



NOTES:

THE ROOM SHALL NOT HAVE A FALSE CEILING. INSTALL A SMOKE DETECTOR.

				Building/Facility Name	
No.	BY	DATE	REVISIONS	App'd	
Scale		NONE		BY	DATE
Sheet No.		1 of 1		Drawn	MET 05 MAR 04
UBC Project No.				Check'd	TZ 5 FEB 14
				Design'd	
				Approv'd	B.MACDONALD-RCDD 15 FEB 14
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