


CERTIFICATE OF APPROVAL FOR A TEN YEAR SURVEY REPORT

(Section 2-3.12 of the School Code)

JOHN MIDDLETON ELEM SCHOOL	Cook
School Building	County
Skokie SD 73-5, 0735	
District Name and Number	

I, Dr. Christopher Koch, State Superintendent of Education, acknowledge receipt of this ten-year safety survey report, approved for the year **2014**. Hence, the next safety survey report will be due in the year **2024**. The District architect has provided assurances that the building named above has been surveyed in accordance with 105 ILCS 5/2-3.12. This Certificate of Approval for a Ten Year survey Report does not necessarily imply that Fire Prevention and Safety Funds can be used for the work items listed in this survey report.

1/28/2014	
Date	Signature of State Superintendent of Education

COMMENTS:

ITEM ID	DESCRIPTION	ESTIMATED AMOUNT	ADJUSTED AMOUNT	DIFFERENCE	REASON
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OTHER COMMENTS:

ITEM ID	DESCRIPTION	REASON
1	ADA accessible spaces are not labeled properly. Confirm accessory mounting heights. Establish one set of student and one set of adult restrooms as HC accessible.	
2	Sidewalk should have warning surface per Illinois Accessibility Code.	
3	Railings conform to building code when built, but not current ADA code.	
4	Storage room changed to a classroom, no mechanical ventilation and insufficient openable window area to outside to meet ventilation code by natural ventilation.	
5	Storage room changed to office, no mechanical ventilation and no openable area to outside to meet ventilation code by natural ventilation.	
6	Kitchen has no mechanical ventilation and insufficient openable area to outside to meet ventilation code by natural ventilation.	
7	No fire sprinkler in closet	
9	Room lacks required fire alarm visual device	
10	Room lacks required fire alarm visual device.	

(35-22) (7/07) Prescribed for ISBE for ISBE Use

**APPLICATION FOR APPROVAL OF
TEN-YEAR SAFETY SURVEY REPORT**

(23 IL. Adm. Code Part 180, Sections. 180.310, 180.320, 180.330, 180.340)

<i>NAME OF SCHOOL BUILDING</i> JOHN MIDDLETON ELEM SCHOOL	<i>SURVEY YEAR</i> 2013
<i>NAME AND NUMBER OF SCHOOL DISTRICT</i> Skokie SD 73-5, 0735	<i>COUNTY</i> Cook
<i>ARCHITECT NAME</i> Carole D. Pugh	<i>FIRM</i> GreenAssociates, Inc.
<i>FIRM ADDRESS</i> 111 Deerlake Road, Deerfield, IL	<i>TELEPHONE NUMBER</i> 847-317-0852

I certify that the survey referred to herein was prepared by me and to the best of my knowledge is a true and accurate.

- Building in Full Compliance.
 Building Not in Compliance

6/14/2013 Carole D. Pugh
Date *Printed Name Architect/Engineer*
Date *President of Board of Education*
Date *Secretary of Board of Education*
11/30/2014 001-012550
Expiration Date *License Number*



[Seal and Signature]

Failure to submit accurate and complete safety survey reports as required shall subject a school district to the recognition provisions of 23 Illinois Administrative Code 180.

1. COUNTY CODE 016, Cook		2. DISTRICT CODE/NAME 0735, Skokie SD 73-5		3. FACILITY CODE/NAME JOHN MIDDLETON ELEM SCHOOL	
4. Item ID	5. Location(s) (Room No)	6. Priority Code	7. Rule Violated	8. Description of the violation	9. Recommendation to correct violation
1	Interior Building	c.	Illinois Accessibility Code	ADA accessible spaces are not labeled properly. Confirm accessory mounting heights. Establish one set of student and one set of adult restrooms as HC accessible.	Provide signage properly labeling accessible path to the public spaces. Remodel sets of restrooms to be accessible. Check height of all mounted accessories in designated HC restrooms.
2	Exterior, NW Entry	c.	Illinois Accessibility Code	Sidewalk should have warning surface per Illinois Accessibility Code.	Loop drop-off sidewalk should have warning surface per the Illinois Accessibility Code.
3	2 story classroom handrails	c.	Illinois Accessibility Code	Railings conform to building code when built, but not current ADA code.	Replace railings.
4	Classroom between Art & Music on Lower Level	b.	180.60 2003 IMC 403	Storage room changed to a classroom, no mechanical ventilation and insufficient openable window area to outside to meet ventilation code by natural ventilation.	Provide ventilation to meet code.
5	Kitchen Office	b.	180.60 2003 IMC 403	Storage room changed to office, no mechanical ventilation and no openable area to outside to meet ventilation code by natural ventilation.	Provide mechanical ventilation
6	Kitchen	b.	180.60 1996 IMC 403	Kitchen has no mechanical ventilation and insufficient openable area to outside to meet ventilation code by natural ventilation.	Provide mechanical ventilation.
7	2 closets in corridor outside of Library 70	b.	NFPA 13	No fire sprinkler in closet	Provide sprinkler head
9	Classroom 64 (Classroom has been divided)	c.	180/IAC	Room lacks required fire alarm visual device	Provide fire alarm signaling device.
10	Classroom 62 (room has been divided)	c.	180/IAC	Room lacks required fire alarm visual device.	Provide fire alarm signaling device.

Form 35-84 (7/07) (Prescribed by ISBE for local board use)

SCHEDULE OF RECOMMENDED WORK ITEMS AND ESTIMATED COSTS	
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1. COUNTY CODE 016, Cook			2. DISTRICT CODE/NAME 0735, Skokie SD 73-5			3. FACILITY CODE/NAME JOHN MIDDLETON ELEM SCHOOL					
4. Item I.D.	5. Action I.D.	6. Priority Code	7. Specification(s)	8. Units Of Measure	9. Quantity	10. Labor Code	11. Estimated Cost (Architect / Engineer)	12. ROE Adjustment	13. ISBE Adjustment	14. Estimated Completion Date	15. Funding Type
1	f	c.	Provide signage properly labeling accessible path to the public spaces. Remodel sets of restrooms to be accessible. Check height of all mounted accessories in designated HC restrooms.	lump sum	1	1	\$2,500.00			8/15/2018	O
2	e	c.	Loop drop-off sidewalk should have warning surface per the Illinois Accessibility Code.	lump sum	1	2	\$5,000.00			8/15/2018	O
3	e	c.	Replace railings.	lump sum	1	2	\$5,500.00			8/15/2018	O
4	f	b.	Provide mechanical ventilation or change fixed glass to operable sash to gain 4.25 SF in operable area.	lump sum	1	2	\$8,000.00			8/15/2018	O
5	f	b.	Provide mechanical ventilation	each	1	2	\$8,000.00			8/15/2018	O
6	f	b.	Provide mechanical ventilation.	each	1	2	\$8,000.00			8/15/2018	O
7	f	b.	Provide sprinkler head	each	1	2	\$2,000.00			8/15/2018	O
9	f	c.	Provide fire alarm signaling device.	each	1	2	\$750.00			8/15/2018	O
10	f	c.	Provide fire alarm signaling device.	each	1	2	\$750.00			8/15/2018	O

	Original Subtotal	\$0.00	Adjusted Subtotal	\$0.00	
	Original 0.00% Contingency	\$0.00	Adjusted 0.00% Contingency	\$0.00	
	Original 0.00% A/E Fees	\$0.00	Adjusted 0.00% A/E Fees	\$0.00	
	Original Grand Total	\$0.00	Adjusted Grand Total	\$0.00	

Items with a Funding Type of 'O' are not included in the cost calculation.
35-48 (7/07) (Prescribed by ISBE for Local Board Use)

ORDER TO EFFECT COMPLIANCE WITH THE HEALTH/LIFE SAFETY CODE FOR PUBLIC SCHOOLS

(Section 2-3.12 of the School Code of Illinois)

Skokie SD 73-5, 0735	Cook
District Name and Number	County
JOHN MIDDLETON ELEM SCHOOL	Skokie
Facility Name	Facility Location

There has been submitted:

- Ten Year Survey by Charlene Abraham, **Board President**, filed on 12/16/2013 with this office; describing conditions of noncompliance with applicable codes, with respect to this facility; or
- An Amendment Number ; in the amount of \$0.00

As it is my duty to enforce the Health/Life Safety Code for Public Schools (23 Illinois Administrative Code Part 180) pursuant to the Provisions of Sections 2-3.12 and 3-14.2 and 3-14.21 of the School Code of Illinois;

Therefore, the Board of Education in Cook County, District #0735 is hereby ordered to make such repairs or alterations as necessary to effect full compliance with the applicable provisions of the Health/Life Safety Code for Public Schools, or complete the work itemized in Amendment Number as approved. Urgent items must be completed within one year, while all other items should be completed within the timelines specified on Form 35-48.

Signed this ----- day of -----, -----.

Name of Regional Superintendent	Signature of Regional Superintendent
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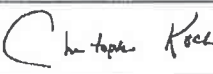
(Form 36-22) (3/04) (Prescribed by the Regional Superintendent for the Use of the Regional Superintendent)

CERTIFICATE OF APPROVAL FOR A TEN YEAR SURVEY REPORT

(Section 2-3.12 of the School Code)

ELIZABETH MEYER SCHOOL	Cook
School Building	County
Skokie SD 73-5, 0735	
District Name and Number	

I, Dr. Christopher Koch, State Superintendent of Education, acknowledge receipt of this ten-year safety survey report, approved for the year **2014**. Hence, the next safety survey report will be due in the year **2024**. The District architect has provided assurances that the building named above has been surveyed in accordance with 105 ILCS 5/2-3.12. This Certificate of Approval for a Ten Year survey Report does not necessarily imply that Fire Prevention and Safety Funds can be used for the work items listed in this survey report.

1/28/2014	
Date	Signature of State Superintendent of Education

COMMENTS:

ITEM ID	DESCRIPTION	ESTIMATED AMOUNT	ADJUSTED AMOUNT	DIFFERENCE	REASON
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OTHER COMMENTS:

ITEM ID	DESCRIPTION	REASON
1	Storage room is not to be used as a temp office, no mechanical ventilation and no openable window area to outside to meet ventilation code by natural ventilation.	
2	Room created by adding wall to storage room 006 - no sprinkler head exists in room.	
3	Deleted	
4	Space lacks fire alarm visual device.	
5	Space lacks required emergency lighting. Storage is not to be used as a temp office.	

(35-22) (7/07) Prescribed for ISBE for ISBE Use

**APPLICATION FOR APPROVAL OF
TEN-YEAR SAFETY SURVEY REPORT**



(23 IL. Adm. Code Part 180, Sections. 180.310, 180.320, 180.330, 180.340)

<i>NAME OF SCHOOL BUILDING</i> ELIZABETH MEYER SCHOOL	<i>SURVEY YEAR</i> 2013
<i>NAME AND NUMBER OF SCHOOL DISTRICT</i> Skokie SD 73-5, 0735	<i>COUNTY</i> Cook
<i>ARCHITECT NAME</i> Carole D. Pugh	<i>FIRM</i> GreenAssociates, Inc.
<i>FIRM ADDRESS</i> 111 Deerlake Road, Deerfield, IL	<i>TELEPHONE NUMBER</i> 847-317-0852

I certify that the survey referred to herein was prepared by me and to the best of my knowledge is a true and accurate.

Building in Full Compliance.

Building Not in Compliance

6/14/2013	Carole D. Pugh
<i>Date</i>	<i>Printed Name Architect/Engineer</i>
	
<i>Date</i>	<i>President of Board of Education</i>
	
<i>Date</i>	<i>Secretary of Board of Education</i>
11/30/2014	001-012550
<i>Expiration Date</i>	<i>License Number</i>



[Seal and Signature]

Failure to submit accurate and complete safety survey reports as required shall subject a school district to the recognition provisions of 23 Illinois Administrative Code 180.

VIOLATION AND RECOMMENDATION SCHEDULE <small>(23 IL Adm. Code 180, Sections 180.320)</small>	
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1. COUNTY CODE 016, Cook		2. DISTRICT CODE/NAME 0735, Skokie SD 73-5			3. FACILITY CODE/NAME ELIZABETH MEYER SCHOOL	
4. Item ID	5. Location(s) (Room No)	6. Priority Code	7. Rule Violated	8. Description of the violation	9. Recommendation to correct violation	
1	PE Storage 006	c.	180.60 2003 IMC 403	Storage room is not to be used as a temp office, no mechanical ventilation and no openable window area to outside to meet ventilation code by natural ventilation.	Room is not to be used as a temporary office. Remove desk	
2	Telephone/Computer Service 013.5	b.	NFPA 13	Room created by adding wall to storage room 006 - no sprinkler head exists in room.	Add sprinkler head.	
3	Deleted	b.		Deleted	Deleted	
4	Storage Room 006	c.	180/IAC	Space lacks fire alarm visual device.	Room is not to be used as a temporary office. Remove desk.	
5	Storage Room 006	c.	185.370a6	Space lacks required emergency lighting. Storage is not to be used as a temp office.	Room is not to be used as a temporary office. Remove desk	

Form 35-84 (7/07) (Prescribed by ISBE for local board use)

SCHEDULE OF RECOMMENDED WORK ITEMS AND ESTIMATED COSTS

1. COUNTY CODE 016, Cook			2. DISTRICT CODE/NAME 0735, Skokie SD 73-5				3. FACILITY CODE/NAME ELIZABETH MEYER SCHOOL				
4. Item I.D.	5. Action I.D.	6. Priority Code	7. Specification(s)	8. Units Of Measure	9. Quantity	10. Labor Code	11. Estimated Cost (Architect / Engineer)	12. ROE Adjustment	13. ISBE Adjustment	14. Estimated Completion Date	15. Funding Type
1	b	c.	Room is not to be used as a temporary office. Remove desk	each	1	1	\$0.00			8/15/2018	O
2	f	b.	Add a regular sprinkler head.	each	1	2	\$2,000.00			8/15/2018	O
3	b	b.	Deleted	each	1	1	\$0.00			8/15/2018	O
4	b	c.	Room is not to be used as a temporary office. Remove desk.	each	1	1	\$0.00			8/15/2018	O
5	b	c.	Room is not to be used as a temporary office. Remove desk.	each	1	1	\$0.00			8/15/2018	O

	Original Subtotal	\$0.00	Adjusted Subtotal	\$0.00
	Original 10.00% Contingency	\$0.00	Adjusted 10.00% Contingency	\$0.00
	Original 10.00% A/E Fees	\$0.00	Adjusted 10.00% A/E Fees	\$0.00
	Original Grand Total	\$0.00	Adjusted Grand Total	\$0.00

Items with a Funding Type of 'O' are not included in the cost calculation.
35-48 (7/07) (Prescribed by ISBE for Local Board Use)

ORDER TO EFFECT COMPLIANCE WITH THE HEALTH/LIFE SAFETY CODE FOR PUBLIC SCHOOLS

(Section 2-3.12 of the School Code of Illinois)

Skokie SD 73-5, 0735	Cook
District Name and Number	County
ELIZABETH MEYER SCHOOL	Skokie
Facility Name	Facility Location

There has been submitted:

- Ten Year Survey by Charlene Abraham, Board President, filed on 12/16/2013 with this office; describing conditions of noncompliance with applicable codes, with respect to this facility; or
- An Amendment Number ; in the amount of \$0.00

As it is my duty to enforce the Health/Life Safety Code for Public Schools (23 Illinois Administrative Code Part 180) pursuant to the Provisions of Sections 2-3.12 and 3-14.2 and 3-14.21 of the School Code of Illinois;

Therefore, the Board of Education in Cook County, District #0735 is hereby ordered to make such repairs or alterations as necessary to effect full compliance with the applicable provisions of the Health/Life Safety Code for Public Schools, or complete the work itemized in Amendment Number as approved. Urgent items must be completed within one year, while all other items should be completed within the timelines specified on Form 35-48.

Signed this ----- day of -----, -----,

Name of Regional Superintendent

Signature of Regional Superintendent

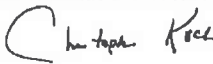
(Form 36-22) (3/04) (Prescribed by the Regional Superintendent for the Use of the Regional Superintendent)

CERTIFICATE OF APPROVAL FOR A TEN YEAR SURVEY REPORT

(Section 2-3.12 of the School Code)

OLIVER MCCRACKEN MIDDLE SCHOOL	Cook
School Building	County
Skokie SD 73-5, 0735	
District Name and Number	

I, Dr. Christopher Koch, State Superintendent of Education, acknowledge receipt of this ten-year safety survey report, approved for the year **2014**. Hence, the next safety survey report will be due in the year **2024**. The District architect has provided assurances that the building named above has been surveyed in accordance with 105 ILCS 5/2-3.12. This Certificate of Approval for a Ten Year survey Report does not necessarily imply that Fire Prevention and Safety Funds can be used for the work items listed in this survey report.

1/28/2014	
Date	Signature of State Superintendent of Education

COMMENTS:

ITEM ID	DESCRIPTION	ESTIMATED AMOUNT	ADJUSTED AMOUNT	DIFFERENCE	REASON
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OTHER COMMENTS:

ITEM ID	DESCRIPTION	REASON
1	ADA accessible spaces are not labeled properly and restroom accessories mounting heights need to be confirmed.	
2	Railings conform to building code when built but not with current ADA code.	
3	Deleted	
4	Space lacks fire alarm visual detector	
5	Space lacks fire alarm visual detector.	

(35-22) (7/07) Prescribed for ISBE for ISBE Use

APPLICATION FOR APPROVAL OF TEN-YEAR SAFETY SURVEY REPORT

(23 IL. Adm. Code Part 180, Sections. 180.310, 180.320, 180.330, 180.340)

<i>NAME OF SCHOOL BUILDING</i> OLIVER MCCrackEN MIDDLE SCHOOL	<i>SURVEY YEAR</i> 2013
<i>NAME AND NUMBER OF SCHOOL DISTRICT</i> Skokie SD 73-5, 0735	<i>COUNTY</i> Cook
<i>ARCHITECT NAME</i> Carole D. Pugh	<i>FIRM</i> GreenAssociates, Inc.
<i>FIRM ADDRESS</i> 111 Deerlake Road, Deerfield, IL	<i>TELEPHONE NUMBER</i> 847-317-0852

I certify that the survey referred to herein was prepared by me and to the best of my knowledge is a true and accurate.

- Building in Full Compliance.
 Building Not in Compliance

6/14/2013	Carole D. Pugh
<i>Date</i>	<i>Printed Name Architect/Engineer</i>
<i>Date</i>	<i>President of Board of Education</i>
<i>Date</i>	<i>Secretary of Board of Education</i>
11/30/2014	001-012550
<i>Expiration Date</i>	<i>License Number</i>



[Seal and Signature]

Failure to submit accurate and complete safety survey reports as required shall subject a school district to the recognition provisions of 23 Illinois Administrative Code 180.

VIOLATION AND RECOMMENDATION SCHEDULE (23 IL Adm. Code 180, Sections 180.320)	
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1. COUNTY CODE 016, Cook		2. DISTRICT CODE/NAME 0735, Skokie SD 73-5			3. FACILITY CODE/NAME OLIVER MCCRACKEN MIDDLE SCHOOL	
4. Item ID	5. Location(s) (Room No)	6. Priority Code	7. Rule Violated	8. Description of the violation	9. Recommendation to correct violation	
1	Interior Building	c.	Illinois Accessibility Code	ADA accessible spaces are not labeled properly and restroom accessories mounting heights need to be confirmed.	Provide signage properly labeling accessible path to public spaces. Restrooms in new addition should be labeled as HC accessible. Check height of all mounted accessories in designated HC restrooms.	
2	2 story stairways in NE wing	c.	Illinois Accessibility Code	Railings conform to building code when built but not with current ADA code.	Replace railings.	
3	Deleted	b.		Deleted	Deleted	
4	Social Worker 240	c.	NFPA 72 7.4.6.1	Space lacks fire alarm visual detector	Provide new fire alarm visual detector	
5	Speech/Language 232	c.	NFPA 72 7.4.6.1	Space lacks fire alarm visual detector.	Provide new fire alarm visual detector	

Form 35-04 (7/07) (Prescribed by ISBE for local board use)

SCHEDULE OF RECOMMENDED WORK ITEMS AND ESTIMATED COSTS	
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1. COUNTY CODE 016, Cook			2. DISTRICT CODE/NAME 0735, Skokie SD 73-5			3. FACILITY CODE/NAME OLIVER MCCRACKEN MIDDLE SCHOOL					
4. Item I.D.	5. Action I.D.	6. Priority Code	7. Specification(s)	8. Units Of Measure	9. Quantity	10. Labor Code	11. Estimated Cost (Architect / Engineer)	12. ROE Adjustment	13. ISBE Adjustment	14. Estimated Completion Date	15. Funding Type
1	f	c.	Provide signage properly labeling accessible path to public spaces. Restrooms in new addition should be labeled as HC accessible. Check height of all mounted accessories in designated HC restrooms.	lump sum	1	1	\$500.00			8/15/2018	O
2	e	c.	Replace railings.	lump sum	1	2	\$5,500.00			8/15/2018	O
3	b	b.	Deleted	each	1	1	\$0.00			8/15/2018	O
4	f	c.	Provide new fire alarm visual detector	each	1	2	\$750.00			8/15/2018	O
5	f	c.	Provide new fire alarm visual detector	each	1	2	\$750.00			8/15/2018	O

	Original Subtotal	\$0.00	Adjusted Subtotal	\$0.00	
	Original 0.00% Contingency	\$0.00	Adjusted 0.00% Contingency	\$0.00	
	Original 0.00% A/E Fees	\$0.00	Adjusted 0.00% A/E Fees	\$0.00	
	Original Grand Total	\$0.00	Adjusted Grand Total	\$0.00	

Items with a Funding Type of 'O' are not included in the cost calculation.
35-40 (7/07) (Prescribed by ISBE for Local Board Use)

ORDER TO EFFECT COMPLIANCE WITH THE HEALTH/LIFE SAFETY CODE FOR PUBLIC SCHOOLS

(Section 2-3.12 of the School Code of Illinois)

Skokie SD 73-5, 0735	Cook
District Name and Number	County
OLIVER MCCRACKEN MIDDLE SCHOOL	Skokie
Facility Name	Facility Location

There has been submitted:

- Ten Year Survey by Charlene Abraham, **Board President**, filed on 12/16/2013 with this office; describing conditions of noncompliance with applicable codes, with respect to this facility; or
- An Amendment Number ; in the amount of \$0.00

As it is my duty to enforce the Health/Life Safety Code for Public Schools (23 Illinois Administrative Code Part 180) pursuant to the Provisions of Sections 2-3.12 and 3-14.2 and 3-14.21 of the School Code of Illinois;

Therefore, the Board of Education in Cook County, District #0735 is hereby ordered to make such repairs or alterations as necessary to effect full compliance with the applicable provisions of the Health/Life Safety Code for Public Schools, or complete the work itemized in Amendment Number as approved. Urgent items must be completed within one year, while all other items should be completed within the timelines specified on Form 35-48.

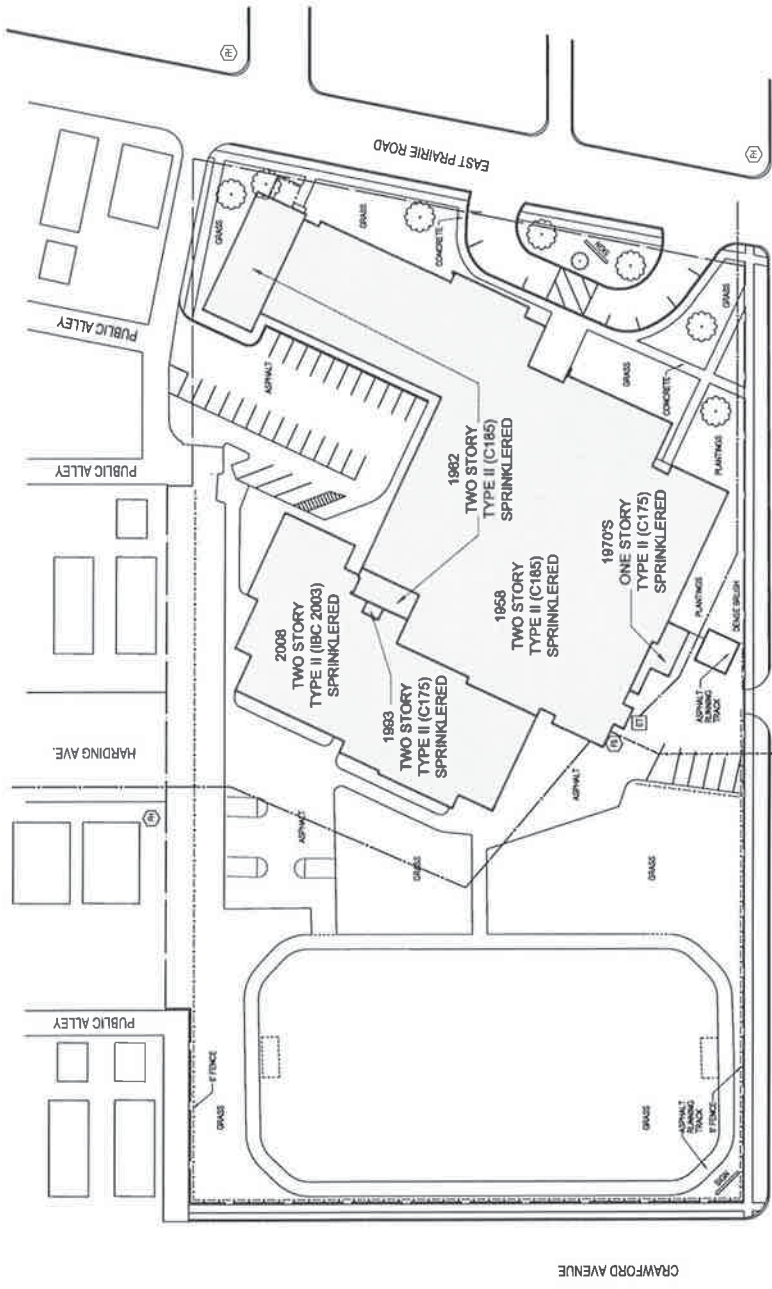
Signed this ----- day of -----, -----.

Name of Regional Superintendent	Signature of Regional Superintendent
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(Form 36-22) (3/04) (Prescribed by the Regional Superintendent for the Use of the Regional Superintendent)

SITE PLAN LEGEND

(H)	FIRE HYDRANT
(E)	ELECTRIC TRANSFORMER
(M)	MANHOLE
(W)	WATER MANHOLE
(U)	UNDERGROUND TANK
(ELEV)	ELEVATION MARKER
(ELEC)	ELECTRIC LINE
(WATER)	WATER LINE
(FENCE)	FENCE
(SPR)	AREA PROTECTED BY SPRINKLERS



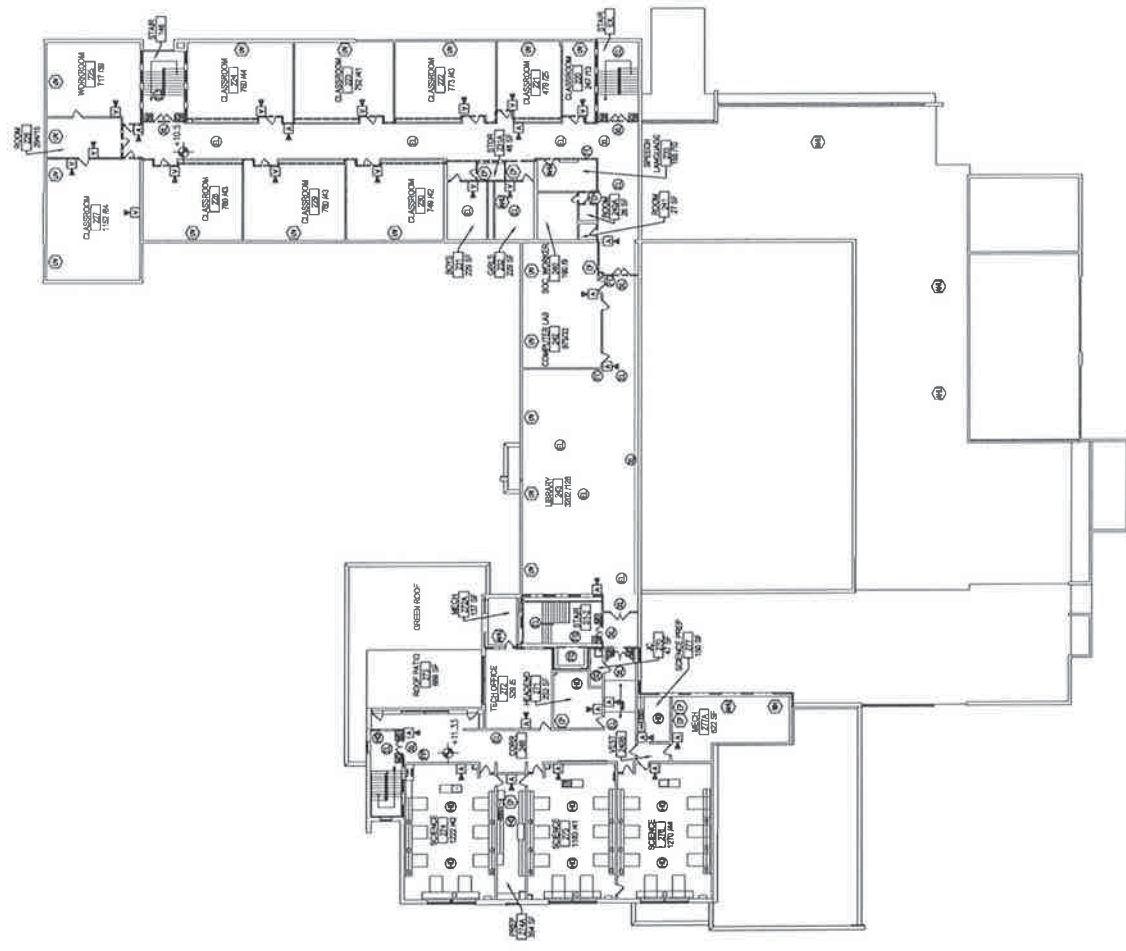
MCCRACKEN SITE PLAN
 11-13-2007
 0" 15' 30'

FLOOR PLAN LEGEND

- 1 AIR HANDLING UNIT
- 2 SOLER
- 3 WATER HEATER
- 4 CHILLER
- 5 UNIT VENTILATOR
- 6 ROAM
- 7 MECH. EQUIP. DUCT, SHUTOFF
- 8 ELECTRIC PANEL
- 9 TELEPHONE PANEL
- 10 GAS METER
- 11 FIRE KEY LOCK BOX
- 12 WATER METER
- 13 CONDENSATE
- 14 MAIN ELEC. DISTRIBUTION PANEL
- 15 GAS SHUTOFF
- 16 WATER SHUTOFF
- 17 FIRE HOSE CABINET
- 18 FIRE ALARM CONTROL PANEL
- 19 FIRE EXTINGUISHER
- 20 FIRE PULL STATION
- 21 FIRE PUMP/HEAT DETECTOR
- 22 FIRE ALARM
- 23 FIRE ALARM SMOKE DETECTOR
- 24 FIRE ALARM HEAT DETECTOR
- 25 FIRE ALARM INTRUSION DETECTOR
- 26 FIRE ALARM DUCT DETECTOR
- 27 FIRE ALARM AUDIO SIGNAL
- 28 FIRE ALARM VISUAL SIGNAL
- 29 EMT LIGHT
- 30 EMERGENCY LIGHT
- 31 MAGNETIC DOOR
- 32 FIRE ALARM VALVE SUPERVISORY
- 33 FIRE ALARM THRESHOLD SWITCH
- 34 TRANSFORMER

- CLASS ROOM NAME AND NUMBER
- STAIR
- ROOM SOURCE FOOTING / OCCUPANCY
- ELEVATION MARKER
- SMOKE / HALF HOUR PARTITION
- 3/4 HOUR PARTITION
- 1 HOUR FIRE PARTITION
- 2 HOUR FIRE PARTITION

- DOOR RATINGS IN RATED ASSEMBLIES**
- 10MIN ASSEMBLY
 - CODE 1025
 - 10MIN FULL PARTITION-ACCESSORY
 - 10MIN FULL PARTITION-ASSEMBLY
 - ASSEMBLY OR 30MIN FIRE PARTITION
 - ASSEMBLY OR 30MIN SOLER ROOM WALL
 - CODE 1775
 - 10MIN FULL PARTITION-ACCESSORY
 - 10MIN FULL PARTITION-ASSEMBLY
 - ASSEMBLY OR 30MIN FIRE PARTITION
 - ASSEMBLY OR 30MIN SOLER ROOM WALL
 - 2HR VERTICAL ENCLOSURE
 - ASSEMBLY OR 30MIN FULL PARTITION-ACCESSORY
 - ASSEMBLY OR 30MIN FULL PARTITION-ASSEMBLY
 - ASSEMBLY OR 30MIN SOLER ROOM WALL
 - ASSEMBLY OR 30MIN FULL PARTITION-ACCESSORY
 - ASSEMBLY OR 30MIN FULL PARTITION-ASSEMBLY
 - ASSEMBLY OR 30MIN SOLER ROOM WALL
 - ASSEMBLY OR 30MIN FULL PARTITION-ACCESSORY
 - ASSEMBLY OR 30MIN FULL PARTITION-ASSEMBLY
 - ASSEMBLY OR 30MIN SOLER ROOM WALL
 - ASSEMBLY OR 30MIN FULL PARTITION-ACCESSORY
 - ASSEMBLY OR 30MIN FULL PARTITION-ASSEMBLY
 - ASSEMBLY OR 30MIN SOLER ROOM WALL



1 MCCracken SECOND FLOOR PLAN
1/8" = 1'-0"
0 5 10 20 30