



Facilities Management

Design & Construction

Deviation Request Number: _____

DEVIATION REQUEST FORM

This form shall be used by Design Professional to request a deviation from the Design Standards & Procedures and must be completed prior to bid document phase. Please complete and return via email to the UI Project Manager in .pdf format.

Date: March 5, 2019

Project Phase: _____
(SD, DD, CD)

UI Project Name: _____

UI Project Number: _____ Design & Construction Project Manager: _____

Design Professional: _____

Design Professional Representative: _____
(first and last name)

Email Address: _____ Phone: (____) _____

UIHC Design Standards Edition: Revision R14, April 3, 2018

Section Number: 26 27 26 Wiring Devices 1. Switches and Receptacles Page Number: 83

Description of Deviation: (attach additional page(s) as needed)

Tamper proof receptacles shall be required in the following locations: Patient Rooms, Public Corridors/Lounge, Waiting Rooms, Common Areas, Exam Rooms, Nourishment Rooms, (if accessible to the public), Dining Areas, and Pysch Units.

Justification for Deviation Request: (attach additional page(s) as needed)

Maintain safety to the public and patients

Attachment List: None

Total number of pages attached: 0

Approvals:

Capital Management

Recommended
 Recommended as Noted
 Not Recommended
 N/A

 Luke Leyden

(Signature)

Luke Leyden

(Printed Name)

Date: March 5, 2019

Engineering Services

Recommended
 Recommended as Noted
 Not Recommended
 N/A

 Bob Miller

(Signature)

Bob Miller

(Printed Name)

Date: March 5, 2019

(Department Name)

Recommended
 Recommended as Noted
 Not Recommended
 N/A

(Signature)

(Printed Name)

Date: _____

(Department Name)

Recommended
 Recommended as Noted
 Not Recommended
 N/A

(Signature)

(Printed Name)

Date: _____

Design & Construction approval: _____



Director / Associate Director

Date: 3/5/19