yes, partially implemented
☐ No (if no, please skip Question K4) ☐ No Response

K4. Does your electronic health record include:

	Yes, fully implemented	Yes, partially implemented	No	No Response
1. Patient-level health information and data (such as medications, orders, and clinical notes)?	☒	☐	☐	☐
2. Results management (such as results from laboratory tests, radiology studies, and other tests)?	☒	☐	☐	☐
3. Order entry management (such as orders for laboratory tests, radiology studies, and other tests)?	☒	☐	☐	☐
4. Decision support (such as knowledge sources, drug alerts, reminders, and clinical guidelines and pathways)?	☐	☒	☐	☐

K5. What percentage of treating physicians in your hospital:

	No Response	0%	1-24%	25-49%	50-74%	75-100%
1. Routinely order medications electronically?	☐	☒	☐	☐	☐	☐
2. Routinely order laboratory or other tests electronically?	☐	☒	☐	☐	☐	☐

Comments

Please enter any additional comments or explanations of your data below:

Sched D,D2.B. Cardiac Cath: Revised 05 total for diag caths is 2023 (967IP, 1056OP). Sched H,H3: 5FT, 10PT hospitalists serve both Roper&Bon Secours-St. Francis Hospitals. Sched K,K1&2, 58 Employed, 1 outsourced IT staff serve both Roper&Bon Secours-St.Fra

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JOINT ANNUAL REPORT OF HOSPITALS

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Cantwell Shannon

From: Wilson Donna J
Sent: Tuesday, April 15, 2008 3:55 PM
To: Cantwell Shannon
Subject: FW: Joint Annual Report of Hospitals (JARS) 2007, Roper Hospital

From: Wilson Donna J
Sent: Sunday, April 06, 2008 10:30 AM
To: Wilson Donna J
Subject: Joint Annual Report of Hospitals (JARS) 2007, Roper Hospital

2007**Joint Annual Report of Hospitals**

S.C. Department of Health & Environmental Control
S.C. Office of Research & Statistics
American Hospital Association

Date: 04/06/2008 **Hospital:** ROPER HOSPITAL, INC. [Instructions/Definitions](#) [Printable Version](#) [Log Out](#)

This report is designed to be printed using the Portrait orientation with all print margins set to 0.25 inches.

Please check your Page Setup before printing.

SCHEDULE A: Identification

Hospital Name: 590 - ROPER HOSPITAL, INC.

Name of Operating Authority: Roper Hospital, Inc.

Building Ownership: Roper Hospital, Inc.

Name of Person Completing Form: Donna Wilson

Email Address of Person Completing Form: donna.wilsonj@rsfh.com

Phone: 843-789-1706

Chief Administrative Officer: Matt Severance

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JOINT ANNUAL REPORT OF HOSPITALS

SCHEDULE B: Classification**B1. Control**

Indicate the type of organization responsible for establishing policy concerning overall operation of the hospital.
Check only one box.

Government, Non-Federal	Non-Government, Not for Profit	Investor Owned, For Profit	Federal Government
☐ No Response			
☐ State	☐ Church-Operated	☐ Individual	☐ Air Force
☐ County	☐ Other	☐ Partnership	☐ Army
☐ City, County		☐ Corporation	☐ Navy
☐ Hospital District or Authority		☐ Limited Liability Corp.	☐ Veterans Administration

B2. Service

Indicate the one category that best describes the type of service your hospital provides to the majority of admissions. Check only one box.

- ☐ No Response
☒ General Medical and Surgical
☐ Hospital Unit of an Institution (e.g. Prison Hospital, College Infirmary)
☐ Hospital Unit in an Institution for the Mentally Retarded
☐ Surgical
☐ Psychiatric
☐ Obstetrics and Gynecology
☐ Tuberculosis and Other Respiratory Diseases
☐ Long Term Acute Care Hospital
☐ Ear, Eye, Nose and Throat
☐ Rehabilitation
☐ Orthopedic
☐ Chronic Disease
☐ Institution for Mentally Retarded
☐ Alcoholism and Other Chemical Dependency
☐ Other (Specify Treatment Area):

B3. Does the hospital itself operate subsidiary corporations?

☒ Yes ☐ No ☐ No Response

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B4. Is the hospital contract managed?☐ Yes ☒ No ☐ No Response

If YES, please provide the name, city and state for the organization that manages the hospital.

Name:

City:

State:

B5. Is your hospital a participant in a network?☒ Yes ☐ No ☐ No Response

If YES, please provide the name, address, and telephone for the network.

Name:

CareAlliance Health Services

Address:

125 Doughty St., Ste 760

City:

Charleston

State:

SC

Zip:

29403

Phone:

843-724-2910

B6. Does your hospital have a web site?☒ Yes ☐ No ☐ No ResponseIf YES, please provide the address: <http://www.ropersaintfrancis.com>**B7. Is your hospital owned in whole or in part by physicians or a physician group?**☐ Yes ☒ No ☐ No Response

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B8. If you checked Long Term Acute Care hospital (LTCH) in Section B2 (Service), please indicate if you are a freestanding LTCH or a LTCH collocated within a general acute care hospital?

☐ Free standing LTCH ☐ LTCH collocated in a general acute care ☒ No Response

If you are collocated in a general acute care hospital, please provide the name, city, and state of your host hospital.

Name:

City:

State:

B9. NATIONAL PROVIDER IDENTIFIER (NPI)

a. Does your hospital have its new National Provider Identifier (NPI) from the National Plan and Provider Enumeration System?

☒ Yes ☐ No ☐ No Response If yes, please report the ten-digit NPI: 1962472860

b. Does your hospital also have a Subpart NPI?

☒ Yes ☐ No ☐ No Response

If YES, please report the Subpart NPI and provide the relevant taxonomy code to indicate the type of service provided. If you have multiple Subpart NPIs, please report them all.

Subpart NPI 1: 127550379

Taxonomy Code: 04

Subpart NPI 2: 161994714

Taxonomy Code: 10

Subpart NPI 3:

Taxonomy Code:

000423

SCHEDULE C: Reporting Period

C1. Indicate reporting period used:

Begin Date (MMDDYY): 01/01/07 End Date (MMDDYY): 12/31/07 Number of Days: 365

C2. In operation 12 full months at the end of reporting period?

☒ Yes ☐ No ☐ No Response Number of days open: 365

C3. Indicate the beginning of your current fiscal year:

Fiscal Year Begin Date (MMDDYY): 01/01/08

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SCHEDULE D: Facilities and Services**D1. GENERAL MEDICAL, SURGICAL, AND ANCILLARY SERVICES**

Your responses from 2006 (if 2007 not entered) or 2007 (if entered) are checked below. Please review the list of services carefully, as new categories have been added this year.

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
1. General medical-surgical care	Yes			Yes
2. Pediatric medical-surgical care				Yes
3. Obstetrics: Level of Unit - 2	Yes			Yes
4. Medical surgical intensive care	Yes			Yes
5. Cardiac intensive care	Yes			
6. Neonatal intensive care				
7. Neonatal intermediate care	Yes			Yes
8. Pediatric intensive care				
9. Burn care				
10. Other special care	Yes			Yes
11. Other intensive care	Yes			
12. Physical Rehabilitation	Yes			
13. Alcoholism-drug abuse or dependency care				

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Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided b my Health System (in my local community) (4)
14. Psychiatric care				
15. Skilled nursing care				
16. Intermediate nursing care				
17. Acute long-term care				
18. Other long-term care				
19. Other care Specify: # of beds:				
20. Adult day care program				
21. Airborne infection isolation room # of rooms: 16	Yes			Yes
22. Alcoholism-drug abuse or dependency outpatient services				
23. Alzheimer Center				
24. Ambulance services	Yes			Yes
25. Ambulatory surgery center	Yes			Yes
26. Arthritis treatment center				
27. Assisted living				
28. Auxiliary	Yes			
29. Bariatric/weight control services				

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Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
30. Birthing room - LDR room - LDRP room	Yes			Yes
31. Blood Donor Center				Yes
32. Breast cancer screening/mammograms	Yes			Yes
33. Cardiology services				Yes
a. Adult diagnostic/invasive catheterization	Yes			Yes
b. Pediatric diagnostic/invasive catheterization				
c. Adult interventional cardiac catheterization	Yes			
d. Pediatric interventional cardiac catheterization				
e. Adult cardiac surgery	Yes			
f. Pediatric cardiac surgery				Yes
g. Cardiac Rehabilitation	Yes			Yes
34. Case management	Yes			Yes
35. Chaplaincy/pastoral care services	Yes			Yes
36. Chemotherapy	Yes			
37. Children wellness program				
38. Chiropractic services				

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Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
39. Community outreach	Yes			Yes
40. Complementary medicine services				
41. Computer assisted orthopedic surgery (CAOS)				
42. Crisis prevention				
43. Dental services				
44. Emergency services				
a. Emergency department	Yes			Yes
b. Freestanding/Satellite Emergency Department	Yes			
c. If you checked column 1 (44b), is the department open 24 hours a day, 7 days a week?		Yes ☒	No ☐	No Response ☐
d. Trauma center (certified) Level of unit (1-3): 3	Yes			Yes
45. Enabling services				
46. End of life service				
a. Hospice program		Yes		
b. Pain management program				Yes
c. Palliative care program	Yes			Yes
d. Inpatient palliative care unit *NEW*				

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Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
47. Endoscopic Services *NEW*				Yes
a. Endoscopic ultrasound *NEW*				Yes
b. Ablation of Barret's esophagus *NEW*				Yes
c. Esophageal impedance study *NEW*				Yes
d. Endoscopic retrograde cholangiopancreatography (ERCP) *NEW*	Yes			Yes
48. Enrollment assistance services	Yes			Yes
49. Extracorporeal shock wave lithotripter (ESWL)	Yes			Yes
50. Fitness center				
51. Freestanding outpatient care center	Yes			
52. Geriatric services	Yes			
53. Health fair	Yes			Yes
54. Health information center	Yes			Yes
55. Health screenings	Yes			Yes
56. Health Research	Yes			
57. Hemodialysis	Yes			Yes
58. HIV-AIDS services	Yes			
59. Home health services	Yes			

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Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided b my Health System (in my local community) (4)
60. Hospital-based outpatient care center-services	Yes			Yes
61. Immunization program				
62. Indigent care clinic			Yes	
63. Linguistic/translation services	Yes			Yes
64. Meals on wheels	Yes			
65. Mobile Health Services				
66. Neurological services	Yes			Yes
67. Nutrition programs	Yes			Yes
68. Occupational health services	Yes			Yes
69. Oncology services	Yes			Yes
70. Orthopedic services	Yes			Yes

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HOSPITAL ANNUAL REPORT OF HOSPITALS

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
71. Outpatient surgery	Yes			Yes
72. Patient Controlled Analgesia (PCA)	Yes			Yes
73. Patient education center	Yes			Yes
74. Patient representative services	Yes			Yes
75. Physical rehabilitation outpatient services	Yes			Yes
76. Primary care department				
77. Psychiatric services				
a. Psychiatric child-adolescent services				
b. Psychiatric consultation-liaison services	Yes			Yes
c. Psychiatric education services				
d. Psychiatric emergency services				
e. Psychiatric geriatric services				
f. Psychiatric outpatient services				
g. Psychiatric partial hospitalization program				

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Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided b my Health System (in my local community (4)
78. Radiology, therapeutic	Yes			Yes
a. Image-guided radiation therapy (IGRT)	Yes			
b. Intensity-Modulated Radiation Therapy (IMRT)	Yes			
c. Shaped Beam Radiation System	Yes			
79. Radiology, diagnostic				
a. CT Scanner	Yes			Yes
b. Diagnostic radioisotope facility	Yes			Yes
c. Electron Beam Computed Tomography (EBCT)				
d. Full-field digital mammography (FFDM)	Yes			Yes
e. Magnetic resonance imaging (MRI)	Yes			Yes
f. Intraoperative magnetic resonance imaging				
g. multi-slice spiral computed tomography (<64+ slice CT)	Yes			Yes
h. multi-slice spiral computed tomography (64+ slice CT)				
j. Positron emission tomography (PET)				
j. Positron emission tomography/CT (PET/CT)	Yes			

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JOINT ANNUAL REPORT OF HOSPITALS

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
k. Single photon emission computerized tomography (SPECT)	Yes			Yes
l. Ultrasound	Yes			Yes
80. Reproductive health				
a. Fertility Clinic				
b. Genetic testing/counseling	Yes			
81. Retirement housing				
82. Robotic surgery	Yes			
83. Sleep Center	Yes			
84. Social work services	Yes			Yes
85. Sports medicine	Yes			Yes
86. Support groups	Yes			Yes
87. Swing bed services				
88. Teen outreach services				
89. Tobacco Treatment/Cessation program	Yes			

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Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
90. Transplant services				
a. Bone marrow transplant services	Yes			
b. Heart				
c. Kidney				
d. Liver				
e. Lung				
f. Tissue				
g. Other				
91. Transportation to health services	Yes			
92. Urgent care center	Yes			
93. Virtual colonoscopy				Yes
94. Volunteer services department	Yes			Yes
95. Women's health center/services	Yes			Yes
96. Wound Management Services	Yes			Yes

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D2. Selected Service Utilization

(For the Reporting Period)

A. Heart Surgery

Heart Surgeries should be identified by the following ICD-9-CM procedure codes: 35.10-35.14, 35.20-35.28, 35.31-35.35, 35.39, 35.41-35.42, 35.50-35.51, 35.53-35.54, 35.60-35.63, 35.70-35.73, 35.81-35.84, 35.91-35.95, 35.98-35.99, 36.03, 36.09, 36.10-36.16, 36.19, 36.2, 36.91, 36.99, 37.10-37.11, 37.32-37.33.

	Reported 2006	2007
1. Adult Open-Heart Surgical Operations	451	427
2. Pediatric Open-Heart Surgical Operations	0	0
3. Number of Heart Surgery Suites	2	2

Note: Report the number of patients having open heart surgery regardless of the number of procedures performed during that visit.

B. Cardiac Catheterizations

Only the ICD-9-CM codes listed below should be counted. All other procedures performed in the cardiac cath lab should be reported under "All Other, Total." Please report the number of patients having cardiac catheterization procedures, regardless of the number of procedures performed during that visit to the cath lab. If a patient has a diagnostic cath followed by a therapeutic cath within the same lab visit, please only report it as a single therapeutic cath on the JAR.

The codes for Diagnostic Catheterizations are:

- 37.21 Right Heart Cardiac Catheterization
- 37.22 Left Heart Cardiac Catheterization
- 37.23 Combined Right and Left Heart Cardiac Catheterization

The following ICD-9-CM codes refer to Therapeutic Catheterizations:

- 00.66 Percutaneous Transluminal Coronary Angioplasty (PTCA) or Coronary Atherectomy
- 35.52 Repair of Atrial Septal Defect with Prothesis, Closed Technique
- 35.96 Percutaneous Valvuloplasty
- 36.06 Insertion of Coronary Artery Stent(s)
- 36.07 Insertion of Drug Eluting Coronary Artery Stent(s)
- 36.09 Other Removal of Coronary Artery Obstruction?
- 37.34 Excision or Destruction of Other Lesion or Tissue of Heart, Other Approach

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of Mobile Labs: 0 # of Fixed Labs: 3

Patients	Adult		Pediatric	
	2006 Reported	2007	2006 Reported	2007
Diagnostic, Total	2055	1898	0	0
Inpatient	985	985	0	0
Outpatient	1070	913	0	0
Therapeutic, Total	736	942	0	0
Inpatient	622	709	0	0
Outpatient	114	233	0	0
All Other, Total	335	362	0	0
Inpatient	189	184	0	0
Outpatient	146	178	0	0

Note: Report the number of patients having cardiac catheterization regardless of the number of procedures performed during that visit.

C. Magnetic Resonance Imaging

of Mobile Unit: 1 # of Fixed Units: 2

	# of Procedures 2006	# of Procedures 2007
Inpatient	1816	1860
Outpatient	4630	4320
Total	6446	6180

D. PET Scanner (Include PET CT)

of Mobile Unit: 0 # of Fixed Units: 1

	# of Procedures 2006	# of Procedures 2007
Inpatient	0	0
Outpatient	823	1017
Total	823	1017

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E. Megavoltage Radiation Therapy**Final CPT Codes for Radiation Treatment Delivery [Joint Annual Report]**

- 77401 Radiation treatment delivery, superficial and/or ortho voltage
- 77402 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks, up to 5 MeV
- 77403 6-10 MeV
- 77404 11-19 MeV
- 77406 20+ MeV
- 77407 Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks, up to 5 MeV
- 77408 6-10 MeV
- 77409 11-19 MeV
- 77411 20+ MeV
- 77412 Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (e.g., electron or neutrons), up to 5 MeV
- 77413 6-10 MeV
- 77414 11-19 MeV
- 77416 20+ MeV
- 77418 Intensity modulated treatment delivery (IMRT), single or multiple fields/arcs, via narrow spatially and temporally modulated beams (e.g., binary, dynamic MLC), per treatment session.
- 77470 Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)
- G0339 Single fractionation treatment
- G0340 Multiple treatment sessions

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Megavoltage	Number of Machines	Number of unduplicated patients for the reporting period	Number of Treatments
1. Linear Accelerator			
2006	2	587	12368
2007	2	589	12877
2. Gamma Knife			
2006	0	0	0
2007	0	0	0

*Note: Under Number of Treatments, record the number of patient visits. This is NOT ports.

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F. Surgical Department

- Count each patient undergoing surgery as one surgical operation, regardless of the number of surgical procedures that were performed while the patient was in the operating room or procedure room.
- For outpatient surgical operations, record operations performed on patients who do not remain in the hospital overnight.
- Include all operations, whether performed in the inpatient operating rooms or in procedure rooms located in the outpatient facility.
- Exclude vaginal deliveries; include Caesarean Sections.
- Count other special rooms (e.g. laser surgery) on the OTHER line.

Number of Operating/Special Purpose Rooms and Number of Operations

(Please include open heart surgeries and Caesarean sections. Exclude licensed free-standing ambulatory surgeries and lithotripters.)

Type of Room	Number of Rooms		Inpatient Operations		Outpatient Operations		2007 Total
	2006	2007	2006	2007	2006	2007	
Operating	16	17	5487	5709	5591	6062	11771
Cystoscopy	1	1	0	0	917	547	547
Endoscopy	5	5	1175	1293	1521	1274	2567
Other	4	3	325	336	19	0	336
TOTAL	26	26	6987	7338	8048	7883	15221

How many days per week may elective surgery be scheduled? 6 days

SCHEDULE E: Licensed Beds

Licensed Bed Capacity on last day of reporting period: 453 beds

000439

SCHEDULE F: Utilization**F1. Inpatient - Adult and Pediatric (Exclude Newborn)****A. Patient Census Records**

- Provide either admissions or discharges by service, if available. However, both TOTAL admissions and TOTAL discharges are needed.
- List beds for a particular service area only if a unit is specifically designated for the service area.
- If beds are not assigned to separate services, indicate by recording all beds under UNASSIGNED.
- The total number of beds set up and staffed for use on last day of reporting period should be recorded in TOTAL. Please account for all the inpatient beds set up and staffed on last day of reporting period.
- **DO NOT** include swing beds or Medicaid administrative days program or observation patients not admitted as inpatients.
- Include patient days in observation for patients admitted as inpatients following observation status.
- **Do not count beds more than once.**

Service Area	Beds Set Up and Staffed		Admissions (Exclude Births)		Discharges: Include Deaths (Exclude Newborns)		Total Patient Day Care (Exclude Newborn)	
	2006	2007	2006	2007	2006	2007	2006	2007
Acute and Subacute Care								
Adult Medical/Surgical	237	244	13055	13870	14075	14473	74853	73632
Obstetrical Level of Unit: 2	16	16	1099	1386	1092	1401	2364	3050
Pediatric Medical/Surgical	0	0	0	0	0	0	0	0
Psychiatric - Total	0	0	0	0	0	0	0	0
Age 0 to 64	0	0	0	0	0	0	0	0
Age 65 and Older	0	0	0	0	0	0	0	0

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Service Area	Beds Set Up and Staffed		Admissions (Exclude Births)		Discharges: Include Deaths (Exclude Newborns)		Total Patient Day Care (Exclude Newborn)	
	2006	2007	2006	2007	2006	2007	2006	2007
Rehabilitation - Total	39	39	964	834	955	841	11803	11464
Age 0 to 64	0	0	0	0	0	0	0	0
Age 65 and Older	0	0	0	0	0	0	0	0
Alcohol/Chemical Dependency (Detoxification)	0	0	0	0	0	0	0	0
Age 0 to 64	0	0	0	0	0	0	0	0
Age 65 and Older	0	0	0	0	0	0	0	0
Alcohol/Chemical Dependency (Inpatient)	0	0	0	0	0	0	0	0
Age 0 to 64	0	0	0	0	0	0	0	0
Age 65 and Older	0	0	0	0	0	0	0	0
Other Please Specify:	0	0	0	0	0	0	0	0
Unassigned	0	0	0	0	0	0	0	0
Intensive Care								
Medical/Surgical (ICU)	18	18	571	399	207	219	5446	4979
Cardiac (CCU)	20	20	801	616	175	166	4913	4769
Pediatric	0	0	0	0	0	0	0	0
Other Please Specify:	0	0	0	0	0	0	0	0

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Service Area	Beds Set Up and Staffed		Admissions (Exclude Births)		Discharges: Include Deaths (Exclude Newborns)		Total Patient Day Care (Exclude Newborn)	
	2006	2007	2006	2007	2006	2007	2006	2007
Grand Total (Acute and Intensive Care)	330	337	16490	17105	16504	17100	99379	97894
Age 0 to 64	0	0	0	0	8173	8757	41690	43223
Age 65 and Older	0	0	0	0	8331	8343	57689	54671

2006

2007

B. Total Discharge Days of Care
(exclude newborns; include neonatal, swing-bed patients, and deaths)

99619

98465

C. Number of Patients in Hospital on last day of reporting period

240

245

D. Medicare/Medicaid/MIAP Utilization

- Required by March 1, 2008 by S.C. Medically Indigent Assistance Act.
- Exclude newborns, swing beds, Medicaid admin. days and observation patients.

1. Total Medicare Inpatient Discharges - Title XVIII

9460

9304

2. Total Medicare Inpatient Days

66609

62991

3. Total Medicaid Inpatient Discharges - Title XIX

1295

1339

4. Total Medicaid Inpatient Days

6105

6897

5. Total S.C. MIAP Inpatient Discharges (Medically Indigent Assistance Program)

93

112

6. Total S.C. MIAP Inpatient Days

516

956

000442

000000

RECORD 005821

JOINT ANNUAL REPORT OF HOSPITALS

F2. Nursing Home Care

	Beds Set Up (last day of reporting period)	Licensed Beds	Admissions	Patient Day
A. Hospital Based Unit	0	0	0	0
B. Free-Standing on Hospital Campus	0	0	0	0
C. Free-Standing off Campus	0	0		0

F3. Residential Treatment Center For Children And Adolescents

	Beds Set Up (last day of reporting period)	Licensed Beds	Admissions	Patient Day
Residential Treatment Center for Children and Adolescents	0	0	0	0

F4. For Hospitals With Approved Swing Beds

A. Number of Acute Care Beds Designated as Swing Beds: 0 beds

B. Utilization (Medicare and Non-Medicare) During Reporting Period of Swing Beds for Provision of Acute and Subacute Care

	MEDICAID		MEDICARE		OTHER	
	Admissions	Pat/Days	Admissions	Pat/Days	Admissions	Pat/Days
Total Swing Beds	0	0	0	0	0	0

F5. Medicaid Administrative Days Program

Admissions: 0 Patient Days: 0

F6. Observation Patients

Patients: 641

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F7. Obstetrics Unit

(for the reporting period)

Note: Please check that the obstetrics level is completed in Section F1, Part A.

	2006 Reported	2007
A. Labor and Delivery as of the last day of the reporting period		
1. Number of Labor Rooms	0	0
2. Number of Delivery Rooms	0	0
3. Number of LDR Rooms	0	0
4. Number of LDRP Rooms	8	8
B. Newborn Nursery (Well Baby)		
1. Number of Bassinets (on last day of reporting period)	26	21
2. Number of Newborn Patient Days	1461	1781
C. Birth and Death Records		
1. Number of Infants Born Alive	670	962
2. Number of Deaths of Infants Born Alive	0	0
3. Number of Fetal Deaths (Still-born)	3	11

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D. Neonatal Special Care Bassinets

(A special unit for care of infants who are less than 28 days old at the time of admission to the unit. The unit is equipped with monitoring and life-saving systems and staffed with personnel specifically qualified, by training or experience, in providing neonatal care.)

	Bassinets Set Up	Bed Days Available	Admissions	Discharges	Patient Day
Intensive Care					
2006 Reported	0	0	0	0	0
2007	0	0	0	0	0
Intermediate Care					
2006 Reported	5	1825	47	47	310
2007	5	1825	91	90	571
Continuing Care Care					
2006 Reported	0	0	0	0	0
2007	0	0	0	0	0
			2006 Reported	2007	
Total Neonatal Special Care Patient Days			310	571	

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SCHEDULE G: Outpatient Utilization

- **Outpatient Visit:** A visit to each organized outpatient care program or the emergency service area by a person who is not lodged in the hospital overnight while receiving medical or dental services.
- Include in the visit count each appearance of an outpatient in each organized outpatient program or emergency service area.
 - **DO NOT** include the number of diagnostic and/or therapeutic treatments the patient received in the ancillary departments.
 - (1) **Emergency Visits** should reflect total number of patients seen in an emergency or trauma unit.
 - (2) **Clinic Visits** should reflect total number of non-emergency outpatients with pre-arranged appointments in an organized outpatient care program.
 - (3) **Other Visits** should reflect any other non-emergency visit. **DO NOT** include occasions of service. For example, one 'other' visit would be an outpatient receiving a blood test and an x-ray during a single appearance in the ancillary service area.

G1. Are your emergency services staffed by a physician present 24 hours a day?

Yes ☒ No ☐ No Response ☐

G2. Indicate emergency department category (JCAHO level):

JCAHO Level: 2

G3. Indicate level of unit # for certified trauma department:

Level: 3

Source of designation (check all that apply):

- ☐ American College of Surgeons
- ☒ State/Local Government
- ☐ Self Designation

000446

G4.

	Emergency or Trauma Department (exclude outpatient visits reported in Schedule D) (1)		Organized Outpatient Clinic (2)	Other Ancillary Services (exclude outpatient surgery reported in Schedule D) (3)
	2006 reported	2007		
A. Visits (Total sum of 1, 2)*	68556	70464	5310	186106
1. Non-Emergency Visits	23419	23347		
2. True Emergency Visits	45137	47117		
B. Visits Resulting in Admission to Hospital	6329	6496		

G5. In terms of location, your ambulatory care programs are:

☒ Within the hospital

- ☒ Within the hospital
☐ On hospital campus in a freestanding center
☒ Freestanding off campus
☐ No ambulatory care

☐ No ambulatory care

G6. In terms of ownership, your ambulatory care programs are:

☒ Part of a division of your hospital

- ☒ Offered through a subsidiary of the hospital
- ☐ Primarily through a division of the hospital with some special services (e.g. rehabilitation) through a separate subsidiary

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SCHEDULE H: Hospital Employees as of the last day of the reporting period**H1. Hospital Employees:**

- Information is requested on the total number of employees of the hospital and select types of personnel and status of employment, as of the last day of the reporting period.
- Numbers reported here for full and part-time, and budgeted vacancies, should be consistent with payroll expenses reported on the Financial Data Report.
- Include members of religious orders for whom dollar equivalents will be reported.
- People who work in more than one area should be included only in the category of their primary responsibility and should be counted only once.
- **Do not include nursing home staff on this page.**
- If there are staff positions that are shared between the hospital and nursing home, please record these staff as part-time employees.
- Where one or more physicians maintain offices for private practice in the hospital building, do not include personnel employed for assistance with the private office practice.

	Full-Time		Part-Time		Budgeted Vacancies		Consultant / Contractual	
	2006	2007	2006	2007	2006	2007	2006	2007
Administrative Occupations								
Hospital Administrator	1	1	0	0	0	0	0	0
Assistant Hospital Administrator	0	0	0	0	0	0	0	0
Physicians and Dentists								
Physicians	2	5	0	0	0	1	0	0
Medical Interns and Residents	0	0	0	0	0	0	0	0
Dentists	0	0	0	0	0	0	0	0
Dental Interns and Residents	0	0	0	0	0	0	0	0

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	Full-Time		Part-Time		Budgeted Vacancies		Consultant / Contractual	
	2006	2007	2006	2007	2006	2007	2006	2007
Nursing Care								
Registered Nurses (excluding next four categories)	633	529	230	371	50	73	39	6
Nurse Clinicians	10	9	0	2	0	0	0	0
Nurse Anesthetists	0	0	0	0	0	0	0	0
Nurse Midwives	0	0	0	0	0	0	0	0
Other Nurse Practitioners	2	6	2	2	0	2	0	0
Licensed Practical/Vocational Nurses	54	30	13	25	1	1	0	0
Nursing Aides, Orderlies, Attendants	203	174	67	96	14	13	0	0
Psychiatric Aides	0	0	0	0	0	0	0	0
Ward Clerks	60	51	13	22	4	6	0	0
Radiology technicians	88	87	22	36	9	10	0	0
Laboratory technicians	103	81	32	57	3	3	0	0
Pharmacists, licensed	26	25	4	7	1	0	0	0
Pharmacy technicians	25	22	6	12	0	1	0	0
Respiratory therapists		28		14		0		0
NEW								

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JOINT ANNUAL REPORT OF HOSPITALS

	Full-Time		Part-Time		Budgeted Vacancies		Consultant / Contractual	
	2006	2007	2006	2007	2006	2007	2006	2007
All Other Health Professionals and Technical Personnel	205	158	64	75	14	29	0	0
All Other Non-Health Professionals and Non-Technical Personnel	482	484	135	105	27	31	0	0
Total Hospital Personnel	1894	1690	588	824	123	170	39	6

H2. Do hospitalists provide care for patients in your hospital?Yes ☒ No ☐ No Response ☐**H3. If yes, please report the number of full-time and part-time hospitalists:**

Full-Time: 3 Part-Time: 0

H4. If yes, please select the category below that best describes the employment model for your hospitalists:

- ☒ No Response
☐ Independent Provider Group
☐ Employed by a Physician Group
☒ Employed by Your Hospital
☐ Employed by a University or School Program
☐ Other

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JOINT ANNUAL REPORT OF HOSPITALS

H5. INTENSIVISTS

a. Do intensivists provide care for patients in your hospital? (If no, please skip to H6)

Yes ☒ No ☐ No Response ☒

b. If yes, please report the total of full-time, part-time and FTE intensivists and assign them to the following areas:

Area	Full-Time	Part-Time	FTE
Medical-surgical intensive care			
Cardiac intensive care			
Neonatal intensive care			
Pediatric intensive care			
Other intensive care			
Total			

H6. FOREIGN EDUCATED NURSES

a. Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2007 vs. 2006?

More ☐ Less ☐ Same ☐ Did not hire foreign nurses ☒

b. From which countries/continents are you recruiting foreign-educated nurses? (CHECK ALL THAT APPLY)

Africa ☐ Korea ☐ Canada ☐ Phillipines ☐ China ☐ India ☐ Other ☐

000451

JOINT ANNUAL REPORT OF HOSPITALS

SCHEDULE I: Physician Arrangements

11. Does your hospital have a contractual arrangement with a physician who serves in a paid capacity (Medical Director or V.P. for Medical Affairs) as a liaison between hospital management and the medical staff?

Yes ☒ No ☐ No Response ☐

12. Does your hospital offer core clerkship or elective undergraduate medical education programs?

Yes ☐ No ☒ No Response ☐

13. Which of the following physician arrangements does your hospital or system/network participate in?

Network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together in a joint agreement to coordinate and deliver a broad spectrum of services to their community. Please refer to the network identified in Schedule B, Question 5.

Health System is a corporate body that owns and/or manages health provider facilities or health related subsidiaries; the system may also own non health-related facilities. It owns or manages health provider facilities that are participants.

For hospital level physician arrangements that are reported in the "In Hospital" column, please report the number of physicians involved.

	In Hospital	Number of Physicians	Network	Health System
A. Independent Practice Association	☐		☐	☐
B. Group Practice Without Walls	☐		☐	☐
C. Open Physician-Hospital Organization (PHO)	☐		☐	☐

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JOINT ANNUAL REPORT OF HOSPITALS

	In Hospital	Number of Physicians	Network	Health System
D. Closed Physician-Hospital Organization (PHO)	☐		☐	☐
E. Management Service Organization (MSO)	☐		☐	☐
F. Integrated Salary Model	☒	37	☐	☒
G. Equity Model	☐		☐	☐
H. Foundation	☐		☐	☐

14. JOINT VENTURES

a. Does your hospital participate in any joint venture arrangements with physicians or physician groups?
 Yes ☒ No ☐ No Response ☐

b. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures

(check all that apply)

- ☐ a. Limited Service Hospital
☒ b. Ambulatory Surgical Centers
☐ c. Imaging Centers
☐ d. Other

c. If you selected "a Limited Service Hospital", please tell us what type(s) of services are provided:

- ☐ Cardiac
☐ Orthopedic
☐ Surgical
☐ Other

15. Does your hospital participate in joint venture arrangements with organizations other than physician groups?

Yes ☐ No ☒ No Response ☐

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JOINT ANNUAL REPORT OF HOSPITALS

SCHEDULE J: Community Orientation**J1. Does your hospital, health system or health network have an equity interest in any of the following insurance products?**

(Check all that apply). **Contractual relationships with HMOs and PPOs should not be reported here but in question 94.

Network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together in a joint agreement to coordinate and deliver a broad spectrum of services to their community. Please refer to the network identified in Schedule B, Question 5.

Health System is a corporate body that owns and/or manages health provider facilities or health related subsidiaries; the system may also own non health-related facilities. It owns or manages health provider facilities that are participants.

Check all that apply:	In Hospital	Health System	Network	Joint Venture with Insurer
A. Health Maintenance Organization	☐	☐	☐	☐
B. Preferred Provider Organization	☐	☐	☐	☐
C. Indemnity Fee for Service Plan	☐	☐	☐	☐

J2. Does your hospital have a formal written contract that specifies the obligations of each party with:

Health Maintenance Organization (HMO) Yes ☒ No ☐ No Response ☐
 How many contracts? 5
 Preferred Provider Organization (PPO) Yes ☒ No ☐ No Response ☐
 How many contracts? 15

J3. What percentage of the hospital's net patient revenue is paid on a capitated basis?

(If the hospital does not participate in capitated arrangements, please enter "0") 0 %

J4. What percentage of the hospital's net revenue is paid on a shared risk basis?

0 %

000454

JOINT ANNUAL REPORT OF HOSPITALS

J5. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined or shared risk basis?

Yes ☐ No ☒ No Response ☐

J6. If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated payment, how many lives are covered?

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HOSPITAL ANNUAL REPORT OF HOSPITALS

J7. Community Benefit

- Does your hospital's mission statement include a focus on community benefit? Yes ☒ No ☐
No Response ☐
2. Does your hospital have a long-term plan for improving health in the community? Yes ☒ No ☐
No Response ☐
3. Does your hospital have a specific budget for its community benefit activities? Yes ☒ No ☐
No Response ☐
4. Does your hospital have dedicated staff to manage community benefit activities? Yes ☒ No ☐
No Response ☐
5. Does your hospital provide support for community building activities (e.g. economic development, housing, environmental improvements, coalition building)? Yes ☐ No ☒
No Response ☐
6. Does your hospital make financial contributions (grants, donations, scholarships), provide in-kind support or participate in fundraising for community programs not directly affiliated with the hospital? Yes ☒ No ☐
No Response ☐
7. Does your hospital partner with your local school system to offer health and wellness programs to help your community? Yes ☐ No ☒
No Response ☐
8. Does your hospital work with other providers, public agencies or community representatives to conduct a health status assessment in the community? Yes ☒ No ☐
No Response ☐
9. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing services? Yes ☒ No ☐
No Response ☐
- 10a. Does your hospital work with local providers, public agencies, or community representatives to develop a written assessment of the appropriate capacity for health services in the community? Yes ☒ No ☐
No Response ☐
- 10b. If yes, have you used the assessment to identify unmet health needs, excess capacity, or duplicate services in the community? Yes ☒ No ☐
No Response ☐
11. Does your hospital work with other providers to collect, track and communicate clinical and health information across cooperating organizations? Yes ☐ No ☒
No Response ☐
12. Does your hospital either by itself or in conjunction with others, disseminate reports to the community on the quality and cost of health care? Yes ☒ No ☐
No Response ☐
13. Does your hospital self-assess against Balrige like criteria for sustained continuous improvement? Yes ☒ No ☐
No Response ☐

000456

JOINT ANNUAL REPORT OF HOSPITALS

J8. Diversity, Language and Leaders *NEW*

1. Does your hospital gather information on a patient's race/ethnicity at any point during their stay? Yes ☒ No ☐ No Response ☐
2. Does your hospital gather information on a patient's language at any point during their stay? Yes ☒ No ☐ No Response ☐
3. Does your hospital or health system currently have or plan to develop, execute or evaluate a leadership development program? Yes ☒ No ☐ No Response ☐
4. Does your hospital or health system currently have or plan to develop, implement or evaluate a diversity strategy or plan? Yes ☒ No ☐ No Response ☐
5. Does your hospital or health system engage in leadership succession planning? Yes ☐ No ☐ No Response ☒
6. Does your hospital or health system currently provide career development resources to administrators? Yes ☒ No ☐ No Response ☐

J9. Other

Does your hospital provide services through a satellite facility? Yes ☒ No ☐ No Response ☐

000457

JOINT ANNUAL REPORT OF HOSPITALS

SCHEDULE K: Information Technology**K1. Number of employed IT staff**

47 (in FTEs)

K2. Number of outsourced IT staff

0 (in FTEs)

K3. Does your hospital have an electronic health record?

- ☐ Yes, fully implemented
 ☒ Yes, partially implemented
☐ No (if no, please skip Question K4)
 ☐ No Response

K4. Does your electronic health record include:

	Yes, fully implemented	Yes, partially implemented	No	No Response
1. Patient-level health information and data (such as medications, orders, and clinical notes)?	☐	☒	☐	☐
2. Results management (such as results from laboratory tests, radiology studies, and other tests)?	☐	☒	☐	☐
3. Order entry management (such as orders for laboratory tests, radiology studies, and other tests)?	☐	☒	☐	☐
4. Decision support (such as knowledge sources, drug alerts, reminders, and clinical guidelines and pathways)?	☐	☒	☐	☐

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JOINT ANNUAL REPORT OF HOSPITALS

K5. What percentage of treating physicians in your hospital:

	No Response	0%	1-24%	25-49%	50-74%	75-100%
1. Routinely order medications electronically?	☐	☐	☒	☐	☐	☐
2. Routinely order laboratory or other tests electronically?	☐	☒	☐	☐	☐	☐

Comments

Please enter any additional comments or explanations of your data below:

For 2006, we reported 26 well baby bassinets for Roper Hospital. That was an error. We have 26 total bassinets--
21 well baby, and 5 intermediate care. I've corrected in this 2007 survey.

©2007 South Carolina Office of Research and Statistics
E-mail Us

South Carolina Budget and Control Board
Office of Research and Statistics
1919 Blanding Street
Columbia, SC 29201
(803) 898-9940

000459

Attachment 10.

**Financials
Funding Letters**

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RICHARDSON / KNAPP & ASSOCIATES, Inc.

Consultants to the Health Care Industry
1105 Lakewood Parkway, Suite 155
Alpharetta, GA 30009
Tel. (770) 619-9633 Fax (770) 619-9635

December 1, 2008

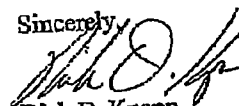
Ms. Beverly Patterson
Director
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Patterson,

I am an accountant and am responsible for the financial portion of the healthcare consulting practice of the firm of Richardson/Knapp & Associates, Inc. I have prepared the attached pro forma for the proposed Roper St. Francis Hospital - Berkeley, and to the best of my knowledge believe it to be an accurate forecast of the proposed hospital.

If you have any questions, please feel free to call me at 843-991-2991. Thank you.

Sincerely,


Rick D. Knapp
Partner

000461

Dec 01 08 02:09p Terry Hoff Construction

RECORD 005840

I. ROPER ST. FRANCIS HOSPITAL - BERKELEY
FORECASTED STATEMENT OF OPERATIONS
FOR THE YEARS ENDING DECEMBER 31,

	<u>2013</u>	<u>2014</u>	<u>2015</u>
PATIENT DAYS - INCREMENTAL	<u>3,194</u>	<u>5,475</u>	<u>6,388</u>
ADJUSTED PATIENT DAYS - INCREMENTAL	<u>6,254</u>	<u>10,721</u>	<u>12,509</u>
REVENUE:			
INPATIENT REVENUE	26,778,724	49,115,987	61,317,923
OUTPATIENT REVENUE	<u>25,657,605</u>	<u>47,059,694</u>	<u>58,750,783</u>
GROSS PATIENT SERVICE REVENUE	52,436,329	96,175,681	120,068,706
CONTRACTUAL ALLOWANCES	33,648,119	62,020,955	77,810,309
PROVISION FOR BAD DEBT	2,276,864	4,176,092	5,213,563
PROVISION FOR CHARITY CARE	<u>1,153,599</u>	<u>2,115,865</u>	<u>2,641,512</u>
TOTAL REVENUE DEDUCTIONS	<u>37,078,582</u>	<u>68,312,912</u>	<u>85,665,384</u>
NET PATIENT SERVICE REVENUE	15,357,747	27,862,769	34,403,322
OTHER OPERATING REVENUE	<u>63,880</u>	<u>112,785</u>	<u>135,541</u>
TOTAL REVENUE	15,421,627	27,975,554	34,538,863
EXPENSES:			
LABOR EXPENSE	9,203,782	11,231,700	13,073,617
PURCHASED SERVICES	1,820,959	1,943,408	2,029,671
SUPPLIES	2,359,509	4,280,260	5,284,446
OTHER EXPENSE	1,941,717	1,999,969	2,059,968
CORPORATE ADMINISTRATION	403,432	415,535	428,001
LEASE EXPENSE			
DEPRECIATION	7,058,000	7,058,000	7,058,000
INTEREST	<u>4,400,000</u>	<u>4,360,000</u>	<u>4,320,000</u>
TOTAL EXPENSES	<u>27,187,398</u>	<u>31,288,871</u>	<u>34,253,703</u>
REVENUE OVER EXPENSES	<u>-11,765,772</u>	<u>-3,313,318</u>	<u>285,160</u>

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FINANCIAL ASSUMPTIONS - INCREMENTAL

I. GENERAL ASSUMPTIONS:

* Patient day projections provided by Richardson/Knapp & Associates. Projected patient days are presented on an incremental basis, in order to generate a pro forma that addresses the financial feasibility of the proposed project. Patient days expected at the proposed hospital venue less days cannibalized from St. Francis Hospital or Roper Hospital (that otherwise would have been captured by St. Francis or Roper but for the proposed project) equals incremental days arising from the proposed project, relative to the project not going forward:

	<u>2013</u>	<u>2014</u>	<u>2015</u>
Projected days at venue	6,388	10,950	12,775
Cannibalized days	<u>3,194</u>	<u>5,475</u>	<u>6,387</u>
Incremental days	3,194	5,475	6,388

* The outpatient layer of gross revenue is expected to be slightly less than the inpatient layer of gross revenue. This relationship gives rise to the following projected adjusted patient days:

	<u>2013</u>	<u>2014</u>	<u>2015</u>
Incremental adjusted days	6,254	10,721	12,509

* The proposed hospital is assumed to have 50 beds: 36 medical/surgical, 6 ICU, and 8 OB. The service offering will be non-tertiary/non-specialty, similar to the service mix at St. Francis Hospital.

* Construction on the facility was assumed to begin November, 2010 and licensure achieved in August, 2012. Therefore, the first three years of operation are assumed to be 2013, 2014, and 2015.

II. FINANCIAL ASSUMPTIONS:

* Inpatient gross revenue was projected on a financial class-specific basis, using St. Francis Hospital's and Roper Hospital's 2008 gross inpatient revenue per patient day (PPD), multiplied by projected financial class-specific patient days, trended forward to the pro forma time frame, assuming a 7 percent annual inflation rate. A further

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adjustment was made to give effect to the fact that the proposed hospital will have a higher percentage of OB beds than either Roper or St. Francis.

* Outpatient gross revenue was projected on a financial class-specific basis, using St. Francis Hospital's and Roper Hospital's 2008 relationship between gross inpatient revenue and gross outpatient revenue, such that overall outpatient gross revenue was slightly less than projected inpatient gross revenue.

* Contractual allowances represent the difference between gross charges and actual expected reimbursement from Medicare, Medicaid, managed care, and other payors. Contractual allowances were forecast on a financial class-specific basis based on current reimbursement profiles at St. Francis Hospital and Roper Hospital, trended forward such that the resulting collection rate decreases slightly over time.

* Bad debts were forecasted based upon St. Francis Hospital's and Roper Hospital's 2008 ratio of approximately 4.3 percent of gross patient service revenue.

* Charity was forecasted based upon St. Francis Hospital's and Roper Hospital's 2008 ratio of 2.2 percent of gross patient service revenue.

* Other operating revenue was projected based on St. Francis Hospital's and Roper Hospital's experience on a PPD basis, trended forward by a 3 percent annual inflation factor.

* Labor expense was forecasted based upon the expected incremental FTEs necessary to service the projected incremental adjusted patient days, including both salaries and wages and fringe benefits. Salaries and wages were inflated at 3% annually. Fringe benefits were forecasted at 24% of gross salaries and wages. FTEs per adjusted average occupied bed were 8.4 for 2013, 5.8 for 2014, and 5.6 for 2015.

* Purchased services include such items as professional fees, medical director fees, maintenance contracts, reference lab, security, and contracted services. The bulk of this category is fixed expense.

* Supplies include such items as drugs, food, chargeable supplies, non-chargeable supplies, and implants. The bulk of this category is variable, which was projected based on the ratio of St. Francis Hospital's 2008 cost to net revenue.

* Other expense includes such items as utilities and travel and education expense, and is virtually all fixed expense. Utilities were projected based upon St. Francis Hospital's 2008 expense, adjusted by the difference between the square footage amounts for St. Francis Hospital and the proposed hospital, trended forward to the pro forma time frame, using a 3% annual inflation rate.

* Corporate Administration expense was projected based on the expected incremental increase in corporate support FTEs arising from the presence of the Berkeley County hospital, relative to the absence of the proposed hospital.

* Depreciation expense was projected based on the proposed project cost, using straight-line depreciation, and the following useful life assumptions: construction - blended 30 years; site work - 20 years; equipment - 7 years. The following table summarizes the sources and uses of funds related to the proposed project:

Sources:

Debt	\$ 88,000,000
Equity	<u>24,978,119</u>
Total Sources	\$112,978,119

Uses:

Construction	\$ 57,876,525
Site Work	6,129,583
Pre-Opening, etc.	1,691,909
Equipment	20,340,131
Furniture	1,956,027
Contingency	7,459,218
Architect/other fees	6,962,226
Land	2,062,500
Bond costs/cap interest	<u>8,500,000</u>
Total Uses	\$112,978,119

* Interest expense was forecasted based upon the proposed bond issue of \$88,000,000 at a 5.0% interest rate, assuming 30-year level debt service.

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IV. ROPER ST. FRANCIS HEALTHCARE
INCLUDING BERKELEY
FORECASTED STATEMENT OF OPERATIONS
FOR THE YEARS ENDING DECEMBER 31,

	<u>2013</u>	<u>2014</u>	<u>2015</u>
REVENUE:			
INPATIENT REVENUE	1,330,774,657	1,470,570,701	1,606,267,517
OUTPATIENT REVENUE	1,387,113,631	1,526,682,215	1,664,222,650
GROSS PATIENT SERVICE REVENUE	2,717,888,288	2,997,252,916	3,270,490,167
CONTRACTUAL ALLOWANCES	1,748,184,637	1,956,747,448	2,165,467,744
PROVISION FOR BAD DEBT	139,662,079	154,526,529	169,435,955
PROVISION FOR CHARITY CARE	53,475,266	59,465,901	65,407,645
TOTAL REVENUE DEDUCTIONS	<u>1,941,321,982</u>	<u>2,170,739,878</u>	<u>2,400,311,344</u>
NET PATIENT SERVICE REVENUE	776,566,306	826,513,038	870,178,823
OTHER OPERATING REVENUE	12,518,514	12,709,103	12,878,277
TOTAL REVENUE	789,084,820	839,222,141	883,057,100
EXPENSES:			
LABOR EXPENSE	377,563,854	398,188,664	419,596,171
PURCHASED SERVICES	84,493,324	88,210,719	91,802,860
SUPPLIES	151,492,829	160,877,303	169,324,625
OTHER EXPENSE	73,115,647	76,060,474	78,921,009
DEPRECIATION	48,627,769	53,426,884	59,026,651
INTEREST	17,913,739	17,141,924	16,282,588
TOTAL EXPENSES	<u>753,207,161</u>	<u>793,905,967</u>	<u>834,953,904</u>
OPERATING INCOME	35,877,658	45,316,173	48,103,196
NONOPERATING GAINS	28,755,000	31,485,000	34,775,000
REVENUE OVER EXPENSES	<u>64,632,658</u>	<u>76,801,173</u>	<u>82,878,196</u>

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III. ROPER ST. FRANCIS HEALTHCARE
WITHOUT BERKELEY
FORECASTED STATEMENT OF OPERATIONS
FOR THE YEARS ENDING DECEMBER 31,

	<u>2013</u>	<u>2014</u>	<u>2015</u>
REVENUE:			
INPATIENT REVENUE	1,303,995,933	1,421,454,714	1,544,949,594
OUTPATIENT REVENUE	<u>1,361,456,026</u>	<u>1,479,622,521</u>	<u>1,605,471,867</u>
GROSS PATIENT SERVICE REVENUE	2,665,451,959	2,901,077,235	3,150,421,461
CONTRACTUAL ALLOWANCES	1,714,536,518	1,894,726,493	2,087,657,435
PROVISION FOR BAD DEBT	137,385,215	150,350,437	164,222,392
PROVISION FOR CHARITY CARE	<u>52,321,667</u>	<u>57,350,036</u>	<u>62,766,133</u>
TOTAL REVENUE DEDUCTIONS	<u>1,904,243,400</u>	<u>2,102,426,966</u>	<u>2,314,645,960</u>
NET PATIENT SERVICE REVENUE	761,208,559	798,650,269	835,775,501
OTHER OPERATING REVENUE	<u>12,454,634</u>	<u>12,596,318</u>	<u>12,742,736</u>
TOTAL REVENUE	773,663,193	811,246,587	848,518,237
EXPENSES:			
LABOR EXPENSE	368,360,072	386,956,964	406,522,554
PURCHASED SERVICES	82,672,365	86,267,311	89,773,189
SUPPLIES	149,133,320	156,597,043	164,040,179
OTHER EXPENSE	70,770,498	73,644,970	76,433,040
DEPRECIATION	41,569,769	46,368,884	51,968,651
INTEREST	<u>13,513,739</u>	<u>12,781,924</u>	11,962,588
TOTAL EXPENSES	<u>726,019,763</u>	<u>762,617,096</u>	<u>800,700,201</u>
OPERATING INCOME	47,643,430	48,629,491	47,818,036
NONOPERATING GAINS	<u>28,755,000</u>	<u>31,485,000</u>	<u>34,775,000</u>
REVENUE OVER EXPENSES	<u>76,398,430</u>	<u>80,114,491</u>	<u>82,593,036</u>

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ROPER ST. FRANCIS HEALTHCARE
COMBINED STATEMENTS OF OPERATIONS

	ACTUAL 2007	PROJECTED 2008	PROJECTED 2009	PROJECTED 2010	PROJECTED 2011
REVENUE:					
INPATIENT REVENUE	764,183,000	787,204,000	867,203,237	950,920,788	1,096,716,814
OUTPATIENT REVENUE	640,694,000	779,724,000	923,704,775	1,008,245,626	1,151,800,275
GROSS REVENUE	<u>1,404,877,000</u>	<u>1,566,928,000</u>	<u>1,790,908,012</u>	<u>1,959,166,414</u>	<u>2,248,517,089</u>
CONTRACTUAL ADJUSTMENTS	836,445,000	943,890,000	1,084,111,659	1,204,086,281	1,399,871,158
CHARITY CARE	28,288,000	31,821,000	35,247,283	38,779,161	43,592,646
NET PATIENT SERVICE REVENUE	<u>540,144,000</u>	<u>591,217,000</u>	<u>671,549,069</u>	<u>716,300,972</u>	<u>805,053,285</u>
OTHER REVENUE	8,199,000	10,946,000	11,631,310	11,805,999	12,109,664
TOTAL REVENUE	<u>548,343,000</u>	<u>602,163,000</u>	<u>683,180,379</u>	<u>728,106,971</u>	<u>817,162,949</u>
EXPENSES:					
SALARIES	172,231,000	191,731,000	235,352,406	249,107,009	275,986,895
EMPLOYEE BENEFITS	37,660,000	39,538,000	46,296,460	49,122,745	54,833,145
SUPPLIES	93,133,000	105,847,000	114,696,199	121,683,790	135,062,168
PURCHASED SERVICES	52,436,000	58,323,000	64,426,063	67,883,218	75,724,608
OTHER EXPENSE	45,610,000	47,355,000	55,816,852	58,508,936	65,122,077
DEPR. AND AMORT.	30,047,000	33,778,000	34,203,478	35,298,154	40,841,351
PROV. FOR UNCOLL. ACCTS.	68,253,000	79,882,000	90,940,340	99,969,009	114,672,693
INTEREST EXPENSE	10,932,000	11,148,000	11,723,627	11,863,991	14,981,753
TOTAL EXPENSES	<u>510,302,000</u>	<u>567,602,000</u>	<u>653,455,425</u>	<u>693,446,853</u>	<u>777,224,691</u>
OPERATING INCOME (LOSS)	<u>38,041,000</u>	<u>34,561,000</u>	<u>29,724,954</u>	<u>34,660,119</u>	<u>39,938,258</u>
NONOPERATING GAINS (LOSSES)	<u>26,210,000</u>	<u>(8,539,000)</u>	<u>17,275,000</u>	<u>18,395,000</u>	<u>21,615,000</u>
REVENUE OVER (UNDER) EXPENSES	<u>64,251,000</u>	<u>26,022,000</u>	<u>46,999,954</u>	<u>53,055,119</u>	<u>61,553,258</u>

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RECORD 005847

PROJECTED 2012	PROJECTED 2013	PROJECTED 2014	PROJECTED 2015	PROJECTED 2016	PROJECTED 2017
1,193,396,826	1,303,995,933	1,421,454,714	1,544,949,594	1,675,930,459	1,818,652,717
1,255,228,408	1,361,458,026	1,479,622,521	1,605,471,867	1,740,684,343	1,889,222,619
<u>2,448,625,234</u>	<u>2,665,451,959</u>	<u>2,901,077,235</u>	<u>3,150,421,461</u>	<u>3,416,614,802</u>	<u>3,707,875,335</u>
1,549,944,694	1,714,536,518	1,894,726,493	2,087,657,435	2,295,298,374	2,523,796,987
47,725,936	52,321,667	57,350,036	62,766,133	68,639,183	75,082,571
<u>850,954,604</u>	<u>898,593,774</u>	<u>949,000,706</u>	<u>999,997,894</u>	<u>1,052,677,244</u>	<u>1,108,995,777</u>
12,317,481	12,454,634	12,596,318	12,742,736	12,894,100	13,050,634
<u>863,272,085</u>	<u>911,048,408</u>	<u>961,597,025</u>	<u>1,012,740,629</u>	<u>1,065,571,344</u>	<u>1,122,046,411</u>
291,730,276	307,161,968	322,621,162	338,883,175	355,991,152	373,990,513
58,055,391	61,198,104	64,335,802	67,639,379	71,117,892	74,780,884
141,980,193	149,133,320	156,597,043	164,040,179	171,603,193	179,605,406
79,171,937	82,672,365	86,267,311	89,773,189	93,257,871	96,943,082
67,954,398	70,770,498	73,644,970	76,433,040	79,190,102	82,105,135
40,215,228	41,569,769	46,368,884	51,968,651	54,557,228	57,711,638
125,635,624	137,385,215	150,350,437	164,222,392	179,185,284	195,660,802
14,284,714	13,513,739	12,781,924	11,962,588	11,279,396	10,586,329
<u>819,007,760</u>	<u>863,404,978</u>	<u>912,967,534</u>	<u>964,922,593</u>	<u>1,016,182,128</u>	<u>1,071,383,790</u>
44,264,325	47,643,430	48,629,491	47,818,036	49,389,216	50,662,621
25,185,000	28,755,000	31,485,000	34,775,000	38,275,000	42,125,000
<u>69,449,325</u>	<u>76,398,430</u>	<u>80,114,491</u>	<u>82,593,036</u>	<u>87,664,216</u>	<u>92,787,621</u>

000469

RECORD 005848



125 Doughty Street
Suite 760
Charleston, SC 29403
(843) 724-2910
(843) 720-8355

November 19, 2008

Ms. Beverly Patterson, Director
Bureau of Health Facilities and Services Development
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

Dear Ms. Patterson:

This is written in regards to project funding for the proposed 50-bed Roper St. Francis Hospital-Berkeley. Total project cost is projected not to exceed \$113 million. Management proposes funding the project through the use of \$25 million in cash on hand. Bond financing will fund the remainder of the project. Be assured that the Founding Members of Roper St. Francis Healthcare along with its Board of Directors support this project.

Should you have any questions, please contact me at (843) 724-2946.

Sincerely,

A handwritten signature in cursive script that reads 'Bret Johnson'.

Bret Johnson
Senior Vice President and Chief Financial Officer
Roper St. Francis Healthcare

000470



Wachovia Securities
Healthcare Public Finance Group
380 Knollwood Street, Suite 620
Winston-Salem, NC 27103

WACHOVIA SECURITIES

December 4, 2008

Mr. Bret Johnson
Vice President, Chief Financial Officer
Roper St. Francis Healthcare System
316 Calhoun St.
Charleston, SC 29401-1125

Dear Bret:

It is our understanding that CareAlliance Health Services d/b/a/ Roper St. Francis Healthcare System (Roper St. Francis) is submitting a Certificate of Need application for facility expansion for a new 50-bed hospital, Roper St. Francis Hospital-Berkeley. The estimated planned capital costs are approximately \$113 million of which approximately \$88 million is expected to be financed with bonds. Present plans call for construction to begin November 2010 and completion an estimated 18 months later. Total bond par amount, assuming a fixed rate issue in the current market with a normal debt service reserve fund and a 6.5% interest rate, would be approximately \$96 million.

Our firm has completed a preliminary analysis of the debt capacity of Roper St. Francis, and based on this analysis, our familiarity with Roper St. Francis, and our experience with hospital financings we believe that Roper St. Francis can support this debt. This opinion is subject to our subsequent review of revenue and expense projections. Subject to satisfactory completion of a security package that meets certain coverage, liquidity, and other covenants, we believe Roper St. Francis will be able to issue tax-exempt revenue bonds through the South Carolina Jobs-Economic Development Authority to finance this capital expansion project.

Wachovia is pleased to have the opportunity to assist you in this matter. Please let us know if you need any additional information or assistance.

Sincerely,

A handwritten signature in dark ink that reads "Richard M. Marvin".

Richard M. Marvin
Managing Director
Wachovia Securities
336/721-6820
richard.marvin@wachovia.com

000471

Attachment 11

**Roper Hospital and Bon Secours St. Francis Xavier Hospital
Medical Staffs**

000472

Roper Hospital Active Medical Staff

A. Medical Specialties

1. General/Family Practitioner	41
2. Pediatric Medicine	36
3. General Internal Medicine	61
4. Cardiology	20
5. Gastroenterology	17
6. Pulmonary Disease	10
7. Oncology	18
8. Neurology	9
9. Other Medical Specialties	31

B. Surgical Specialties

1. Obstetrics/Gynecology	31
2. Ophthalmology	23
3. Otorhinolaryngology	13
4. Orthopedic Surgery	27
5. Plastic Surgery	17
6. General Surgery	14
7. Thoracic Surgery	4
8. Urological Surgery	16
9. Cardiovascular Surgery	3
10. Colon and Rectal Surgery	4
11. Neurosurgery	9
12. Other Surgical Specialties	11

C. Other Specialties

1. Anesthesiology	43
2. Dermatology	7
3. Emergency Medicine	22
4. Nuclear Medicine	0
5. Pathology	9
6. Psychiatry	5
7. Radiology	16
8. Physical Medicine and Rehab	4
9. Other Specialties	0

Total All Specialties

521

Last Updated: November 2008

000473

Bon Secours St. Francis Xavier Hospital
Active Medical Staff

A. Medical Specialties

1. General/Family Practitioner	28
2. Pediatric Medicine	36
3. General Internal Medicine	41
4. Cardiology	12
5. Gastroenterology	22
6. Pulmonary Disease	5
7. Oncology	8
8. Neurology	2
9. Other Medical Specialties	19

B. Surgical Specialties

1. Obstetrics/Gynecology	31
2. Ophthalmology	24
3. Otorhinolaryngology	13
4. Orthopedic Surgery	13
5. Plastic Surgery	12
6. General Surgery	11
7. Thoracic Surgery	5
8. Urological Surgery	15
9. Cardiovascular Surgery	0
10. Colon and Rectal Surgery	3
11. Neurosurgery	9
12. Other Surgical Specialties	21

C. Other Specialties

1. Anesthesiology	17
2. Dermatology	4
3. Emergency Medicine	13
4. Nuclear Medicine	0
5. Pathology	5
6. Psychiatry	5
7. Radiology	12
8. Physical Medicine and Rehab	7
9. Other Specialties	0

Total All Specialties**393**

Last Updated: November 2008

000474

Attachment 12

Support Letters

000475

CHARLESTON GASTROENTEROLOGY SPECIALISTS

WILLIAM BRENER, M.D.
JOHN K. CORLESS, M.D.
THEODORE G. GOURDIN, M.D.
NEVEN HADZIJAHIC, M.D.

MARC D. NOBLE, M.D.
JAMES M. RAVENEL, M.D.
LEE M. ROYALL, M.D.
R. SIDNEY G. SMITH, M.D.

TELEPHONE (843) 722-8000

FAX (843) 723-7850

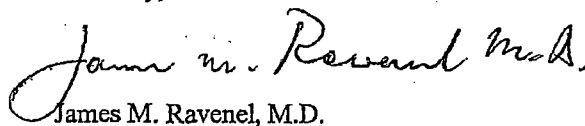
September 9, 2008

Mr. David L. Dunlap, President
and CEO
Roper Saint Francis Hospital
125 Doughty Street
Charleston, SC 29403

Dear Sirs:

I am writing to support Roper Saint Francis Healthcare's plans to locate a new hospital at Carnes Crossroads in Berkeley County. This is an area with one of the highest rates of growth in our area, and currently Roper Saint Francis Healthcare receives a number of patient's from this area. If Roper Saint Francis is successful in obtaining a CON for this, this will be the first non-profit hospital in Berkeley County since the originally Berkeley County Hospital closed many years ago. This will allow a much more convenient location for patient's as well as one that embraces the state-of-the-art care. Additionally, these would be hospital beds that are currently licensed at Roper's downtown facility and would be better used at a new hospital facility in Berkeley County. Thank you very much for your consideration of this.

Sincerely,


James M. Ravenel, M.D.

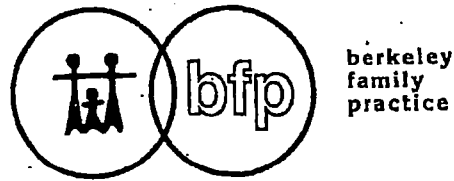
JMR/sm

000476

WEST ASHLEY
1962 Charlie Hall Boulevard
Charleston, SC 29414-5837

MT. PLEASANT
180 Wingo Way, Suite 305
Mt. Pleasant, SC 29464

RECORD 005855



2061 Highway 52
Moncks Corner, SC 29461

September 10, 2008

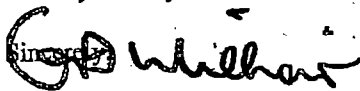
Mr. David Dunlap
President & CEO
Roper St. Francis Healthcare
125 Doughty Street Ste. 760
Charleston, SC 29403

Mr. Dunlap,

As a family physician practicing in Berkeley County for 29 years, I support the Roper St. Francis Hospital in Goose Creek.

The proposed facility will provide several services that are currently not available in our area in a hospital setting. Providing necessary healthcare services closer to home is vital to our growing community.

Thank you for your consideration.

Sincerely,


Gordon Wilhoit, M.D.
Berkeley Family Practice

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