



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

San Mateo Medical Center
Interior Signage Refresh
95% Construction Documentation
March 18, 2025

Program: 24-311

DRAWINGS CHECKED BY:

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| <input type="checkbox"/> Program Management | _____ |
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| <input type="checkbox"/> Production | _____ |
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3478 Buskirk Avenue, Suite 265
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SECTION 1 | Project Overview & Design Standards

General

A. It should be noted that the enclosed drawings, as provided within this document, should be considered for Construction Intent only. It shall be the Sign Contractor’s responsibility to ensure suitable methods for producing superior quality products and installations as intended. The Sign Contractor must discuss any deviations from the Construction Intent drawings.

B. The approximate locations for all items are shown in the enclosed location plans. Final locations for all components shall be determined in the field prior to installation. A final field walk-through for this purpose shall be scheduled at an appropriate time for Sign Contractor and client.

Scope of Work

A. Sign Contractor shall provide all necessary services, labor, materials, and products required to fabricate and install all items included in these documents, which consist of Construction Intent drawings and Location Plans.

B. In the performance of the work, the Sign Contractor shall provide required paint and finish samples, shop fabrication drawings, and sealed Engineering drawings for items noted as requiring such, as well as complete fabrication and installation of all items.

C. The Sign Contractor shall provide for review, within 10 days of award of the contract, a detailed schedule for completion of all shop drawings, samples, fabrication, permitting, and installation, indicating all pertinent milestone dates. Included in this schedule shall be a minimum of one [1] shop visits by client to review project progress. These visits shall be scheduled between 50% and 75% fabrication completion.

D. Installation may be part of the Sign Contractor’s Scope of Work. Any sub-contracted work will require on-site supervision by the Sign Contractor on a constant basis.

E. Upon final acceptance of the work, the Sign Contractor shall provide a complete service and maintenance information for all products installed under this contract. This information shall include, but not be limited to, manufacturer information, contact names and addresses, warranty information, product specifications, and routine maintenance recommendations.

Permits

A. The Sign Contractor shall make application for and obtain all permits for the work described herein, as required by governing bodies having jurisdiction.

Submittals

A. All paper submittals shall be made in 11” x 17” format (unless otherwise required).

B. Provide one complete sets of all document submittals for review, via mail or electronically. A reviewed set will be returned to the Sign Contractor after review, with comments and status noted.

C. Provide product specification data sheets as required to clarify product selection and fabrication intent.

D. Client reserves the right to request physical prototypes as required to clarify the Sign Contractor’s fabrication intent, most specifically regarding product substitutions and deviations from the enclosed Construction Intent Drawings. This may include complete units, with all finishes, applied graphics, and illumination.

E. Shop drawings; each sign type shall be drawn with all fabrication techniques clearly specified for review for correctness with respect to visual performance. Provide detailed information for all materials, fasteners and methods of attachment, all structural details, and all connection points. Provide elevations, plans, sections, and notes as required to clearly convey fabrication intent.

F. Color submittals; Provide [3] complete sets of all project colors (paints, inks, and vinyl) on material to be used for review of color accuracy. [1] set will be returned to the Sign Contractor after review, with comments and status noted.

Artwork

A. The GNU Group will provide typical artwork for all sign types in Illustrator format, unless Sign Contractor requests a specific format.

B. Manipulation of these formats, generation of similar artwork not provided, and production artwork (tool paths, silk-screen traps, etc.), shall be the sole responsibility of the Sign Contractor, and will require review prior to fabrication.

C. Typography; This document will provide typical alphabets for all fonts shown in design intent of signtypes. The purchase and/or manipulation of these typefaces for production shall be the responsibility of the Sign Contractor. Sign Contractor’s product shall meet all type and braille spacing and dimensions, as required by 2013 California Building Code. This document’s layouts are for reference only.

D. GNU Group’s copyrighted electronic files are compatible with: Illustrator CS2014. GNU Group makes no representation as to the compatibility of these files with Sign Contractor’s hardware or software beyond the specified release of the referenced specifications.

E. Data contained on these electronic files are part of GNU Group’s instruments of service and shall not be used by Sign Contractor for any purpose other than as a convenience in the preparation of shop drawings for the referenced project. Sign Contractor shall, to the fullest extent permitted by law, indemnify and hold GNU Group harmless against all damages, liabilities or costs, including reasonable attorney’s fees and defense costs, arising out of or resulting from Sign Contractor’s use of these electronic files.

F. These electronic files are not absolute construction documents. Differences may exist between these electronic files and corresponding hard-copy construction documents. GNU Group makes no representation regarding the accuracy or completeness of the electronic files Sign Contractor receives and does not relieve duties to fully comply with the contract documents, including, and without limitation, the need to check, confirm and coordinate all dimensions and details, take field measurements, verify field conditions and coordinate any work with that of other contractors for the project.

G. Because information presented on the electronic files can be modified, unintentionally or otherwise, GNU Group must remove all indicia of ownership from each electronic display and adjustment of fonts to outline.

Materials

A. Aluminum; Provide sheet thickness as indicated, in alloys appropriate to this use. Provide extrusions in suitable alloys and wall thickness to insure structural integrity for all components.

B. Stainless Steel; Provide sheet thickness as indicated, in alloys appropriate to this use. Provide finish as indicated and wall thickness to insure structural integrity for all components.

C. All paint used for the project shall be Matthews Acrylic Polyurethane, or approved equal. All finishes to be 20% gloss.

D. All fasteners (including anchoring) shall be stainless steel of a suitable grade for this application. Neither zinc-plated nor galvanized fasteners will be accepted for any application on this project.

E. Sheet vinyl; As manufactured by named vendor (or approved equal) specified herein.

F. Illumination; Encapsulated LED with exterior rating IP67 or better. Color specified herein. Sign Contractor is advised to consult LED Manufacturer’s Engineer for proper lumen levels and lighting product and demonstrate LED Manufacturer’s Product Layouts.

Warranties

A. The fabrication and installation of all items included in this contract shall be guaranteed for a period of one [1] year from Final Acceptance by the Owner against defects in materials or workmanship.

B. Painted or coated finishes shall be guaranteed for a period of five [5] years from Final Acceptance by the Owner against fading, cracking, crazing, peeling, blistering, and other defects in materials or workmanship.

C. All vinyl sheet shall be warranted for a period of five [5] years from Final Acceptance by the Owner for defects in materials or workmanship.

D. All warranties noted above shall include all required materials and labor to replace defective components.

Code Compliance

These documents are for design intent and shall be used only as a guide to produce the finished sizes, appearances and functions shown. The sign fabricator shall be responsible to meet all CBC Title 24 code compliance specifications for tactile letter spacing, tactile letter dimensioning, and braille dimensioning. The fabricator/contractor shall be responsible for all structural, electrical, mechanical, foundation engineering, for all dimensions and familiarity with the site and the conditions it presents. Client must be notified of any variations from the dimensions and conditions shown on this drawing. Shop drawings and details must be submitted to Client for approval prior to proceeding with fabrication. All copy shall be proofread by Client and any legal requirements checked by Client’s Legal Department.

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General Specifications

Sheet:

04

Project Overview & Scope

San Mateo County Health is making targeted improvements to the wayfinding and signage system in place at the existing San Mateo Medical Center (SMMC) facility.

Along with general signage improvements, the new sign program establishes and supports a new wayfinding system that establishes five primary ZONES within the Medical Center.

(See following sheet for details.)

Scope & Area of Work

The SMMC is made of multiple interconnected buildings, including the main Hospital & Clinic, Administrative Buildings, a Nursing Tower, and a Central Utility Plant. Not all buildings/areas are within the scope of this project.

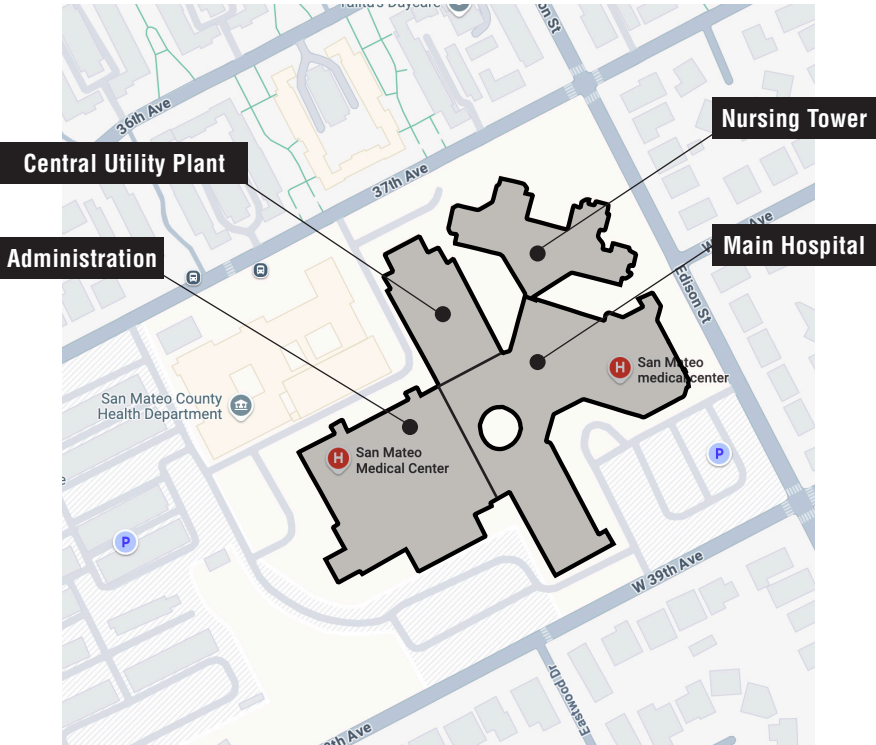
This package includes signage scope for only the following areas:

| | Lower Level | Floor 1 | Floor 2 | Floor 3 |
|-----------------------|--------------|--------------|--------------|----------|
| Main Hospital | N/A | Included | Included | Included |
| Central Utility Plant | N/A | Included | N/A | N/A |
| Admin/Link Bldg | N/A | Not in Scope | Not in Scope | N/A |
| Nursing Tower | Not in Scope | Included | Included | Included |

Site Location:
222 W. 39th Ave, San Mateo, CA



Building Context:



*General schematic representation of bldgs/areas.

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Project Overview & Scope

Sheet:

05

Project Total Sign Count

Projected total overall sign count shown,
for reference and scoping purposes only.

See Section 5 - Sign Message Schedule for complete message
schedule, including individual location numbers and messaging,
copy, or content per sign.

| TYPE | DESCRIPTION | QTY |
|--------|----------------------------------|-----|
| OR.01 | Building Directory with Map | 1 |
| OR.02 | Elevator Directory | 6 |
| DIR.01 | 8’ Overhead Directional | 12 |
| DIR.02 | 4’ Overhead Directional | 1 |
| DIR.03 | 24” Strip Directional | 11 |
| DIR.04 | 18” Strip Directional | 1 |
| WF.01 | Department Overhead ID | 14 |
| WF.02 | Department Flag | 4 |
| WF.03 | Department Dimensional Letterset | 7 |
| WF.04 | Department Plaque | 13 |
| WF.05 | Department Plaque with Hours | 9 |
| INF.01 | Info Plaque - 6"x6" | 24 |
| INF.02 | Info Plaque - 9"x9" | 11 |
| INF.03 | Info Plaque - 12"x12" | 1 |
| INF.04 | Insert Holder | 149 |
| INF.06 | Architectural Room Number | 198 |
| ID.01 | Amenity Dimensional Letterset | 5 |
| ID.03 | Amenity Flag | 21 |
| ID.05 | Tactile Room ID | 167 |
| ID.06 | Tactile Room ID with Slider | 24 |

| TYPE | DESCRIPTION | QTY |
|--------|--|------|
| ID.07 | Exam Room ID | 113 |
| ID.08a | Office ID | 25 |
| REG.01 | Entrance Vinyl | 2 |
| REG.02 | Licensing Postings | 1 |
| REG.03 | Licensing Posting Insert Holder - 8.5x11 | 4 |
| REG.04 | Licensing Posting Insert Holder - 11x17 | 6 |
| REG.05 | Restroom Door - All Gender | 14 |
| REG.06 | Restroom Wall - All Gender | 14 |
| REG.07 | Restroom Door - Women | 5 |
| REG.08 | Restroom Wall - Women | 5 |
| REG.09 | Restroom Door - Men | 5 |
| REG.10 | Restroom Wall - Men | 5 |
| REG.11 | Stair ID | 18 |
| REG.12 | Stair Level ID | 3 |
| REG.13 | Stair Fire Department | 4 |
| REG.14 | Evacuation Map Holder | 38 |
| REG.15 | Egress | 56 |
| REG.16 | Emergency Exit Only | 8 |
| REG.17 | In Case Of Fire | 1 |
| REG.18 | Fire Extinguisher Flag | 25 |
| REG.20 | Regulatory Graphic Plaque | 24 |
| | SUB-TOTAL | 1055 |

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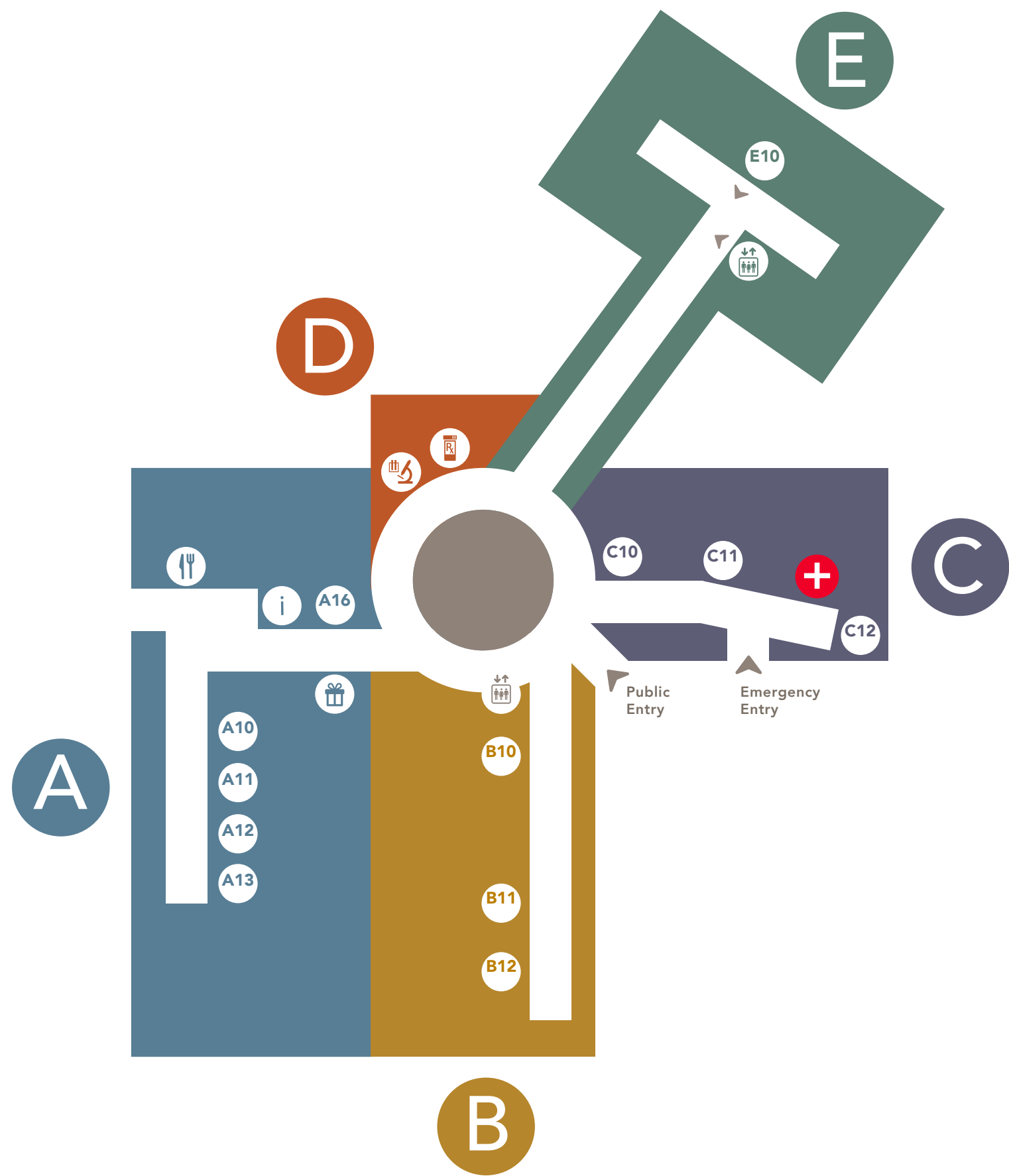
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06

Building Zoning Reference

The floor plate is divided into Five zones, A through E, as shown. First floor shown for reference. Zone bounds are consistent vertically for each floor plate.

- A** Administration Buildings
- B** Clinics
- C** Emergency
- D** Central Utility Plant
- E** Nursing



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Building Zoning Reference

Sheet:

07

Department Names & Destinations

Departments shown represent verbiage and iconography to be utilized on Wayfinding Signage. Where implemented on signage, departments shall use the full name/verbiage shown on this page.







Zone A

-  Information
-  Heartbeat Cafe
-  Gift Shop
-  Billing
-  Medical Records
-  Admitting
-  Health Coverage Unit
-  Public Health Lab
-  San Mateo County Health Foundation
-  Board Room
-  Patient Experience
-  Volunteers
-  Classroom 1
-  Classroom 2
-  Classrooms (When combined)
-  Materials Management
-  Administration
-  San Mateo County Coroner’s Office

Zone B

-  Senior Care Clinic
-  Edison Clinic
-  Future Dpt. (TBD)
-  Surgical Specialty Clinic
-  Medical Specialty Clinic
-  Integrated Behavioral Health
-  OB/GYN Clinic
-  Adult Primary Care Clinic
-  Pediatric Clinic






Zone C

-  Emergency
-  Meditation Room
-  Imaging
-  Keller Center
-  Psychiatric Emergency Services
-  Intensive Care

Zone D

-  Laboratory
-  Pharmacy
-  Endoscopy
-  Infusion
-  Surgery (TBD)

Zone E

-  Garden Cafe
-  Zone E Elevators
-  Pain Management
-  Rehabilitation
-  Respiratory
-  Nutritionist
-  Skilled Nursing Rooms 101-132
-  Medical/Surgical Rooms 201-234
-  Acute Psychiatric Rooms 301-332

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Title:

Department Names &
Destinations

Sheet:

08

COLOR PALETTE

C1



COLOR MATCH
Mathews Paint
42202SP
“Natural White”

C2



COLOR MATCH
“ATRIUM”
Pantone 404C

C3



COLOR MATCH
“EMERGENCY”
Pantone 1795 C

C4



COLOR MATCH
Pantone Black 3C

C5



COLOR MATCH
“ZONE A”
Pantone 5415 C

C6



COLOR MATCH
“ZONE B”
Pantone 7551 C

C7



COLOR MATCH
“ZONE C”
Pantone 2363 C

C8



COLOR MATCH
“ZONE D”
Pantone 2020 C

C9



COLOR MATCH
“ZONE E”
Pantone 5555 C

C10



COLOR MATCH
“BIOHAZARD”
Pantone 151 C

C11



COLOR MATCH
“EYE WASH”
Pantone 348 C

C12



COLOR MATCH
“CAUTION”
Pantone 108 C

V1



VINYL
Surface applied graphic vinyl
3M 180C-10 “White”

TYPOGRAPHY

T1

TYPEFACE 1
Avenir - Black (optically kerned)

abcdefghijklmnopqrstuvwxyz - 1234567890
ABCDEFGHIJKLMNOPQRSTUVWXYZ

T2

TYPEFACE 2
Avenir - Medium (optically kerned)

abcdefghijklmnopqrstuvwxyz - 1234567890
ABCDEFGHIJKLMNOPQRSTUVWXYZ

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Colors & Typography

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09

SYMBOLS & ICONOGRAPHY



Main Entrance



Emergency



Main Elevators



Zone E Elevators



Information



Café



Gift Shop



All Gender
Restroom



Womens
Restroom



Mens
Restroom



Water
Fountain



Pharmacy



Laboratory



Stair



In Case
Of Fire



Department



Meditation



FEC



AED



Biohazard



Eye Wash



Hazardous
Materials



Up Arrow



Right Arrow



Left Arrow

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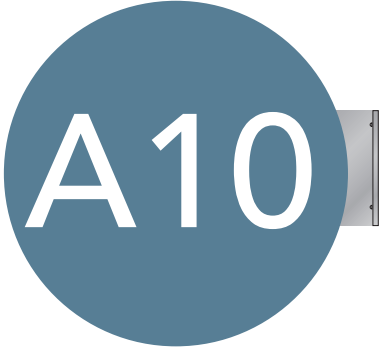

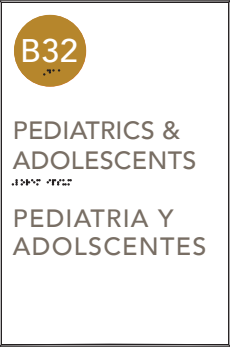






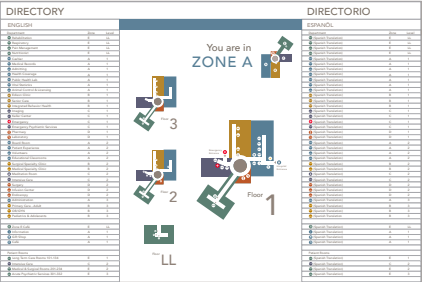
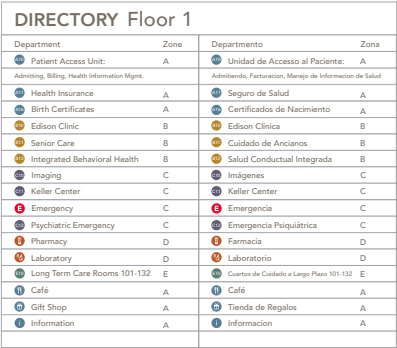
Title:

Iconography

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10

NOTE: Sign Type is based on sign and copy size. Example copy shown. Content is project specific

| | | | | |
|---|--|---|---|---|
|  |  |  |  |  |
| WF.0148" x 12" | WF.0212" Diameter | WF.03Varies x 12" | WF.048" x 12" | WF.058" x 12" |
|  |  |  |  |  |
| DIR.0196" x 12" | DIR.0248" x 12" | DIR.0324" x 36" | DIR.0418" x 36" | DIR.0512" x 36" |
|  |  | | | |
| OR.0160" x 40" | OR.0242" x 48" | | | |
| | | | | |

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Visual Hierarchy
Wayfinding Sign Types

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IDENTIFICATION

NOTE: Sign Type is based on sign and copy size. Example copy shown. Content is project specific

| | | | | |
|--|---|---|---|---|
| <div><div>i</div><div>Information</div></div> | <div><div><div><div><div></div></div><div><div></div></div></div><div><div></div></div></div></div> | <div><div>UTILITY</div><div><div></div></div></div> | <div><div>CONFERENCE ROOM</div><div><div></div></div><div><div>In Use</div><div><div></div></div></div></div> | <div><div>EXAM ROOM</div><div>2</div><div><div></div></div></div> |
| <div>ID.01</div> <div>Varies x12"</div> | <div>ID.03</div> <div>12" Diameter</div> | <div>ID.05</div> <div>8" x 4"</div> | <div>ID.06</div> <div>8" x 6"</div> | <div>ID.07</div> <div>8" x 6"</div> |
| <div><div>OFFICE</div><div><div></div></div><div><div>John Doe, MD</div><div>Jane Doe, MD</div><div>John Doe, MD</div></div></div> | | | | |
| <div>ID.08</div> <div>8" x 6"</div> | | | | |
| | | | | |
| | | | | |

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| 09.19.2024 | As Noted |

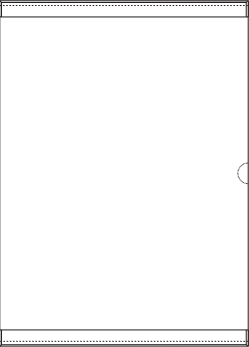
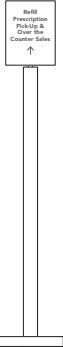
Title:

Visual Hierarchy

Identification Sign Types

Sheet:

NOTE: Sign Type is based on sign and copy size. Example copy shown. Content is project specific

| | | | | |
|--|---|---|---|---|
| <div>Authorized Personnel Only</div> <div>Solo personal autorizado</div> | <div>Please do not leave children unattended</div> <div>Por favor no deje a sus ninos sin vigilar</div> | <div>Please take your valuables with you when you leave the dressing room.</div> <div>Por favor al salirdel vestuario lleve con usted sus objectors de valor.</div> |  |  |
| INF.016" x 6" | INF.029" x 9" | INF.0312" x 12" | INF.048 1/2" x 12" | INF.058 1/2" x 5'-0" |
| <div>324601</div> | | | | |
| INF.063" x 1" | | | | |
| | | | | |
| | | | | |

Prepared By:



3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

AUDIT REPORT

Do Not Use As Fabrication Drawing

Revisions / Bulletins:

90% CD01.30.2025

95% CD03.18.2025

Checked by:

Approval:

Program Number:

24-311

Drawn By:

GN

Original Issue:

09.19.2024

Scale:

As Noted

Title:

Visual Hierarchy
Informational Sign Types

Sheet:

NOTE: Sign Type is based on sign and copy size. Example copy shown. Content is project specific

| | | | | | | | | | |
|---|--|--|--|--|-----------------|-----------------|---------------------------------------|-----------------|----------------|
| <div><div>Hours: 7:00 am - 5:00 pm</div><div>Saturday, Sunday and Holidays Closed Hours may vary by department</div></div> <div><div><div></div><div>Wi-Fi</div></div><div><div></div><div>NO WEAPONS ALLOWED</div></div></div> | <div><div><div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div><div></div><div></div></div></div></div></div> | <div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div> | <div><div></div></div> | <div><div><div><div><div></div><div></div></div><div><div></div><div></div><div></div></div></div><div>ALL GENDER RESTROOM</div><div>♂ ♀ ♿</div></div></div> | REG.0122" x 32" | REG.0278" x 53" | REG.039" x 12" REG.0412" x 17 1/2" | REG.0512" x 12" | REG.068" x 10" |
| <div><div></div></div> | <div><div><div><div><div></div><div></div></div><div><div></div><div></div><div></div></div></div><div>WOMEN</div><div>♂ ♀ ♿</div></div></div> | <div><div></div></div> | <div><div><div><div><div></div><div></div></div><div><div></div><div></div><div></div></div></div><div>MEN</div><div>♂ ♀ ♿</div></div></div> | <div><div>STAIR 3 EXIT STAIR DOWN</div><div>♂ ♀ ♿</div></div> | REG.0712" x 12" | REG.088" x 10" | REG.0912" x 10 1/2" | REG.108" x 10" | REG.118" x 6" |
| <div><div>LEVEL 4</div><div>♂ ♀ ♿</div></div> | <div><div>STAIR NO. 1 NO ROOF ACCESS</div><div>2</div><div>↓ DOWN TO FLOOR 1 FOR EXIT DISCHARGE 1 TO 3</div></div> | <div><div></div></div> | <div><div>EXIT ROUTE</div><div>♂ ♀ ♿</div></div> | <div><div>Emergency Exit Only</div><div>Sólo salida de emergencia</div></div> | REG.128" x 6" | REG.1317" x 18" | REG.1417" x 12" | REG.158" x 6" | REG.168" x 6" |
| <div><div>IN FIRE EMERGENCY, DO NOT USE ELEVATOR. USE EXIT STAIRS.</div><div></div></div> | <div><div></div></div> | <div><div>AED</div><div></div><div>Automated External Defibrillator</div></div> | <div><div>BIOHAZARD</div><div></div></div> | <div><div>Max Occupancy</div><div>130</div></div> | REG.176" x 6" | REG.186" x 6" | REG.1912" x 12" | REG.206" x 6" | REG.218" x 6" |

Prepared By:

GNU
GROUP

3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:

SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

222 W 39th Ave,
San Mateo, CA 94403

AUDIT REPORT

Do Not Use As Fabrication Drawing

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24-311

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GN

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Title:

Visual Hierarchy
Regulatory Sign Types

Sheet:

LOCATION PLAN

Floor 1 – Overall Plan

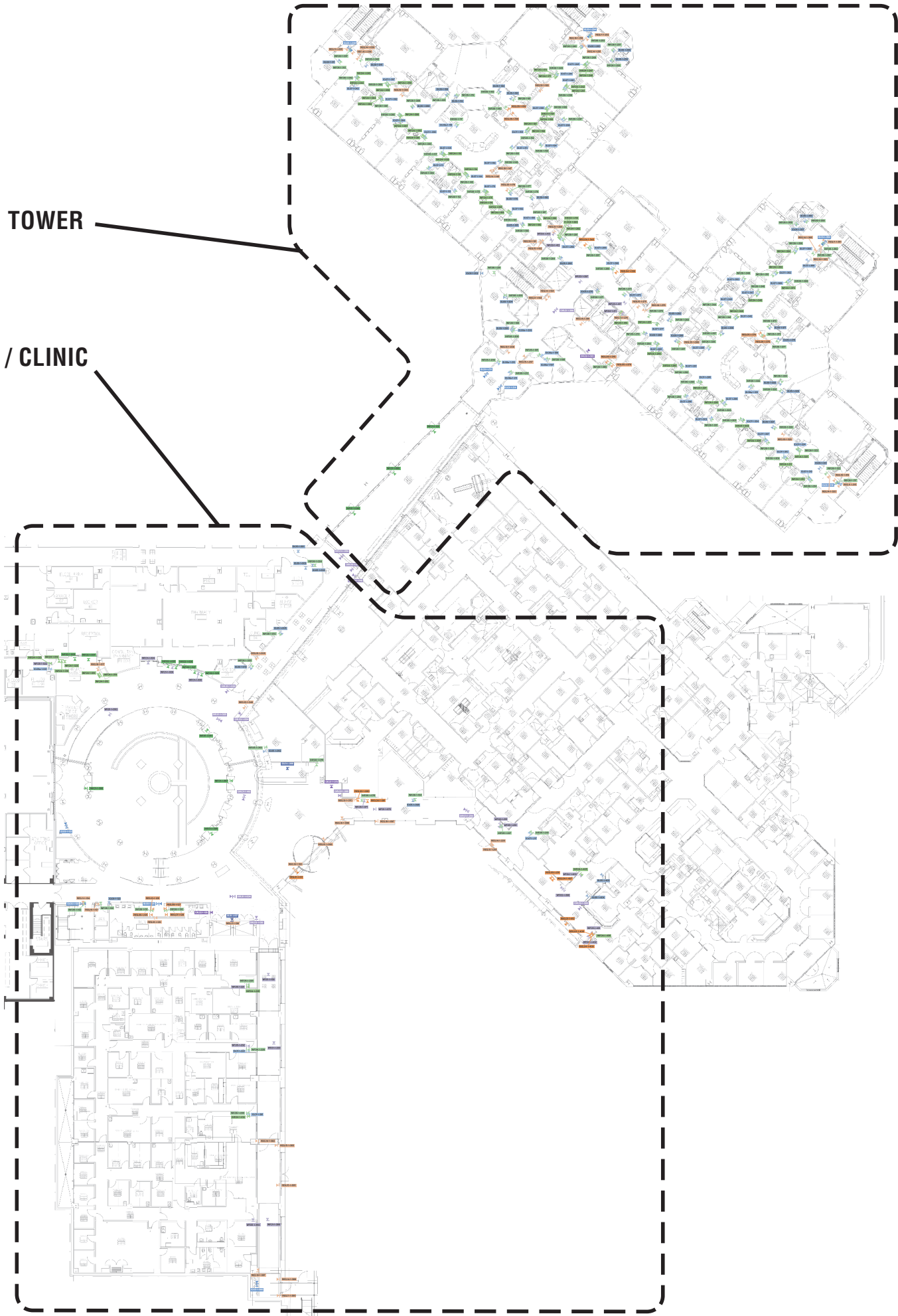
NOTE:
See following pages for area details.

| SIGN CATEGORY KEY: | | |
|--------------------|----------------|--|
| | Wayfinding | |
| | Informational | |
| | Identification | |
| | Regulatory | |

| SIGN TYPE KEY: | | |
|----------------|--------|-----------------------------------|
| | OR.01 | Building Directory with Map |
| | OR.02 | Elevator Directory (no map) |
| | DIR.01 | 8' Overhead Directional |
| | DIR.02 | 4' Overhead Directional |
| | DIR.03 | 24" Strip Directional |
| | DIR.04 | 18" Strip Directional |
| | DIR.05 | 12" Strip Directional |
| | WF.01 | Department Overhead ID |
| | WF.02 | Department Flag |
| | WF.03 | Department Dimensional Letters |
| | WF.04 | Department Plaque |
| | WF.05 | Department Plaque with Hours |
| | INF.01 | Info Plaque - 6"x6" |
| | INF.02 | Info Plaque - 9"x9" |
| | INF.03 | Info Plaque - 12"x12" |
| | INF.04 | Insert Holder |
| | INF.06 | Architectural Room Number |
| | ID.01 | Amenity Dimensional Letterset |
| | ID.03 | Amenity Flag |
| | ID.05 | Tactile Room ID |
| | ID.06 | Tactile Room ID with Slider |
| | ID.07 | Exam Room ID |
| | ID.08a | Office ID |
| | ID.08b | Office ID, Cubical Type |
| | REG.01 | Entrance Vinyl |
| | REG.02 | Licensing Postings |
| | REG.03 | Licensing Posting Holder - 8.5x11 |
| | REG.04 | Licensing Posting Holder - 11x17 |
| | REG.05 | Restroom Door - All Gender |
| | REG.06 | Restroom Wall - All Gender |
| | REG.07 | Restroom Door - Women |
| | REG.08 | Restroom Wall - Women |
| | REG.09 | Restroom Door - Men |
| | REG.10 | Restroom Wall - Men |
| | REG.11 | Stair ID |
| | REG.12 | Stair Level ID |
| | REG.13 | Stair Fire Department |
| | REG.14 | Evacuation Map Holder |
| | REG.15 | Egress |
| | REG.16 | Emergency Exit Only |
| | REG.17 | In Case Of Fire |
| | REG.18 | Fire Extinguisher Flag |
| | REG.19 | AED Flag |
| | REG.20 | Regulatory Graphic Plaque |
| | REG.21 | Max Occupancy |

NURSING TOWER

HOSPITAL / CLINIC



Prepared By:



3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

90% CONSTRUCTION
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Do Not Use As Fabrication Drawing

Revisions / Bulletins:

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| 90% CD | 01.30.2025 |
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Approval:

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CS

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As Noted

Title:

Sign Location Plan
Floor 1 - Overall Plan

Sheet:

17

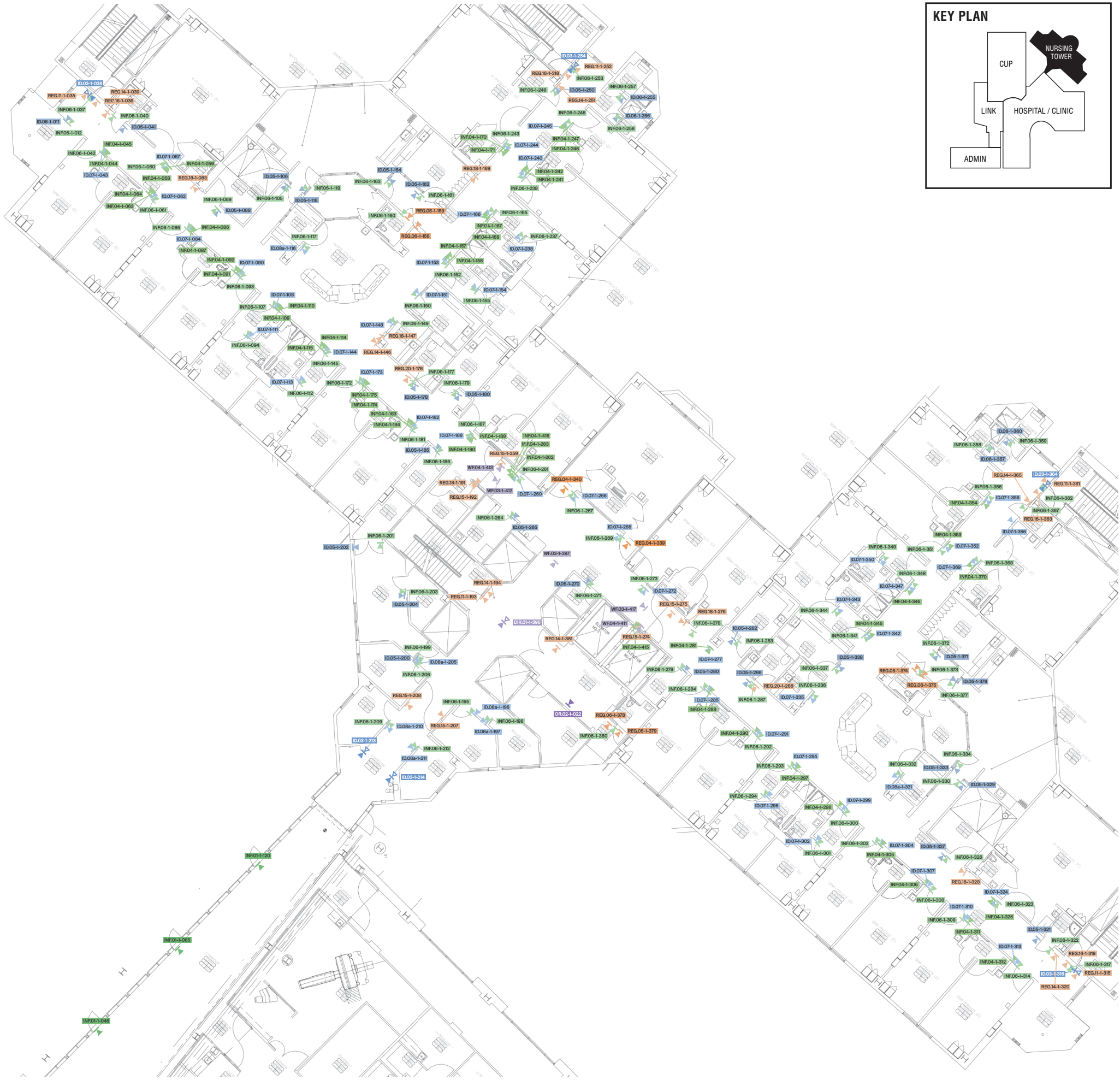
LOCATION PLAN
Floor 1 – Nursing Tower

SIGN CATEGORY KEY:

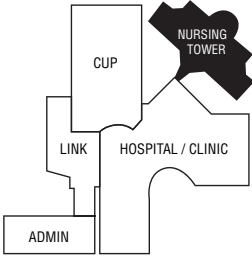
- Wayfinding
- Informational
- Identification
- Regulatory

SIGN TYPE KEY:

| | |
|--------|-----------------------------------|
| OR.01 | Building Directory with Map |
| OR.02 | Elevator Directory (no map) |
| DIR.01 | 8' Overhead Directional |
| DIR.02 | 4' Overhead Directional |
| DIR.03 | 24" Strip Directional |
| DIR.04 | 18" Strip Directional |
| DIR.05 | 12" Strip Directional |
| WF.01 | Department Overhead ID |
| WF.02 | Department Flag |
| WF.03 | Department Dimensional Letters |
| WF.04 | Department Plaque |
| WF.05 | Department Plaque with Hours |
| INF.01 | Info Plaque - 6"x6" |
| INF.02 | Info Plaque - 9"x9" |
| INF.03 | Info Plaque - 12"x12" |
| INF.04 | Insert Holder |
| INF.06 | Architectural Room Number |
| ID.01 | Amenity Dimensional Letterset |
| ID.03 | Amenity Flag |
| ID.05 | Tactile Room ID |
| ID.06 | Tactile Room ID with Slider |
| ID.07 | Exam Room ID |
| ID.08a | Office ID |
| ID.08b | Office ID, Cubical Type |
| REG.01 | Entrance Vinyl |
| REG.02 | Licensing Postings |
| REG.03 | Licensing Posting Holder - 8.5x11 |
| REG.04 | Licensing Posting Holder - 11x17 |
| REG.05 | Restroom Door - All Gender |
| REG.06 | Restroom Wall - All Gender |
| REG.07 | Restroom Door - Women |
| REG.08 | Restroom Wall - Women |
| REG.09 | Restroom Door - Men |
| REG.10 | Restroom Wall - Men |
| REG.11 | Stair ID |
| REG.12 | Stair Level ID |
| REG.13 | Stair Fire Department |
| REG.14 | Evacuation Map Holder |
| REG.15 | Egress |
| REG.16 | Emergency Exit Only |
| REG.17 | In Case Of Fire |
| REG.18 | Fire Extinguisher Flag |
| REG.19 | AED Flag |
| REG.20 | Regulatory Graphic Plaque |
| REG.21 | Max Occupancy |



KEY PLAN



Prepared By:



3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

90% CONSTRUCTION
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Do Not Use As Fabrication Drawing

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Checked by:

Approval:

Program Number:

24-311

Drawn By:

CS

Original Issue:

10.21.2024

Scale:

As Noted

Title:

Sign Location Plan
Floor 1 - Nursing Tower

Sheet:

18

LOCATION PLAN

Floor 1 – Hospital / Clinic

| SIGN CATEGORY KEY: | | |
|--------------------|----------------|--|
| | Wayfinding | |
| | Informational | |
| | Identification | |
| | Regulatory | |

| SIGN TYPE KEY: | | |
|----------------|--------|-----------------------------------|
| | OR.01 | Building Directory with Map |
| | OR.02 | Elevator Directory (no map) |
| | DIR.01 | 8' Overhead Directional |
| | DIR.02 | 4' Overhead Directional |
| | DIR.03 | 24" Strip Directional |
| | DIR.04 | 18" Strip Directional |
| | DIR.05 | 12" Strip Directional |
| | WF.01 | Department Overhead ID |
| | WF.02 | Department Flag |
| | WF.03 | Department Dimensional Letters |
| | WF.04 | Department Plaque |
| | WF.05 | Department Plaque with Hours |
| | INF.01 | Info Plaque - 6"x6" |
| | INF.02 | Info Plaque - 9"x9" |
| | INF.03 | Info Plaque - 12"x12" |
| | INF.04 | Insert Holder |
| | INF.06 | Architectural Room Number |
| | ID.01 | Amenity Dimensional Letterset |
| | ID.03 | Amenity Flag |
| | ID.05 | Tactile Room ID |
| | ID.06 | Tactile Room ID with Slider |
| | ID.07 | Exam Room ID |
| | ID.08a | Office ID |
| | ID.08b | Office ID, Cubical Type |
| | REG.01 | Entrance Vinyl |
| | REG.02 | Licensing Postings |
| | REG.03 | Licensing Posting Holder - 8.5x11 |
| | REG.04 | Licensing Posting Holder - 11x17 |
| | REG.05 | Restroom Door - All Gender |
| | REG.06 | Restroom Wall - All Gender |
| | REG.07 | Restroom Door - Women |
| | REG.08 | Restroom Wall - Women |
| | REG.09 | Restroom Door - Men |
| | REG.10 | Restroom Wall - Men |
| | REG.11 | Stair ID |
| | REG.12 | Stair Level ID |
| | REG.13 | Stair Fire Department |
| | REG.14 | Evacuation Map Holder |
| | REG.15 | Egress |
| | REG.16 | Emergency Exit Only |
| | REG.17 | In Case Of Fire |
| | REG.18 | Fire Extinguisher Flag |
| | REG.19 | AED Flag |
| | REG.20 | Regulatory Graphic Plaque |
| | REG.21 | Max Occupancy |



Prepared By:



3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

90% CONSTRUCTION
DOCUMENTATION

Do Not Use As Fabrication Drawing

| Revisions / Bulletins: | | |
|------------------------|--|------------|
| 90% CD | | 01.30.2025 |
| 95% CD | | 03.18.2025 |

Checked by:

Approval:

| | |
|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:

Sign Location Plan
Floor 1 - Hospital / Clinic

Sheet:

19

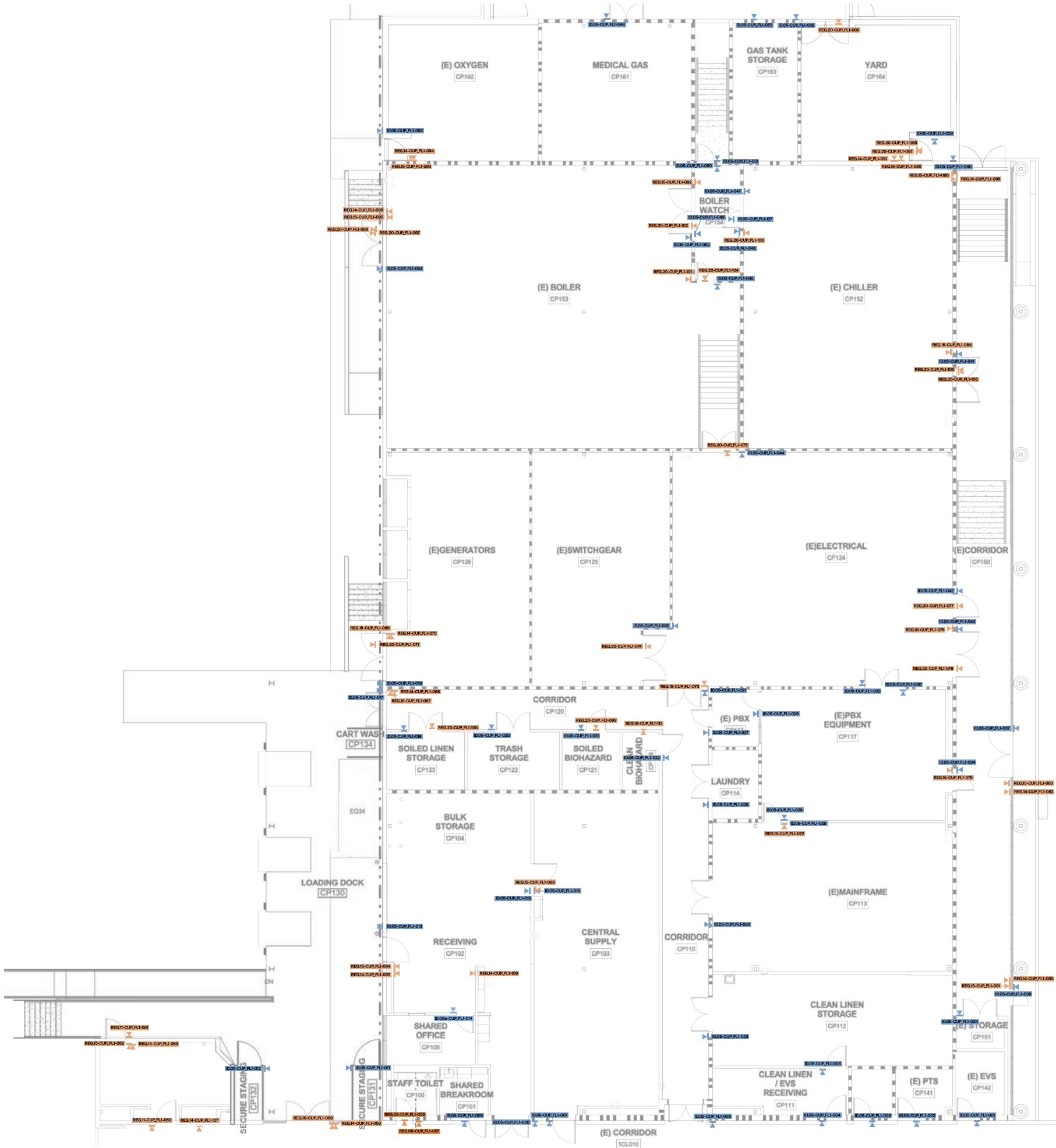
LOCATION PLAN
Floor 1 – CUP

SIGN CATEGORY KEY:

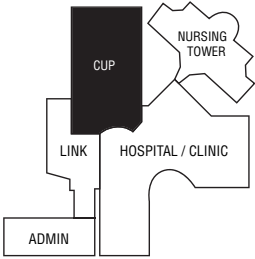
- Wayfinding
- Informational
- Identification
- Regulatory

SIGN TYPE KEY:

| | | |
|----------------|--------|-----------------------------------|
| Wayfinding | OR.01 | Building Directory with Map |
| | OR.02 | Elevator Directory (no map) |
| | DIR.01 | 8' Overhead Directional |
| | DIR.02 | 4' Overhead Directional |
| | DIR.03 | 24" Strip Directional |
| Informational | DIR.04 | 18" Strip Directional |
| | DIR.05 | 12" Strip Directional |
| | WF.01 | Department Overhead ID |
| | WF.02 | Department Flag |
| | WF.03 | Department Dimensional Letters |
| Identification | WF.04 | Department Plaque |
| | WF.05 | Department Plaque with Hours |
| | INF.01 | Info Plaque - 6"x6" |
| | INF.02 | Info Plaque - 9"x9" |
| | INF.03 | Info Plaque - 12"x12" |
| Regulatory | INF.04 | Insert Holder |
| | INF.06 | Architectural Room Number |
| | ID.01 | Amenity Dimensional Letterset |
| | ID.03 | Amenity Flag |
| | ID.05 | Tactile Room ID |
| Regulatory | ID.06 | Tactile Room ID with Slider |
| | ID.07 | Exam Room ID |
| | ID.08a | Office ID |
| | ID.08b | Office ID, Cubical Type |
| | REG.01 | Entrance Vinyl |
| Regulatory | REG.02 | Licensing Postings |
| | REG.03 | Licensing Posting Holder - 8.5x11 |
| | REG.04 | Licensing Posting Holder - 11x17 |
| | REG.05 | Restroom Door - All Gender |
| | REG.06 | Restroom Wall - All Gender |
| Regulatory | REG.07 | Restroom Door - Women |
| | REG.08 | Restroom Wall - Women |
| | REG.09 | Restroom Door - Men |
| | REG.10 | Restroom Wall - Men |
| | REG.11 | Stair ID |
| Regulatory | REG.12 | Stair Level ID |
| | REG.13 | Stair Fire Department |
| | REG.14 | Evacuation Map Holder |
| | REG.15 | Egress |
| | REG.16 | Emergency Exit Only |
| Regulatory | REG.17 | In Case Of Fire |
| | REG.18 | Fire Extinguisher Flag |
| | REG.19 | AED Flag |
| | REG.20 | Regulatory Graphic Plaque |
| | REG.21 | Max Occupancy |



KEY PLAN



Prepared By:

GNU
GROUP

3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

90% CONSTRUCTION
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Do Not Use As Fabrication Drawing

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Drawn By:

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Scale:

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Title:

Sign Location Plan
Floor 1 - CUP

Sheet:

20

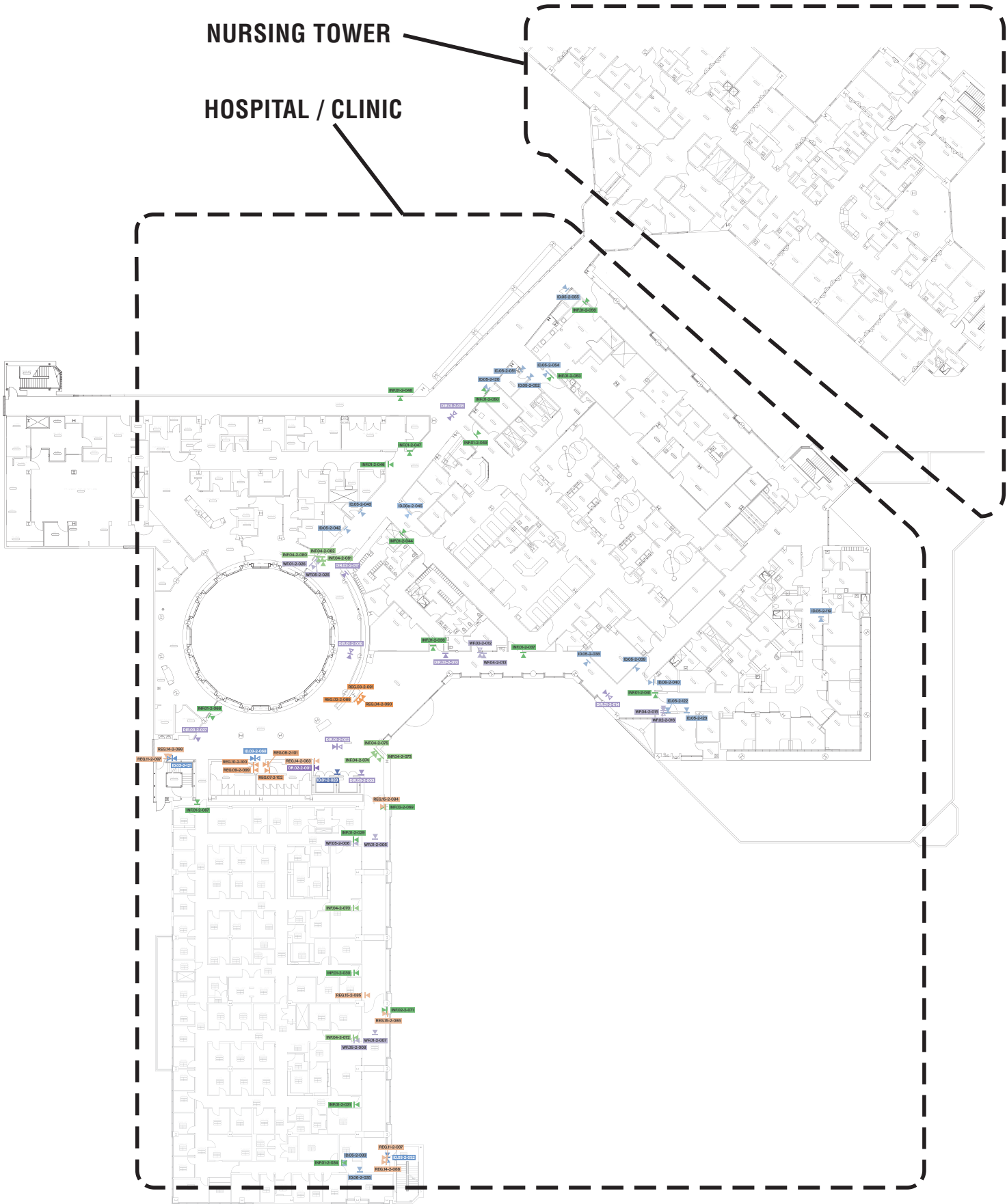
LOCATION PLAN

Floor 2 – Overall

NOTE:
See following pages for area details.

| SIGN CATEGORY KEY: | | |
|--------------------|----------------|--|
| | Wayfinding | |
| | Informational | |
| | Identification | |
| | Regulatory | |

| SIGN TYPE KEY: | | |
|----------------|--------|-----------------------------------|
| | OR.01 | Building Directory with Map |
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| | INF.02 | Info Plaque - 9"x9" |
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| | INF.04 | Insert Holder |
| | INF.06 | Architectural Room Number |
| | ID.01 | Amenity Dimensional Letterset |
| | ID.03 | Amenity Flag |
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| | ID.07 | Exam Room ID |
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| | REG.01 | Entrance Vinyl |
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| | REG.11 | Stair ID |
| | REG.12 | Stair Level ID |
| | REG.13 | Stair Fire Department |
| | REG.14 | Evacuation Map Holder |
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| | REG.16 | Emergency Exit Only |
| | REG.17 | In Case Of Fire |
| | REG.18 | Fire Extinguisher Flag |
| | REG.19 | AED Flag |
| | REG.20 | Regulatory Graphic Plaque |
| | REG.21 | Max Occupancy |



Prepared By:



3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

90% CONSTRUCTION DOCUMENTATION

Do Not Use As Fabrication Drawing

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Checked by:

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24-311

Drawn By:

CS

Original Issue:

10.21.2024

Scale:

As Noted

Title:

Sign Location Plan
Floor 2 - Overall

Sheet:

21

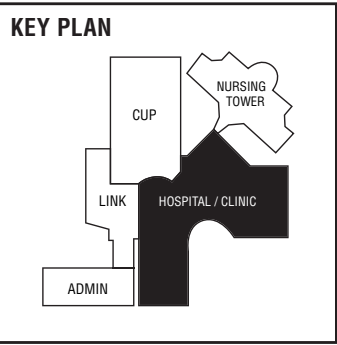
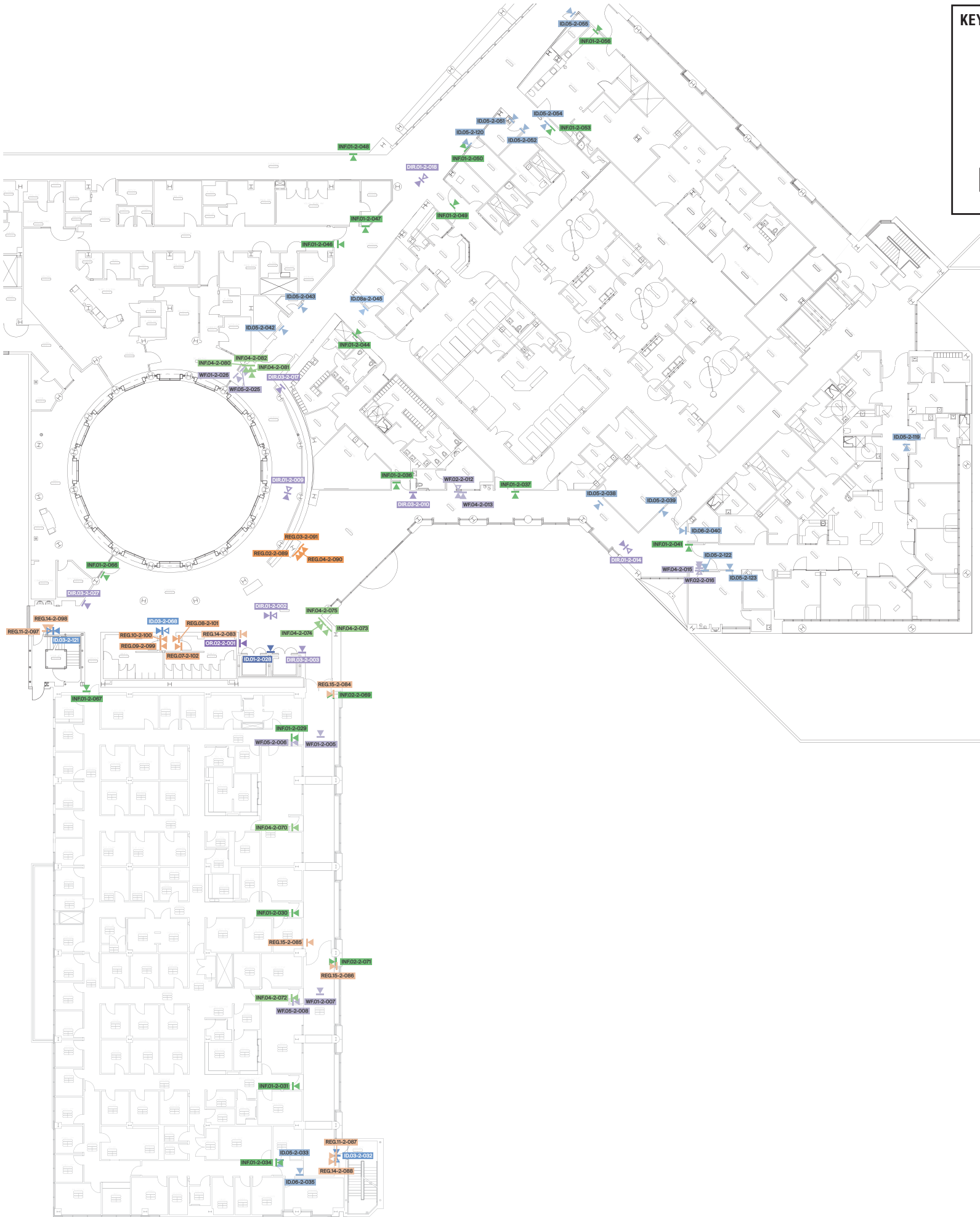
LOCATION PLAN
Floor 2 – Hospital / Clinic

SIGN CATEGORY KEY:

- Wayfinding
- Informational
- Identification
- Regulatory

SIGN TYPE KEY:

| | |
|--------|-----------------------------------|
| OR.01 | Building Directory with Map |
| OR.02 | Elevator Directory (no map) |
| DIR.01 | 8' Overhead Directional |
| DIR.02 | 4' Overhead Directional |
| DIR.03 | 24" Strip Directional |
| DIR.04 | 18" Strip Directional |
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| REG.08 | Restroom Wall - Women |
| REG.09 | Restroom Door - Men |
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| REG.11 | Stair ID |
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| REG.15 | Egress |
| REG.16 | Emergency Exit Only |
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| REG.18 | Fire Extinguisher Flag |
| REG.19 | AED Flag |
| REG.20 | Regulatory Graphic Plaque |
| REG.21 | Max Occupancy |



Prepared By:



3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

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Program Location:



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Do Not Use As Fabrication Drawing

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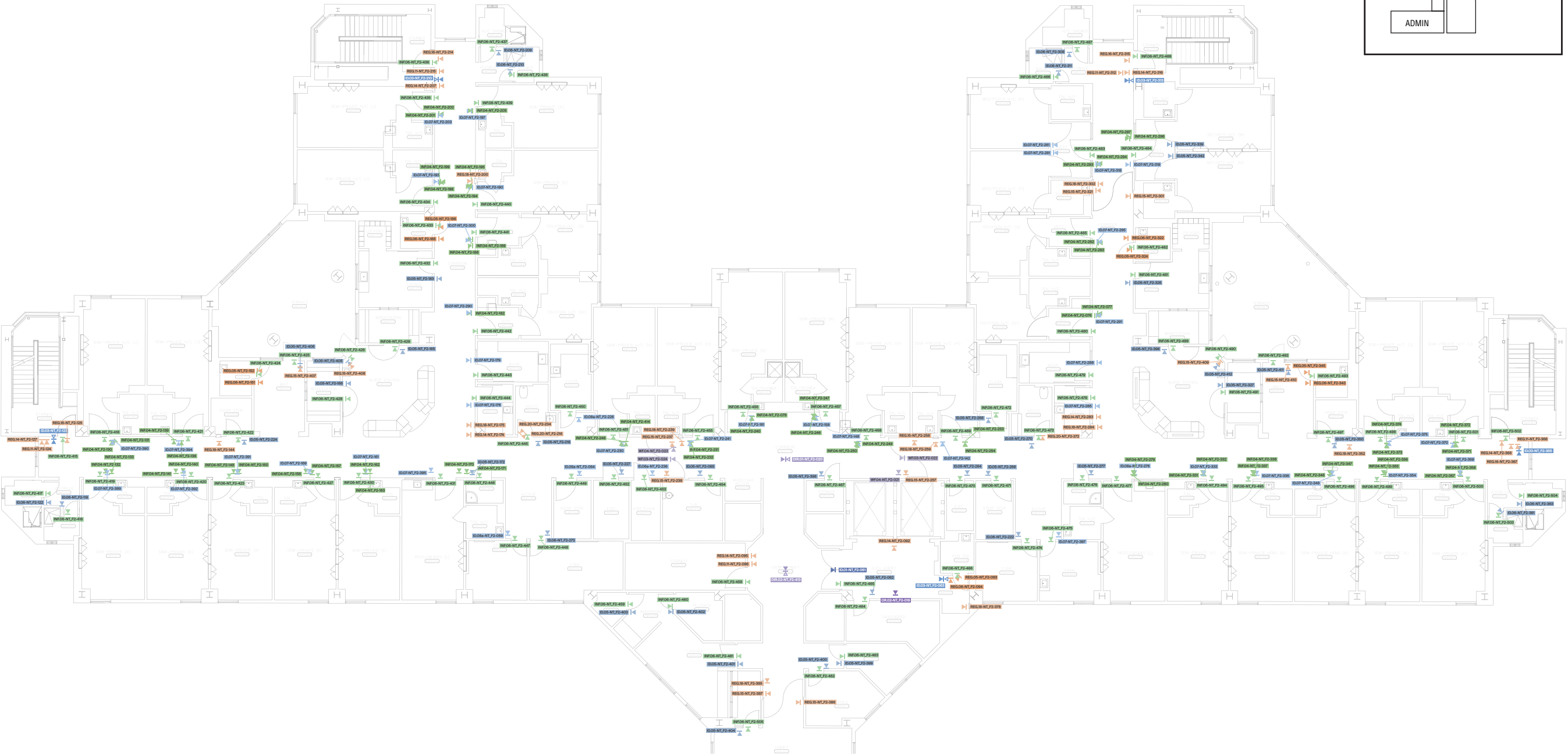
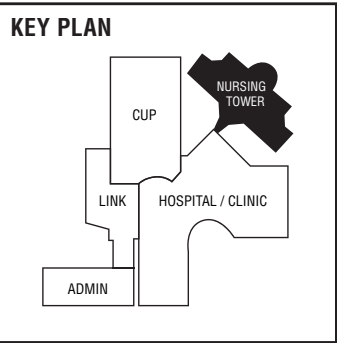
Title:

Sign Location Plan
Floor 2 - Hospital / Clinic

Sheet:

22

LOCATION PLAN
Floor 2 – Nursing Tower



SIGN CATEGORY KEY:

- Wayfinding
- Informational
- Identification
- Regulatory

SIGN TYPE KEY:

- OR.01 Building Directory with Map
- OR.02 Elevator Directory (no map)
- DIR.01 8' Overhead Directional
- DIR.02 4' Overhead Directional
- DIR.03 24" Strip Directional
- DIR.04 18" Strip Directional
- DIR.05 12" Strip Directional
- WF.01 Department Overhead ID
- WF.02 Department Flag
- WF.03 Department Dimensional Letters
- WF.04 Department Plaque
- WF.05 Department Plaque with Hours
- INF.01 Info Plaque - 6"x6"
- INF.02 Info Plaque - 9"x9"
- INF.03 Info Plaque - 12"x12"
- INF.04 Insert Holder
- INF.06 Architectural Room Number
- ID.01 Amenity Dimensional Letterset
- ID.03 Amenity Flag
- ID.05 Tactile Room ID
- ID.06 Tactile Room ID with Slider
- ID.07 Exam Room ID
- ID.08a Office ID
- ID.08b Office ID, Cubical Type
- REG.01 Entrance Vinyl
- REG.02 Licensing Postings
- REG.03 Licensing Posting Holder - 8.5x11
- REG.04 Licensing Posting Holder - 11x17
- REG.05 Restroom Door - All Gender
- REG.06 Restroom Wall - All Gender
- REG.07 Restroom Door - Women
- REG.08 Restroom Wall - Women
- REG.09 Restroom Door - Men
- REG.10 Restroom Wall - Men
- REG.11 Stair ID
- REG.12 Stair Level ID
- REG.13 Stair Fire Department
- REG.14 Evacuation Map Holder
- REG.15 Egress
- REG.16 Emergency Exit Only
- REG.17 In Case Of Fire
- REG.18 Fire Extinguisher Flag
- REG.19 AED Flag
- REG.20 Regulatory Graphic Plaque
- REG.21 Max Occupancy

Prepared By:



3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

90% CONSTRUCTION
DOCUMENTATION

Do Not Use As Fabrication Drawing

Revisions / Bulletins:

Table with 2 columns: Revision/Bulletin (90% CD, 95% CD) and Date (01.30.2025, 03.18.2025)

Checked by:

Approval:

Table with 2 columns: Program Number (24-311), Drawn By (CS), Original Issue (10.21.2024), Scale (As Noted)

Title:

Sign Location Plan
Floor 2 - Nursing Tower

Sheet:

LOCATION PLAN
Floor 3 – Overall

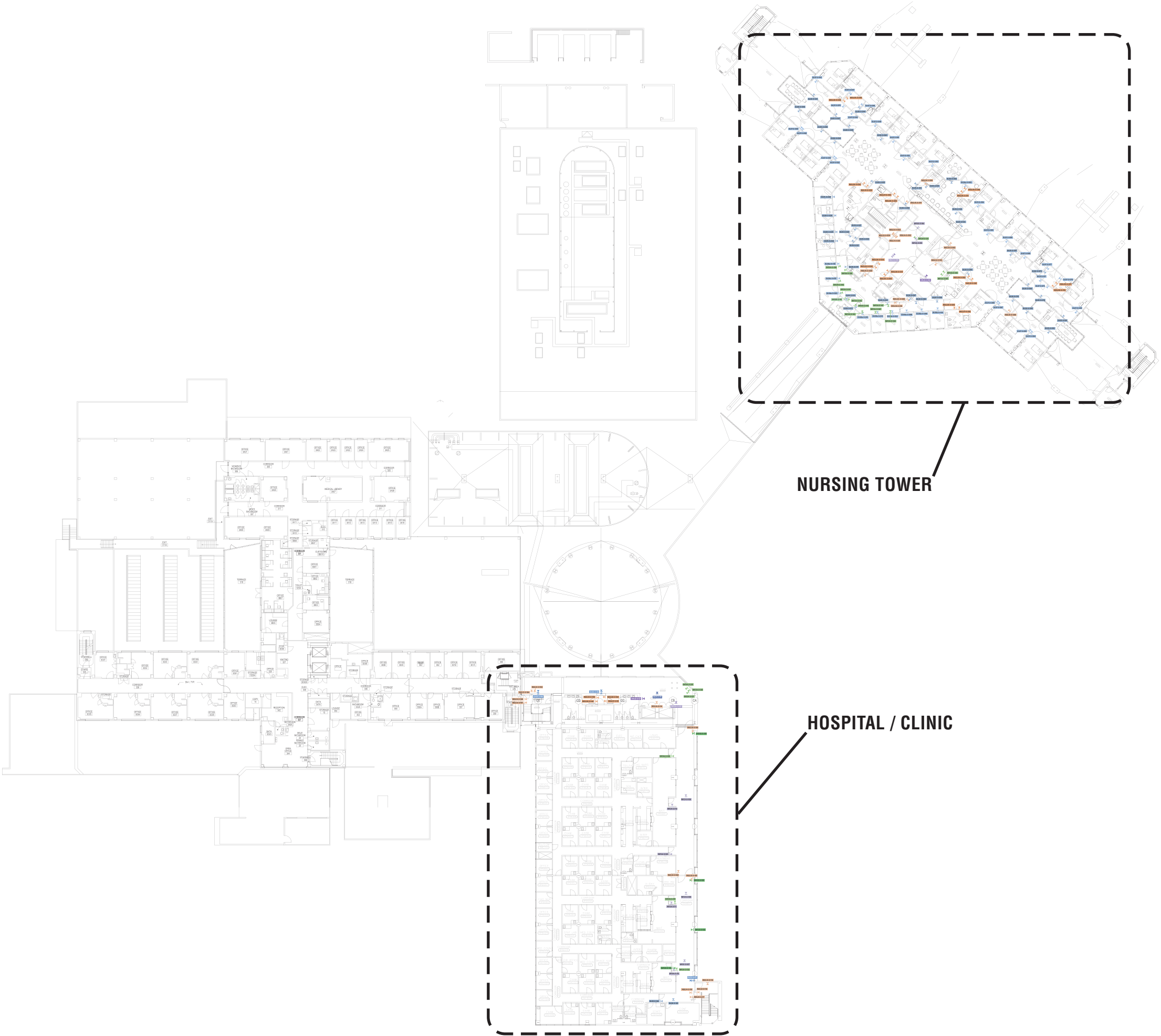
NOTE:
See following pages for area details.

SIGN CATEGORY KEY:

- Wayfinding
- Informational
- Identification
- Regulatory

SIGN TYPE KEY:

| | | |
|--|--------|-----------------------------------|
| | OR.01 | Building Directory with Map |
| | OR.02 | Elevator Directory (no map) |
| | DIR.01 | 8' Overhead Directional |
| | DIR.02 | 4' Overhead Directional |
| | DIR.03 | 24" Strip Directional |
| | DIR.04 | 18" Strip Directional |
| | DIR.05 | 12" Strip Directional |
| | WF.01 | Department Overhead ID |
| | WF.02 | Department Flag |
| | WF.03 | Department Dimensional Letters |
| | WF.04 | Department Plaque |
| | WF.05 | Department Plaque with Hours |
| | INF.01 | Info Plaque - 6"x6" |
| | INF.02 | Info Plaque - 9"x9" |
| | INF.03 | Info Plaque - 12"x12" |
| | INF.04 | Insert Holder |
| | INF.06 | Architectural Room Number |
| | ID.01 | Amenity Dimensional Letterset |
| | ID.03 | Amenity Flag |
| | ID.05 | Tactile Room ID |
| | ID.06 | Tactile Room ID with Slider |
| | ID.07 | Exam Room ID |
| | ID.08a | Office ID |
| | ID.08b | Office ID, Cubical Type |
| | REG.01 | Entrance Vinyl |
| | REG.02 | Licensing Postings |
| | REG.03 | Licensing Posting Holder - 8.5x11 |
| | REG.04 | Licensing Posting Holder - 11x17 |
| | REG.05 | Restroom Door - All Gender |
| | REG.06 | Restroom Wall - All Gender |
| | REG.07 | Restroom Door - Women |
| | REG.08 | Restroom Wall - Women |
| | REG.09 | Restroom Door - Men |
| | REG.10 | Restroom Wall - Men |
| | REG.11 | Stair ID |
| | REG.12 | Stair Level ID |
| | REG.13 | Stair Fire Department |
| | REG.14 | Evacuation Map Holder |
| | REG.15 | Egress |
| | REG.16 | Emergency Exit Only |
| | REG.17 | In Case Of Fire |
| | REG.18 | Fire Extinguisher Flag |
| | REG.19 | AED Flag |
| | REG.20 | Regulatory Graphic Plaque |
| | REG.21 | Max Occupancy |



Prepared By:



3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

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DOCUMENTATION

Do Not Use As Fabrication Drawing

Revisions / Bulletins:

90% CD 01.30.2025

95% CD 03.18.2025

Checked by:

Approval:

Program Number:

24-311

Drawn By:

CS

Original Issue:

10.21.2024

Scale:

As Noted

Title:

Sign Location Plan
Floor 3 - Overall

Sheet:

24

LOCATION PLAN

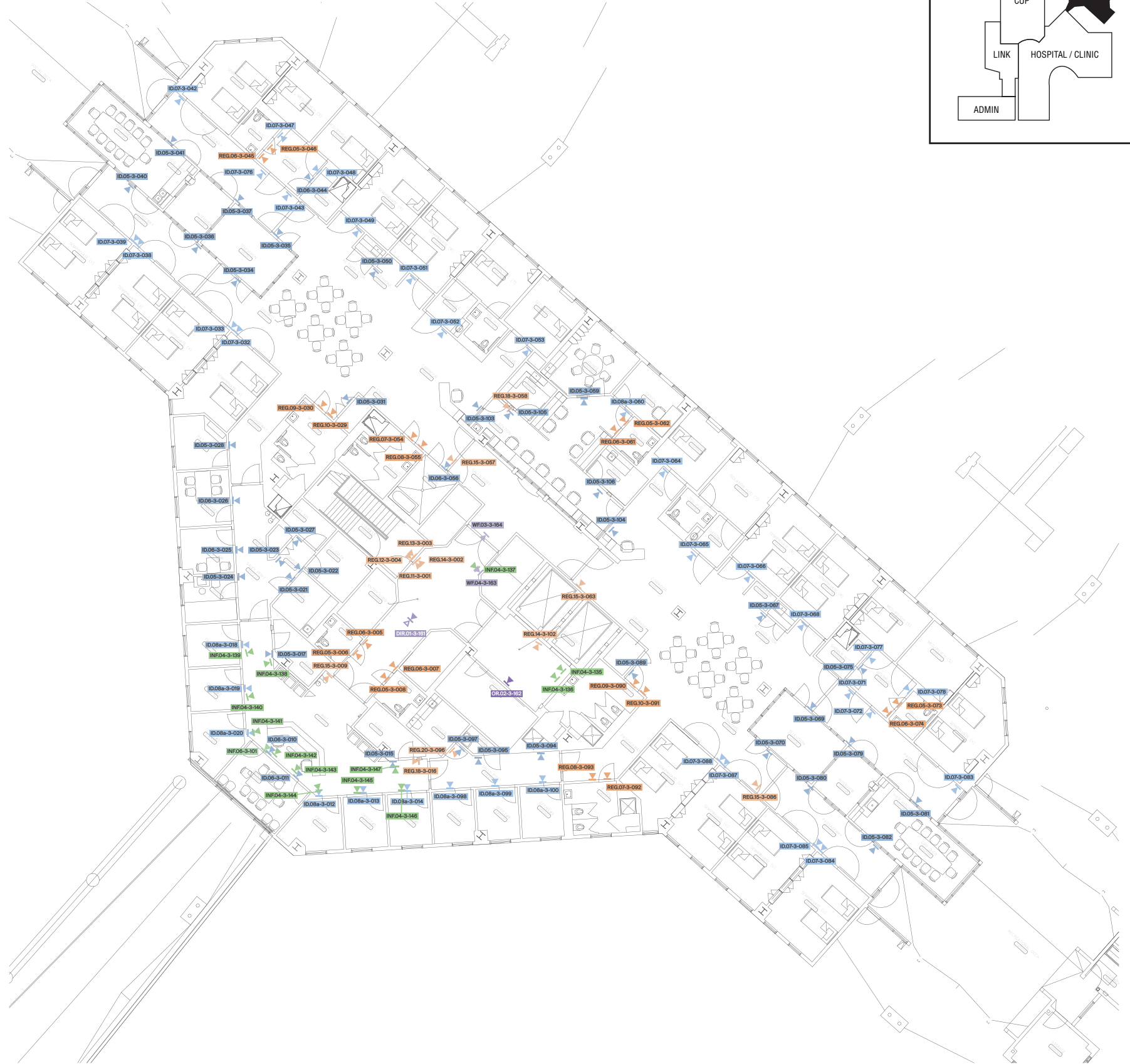
Floor 3 – Nursing Tower

SIGN CATEGORY KEY:

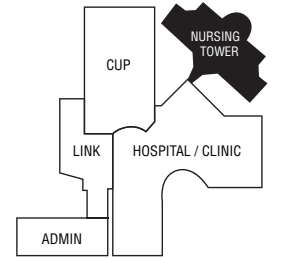
- Wayfinding
- Informational
- Identification
- Regulatory

SIGN TYPE KEY:

| | | |
|--------------|--------|-----------------------------------|
| Purple | OR.01 | Building Directory with Map |
| | OR.02 | Elevator Directory (no map) |
| | DIR.01 | 8' Overhead Directional |
| | DIR.02 | 4' Overhead Directional |
| | DIR.03 | 24" Strip Directional |
| Green | DIR.04 | 18" Strip Directional |
| | DIR.05 | 12" Strip Directional |
| | WF.01 | Department Overhead ID |
| | WF.02 | Department Flag |
| | WF.03 | Department Dimensional Letters |
| Blue | WF.04 | Department Plaque |
| | WF.05 | Department Plaque with Hours |
| | INF.01 | Info Plaque - 6"x6" |
| | INF.02 | Info Plaque - 9"x9" |
| | INF.03 | Info Plaque - 12"x12" |
| Orange | INF.04 | Insert Holder |
| | INF.06 | Architectural Room Number |
| | ID.01 | Amenity Dimensional Letterset |
| | ID.03 | Amenity Flag |
| | ID.05 | Tactile Room ID |
| Yellow | ID.06 | Tactile Room ID with Slider |
| | ID.07 | Exam Room ID |
| | ID.08a | Office ID |
| | ID.08b | Office ID, Cubical Type |
| | REG.01 | Entrance Vinyl |
| Pink | REG.02 | Licensing Postings |
| | REG.03 | Licensing Posting Holder - 8.5x11 |
| | REG.04 | Licensing Posting Holder - 11x17 |
| | REG.05 | Restroom Door - All Gender |
| | REG.06 | Restroom Wall - All Gender |
| Light Blue | REG.07 | Restroom Door - Women |
| | REG.08 | Restroom Wall - Women |
| | REG.09 | Restroom Door - Men |
| | REG.10 | Restroom Wall - Men |
| | REG.11 | Stair ID |
| Light Green | REG.12 | Stair Level ID |
| | REG.13 | Stair Fire Department |
| | REG.14 | Evacuation Map Holder |
| | REG.15 | Egress |
| | REG.16 | Emergency Exit Only |
| Light Orange | REG.17 | In Case Of Fire |
| | REG.18 | Fire Extinguisher Flag |
| | REG.19 | AED Flag |
| | REG.20 | Regulatory Graphic Plaque |
| | REG.21 | Max Occupancy |



KEY PLAN



Prepared By:

GNU
GROUP

3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

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| Revisions / Bulletins: | |
| 90% CD | 01.30.2025 |
| 95% CD | 03.18.2025 |

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Approval:

| | |
|-------------------|-----------------|
| Program Number: | Drawn By: |
| <i>24-311</i> | <i>CS</i> |
| Original Issue: | Scale: |
| <i>10.21.2024</i> | <i>As Noted</i> |

Title:

Sign Location Plan

Floor 3 - Nursing Tower

Sheet:

LOCATION PLAN

Floor 3 – Hospital / Clinic

SIGN CATEGORY KEY:

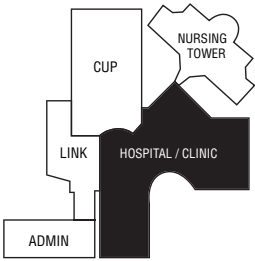
- Wayfinding
- Informational
- Identification
- Regulatory

SIGN TYPE KEY:

| | |
|--------|-----------------------------------|
| OR.01 | Building Directory with Map |
| OR.02 | Elevator Directory (no map) |
| DIR.01 | 8' Overhead Directional |
| DIR.02 | 4' Overhead Directional |
| DIR.03 | 24" Strip Directional |
| DIR.04 | 18" Strip Directional |
| DIR.05 | 12" Strip Directional |
| WF.01 | Department Overhead ID |
| WF.02 | Department Flag |
| WF.03 | Department Dimensional Letters |
| WF.04 | Department Plaque |
| WF.05 | Department Plaque with Hours |
| INF.01 | Info Plaque - 6"x6" |
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| INF.03 | Info Plaque - 12"x12" |
| INF.04 | Insert Holder |
| INF.06 | Architectural Room Number |
| ID.01 | Amenity Dimensional Letterset |
| ID.03 | Amenity Flag |
| ID.05 | Tactile Room ID |
| ID.06 | Tactile Room ID with Slider |
| ID.07 | Exam Room ID |
| ID.08a | Office ID |
| ID.08b | Office ID, Cubical Type |
| REG.01 | Entrance Vinyl |
| REG.02 | Licensing Postings |
| REG.03 | Licensing Posting Holder - 8.5x11 |
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| REG.05 | Restroom Door - All Gender |
| REG.06 | Restroom Wall - All Gender |
| REG.07 | Restroom Door - Women |
| REG.08 | Restroom Wall - Women |
| REG.09 | Restroom Door - Men |
| REG.10 | Restroom Wall - Men |
| REG.11 | Stair ID |
| REG.12 | Stair Level ID |
| REG.13 | Stair Fire Department |
| REG.14 | Evacuation Map Holder |
| REG.15 | Egress |
| REG.16 | Emergency Exit Only |
| REG.17 | In Case Of Fire |
| REG.18 | Fire Extinguisher Flag |
| REG.19 | AED Flag |
| REG.20 | Regulatory Graphic Plaque |
| REG.21 | Max Occupancy |



KEY PLAN



Prepared By:



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925-444-2020

gnugroup.com

Program Location:



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Approval:

Program Number:

24-311

Drawn By:

CS

Original Issue:

10.21.2024

Scale:

As Noted

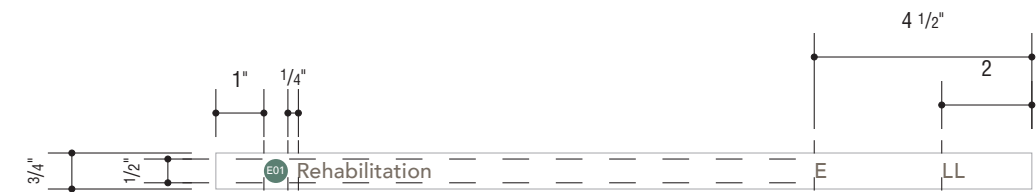
Title:

Sign Location Plan
Floor 3 - Hospital / Clinic

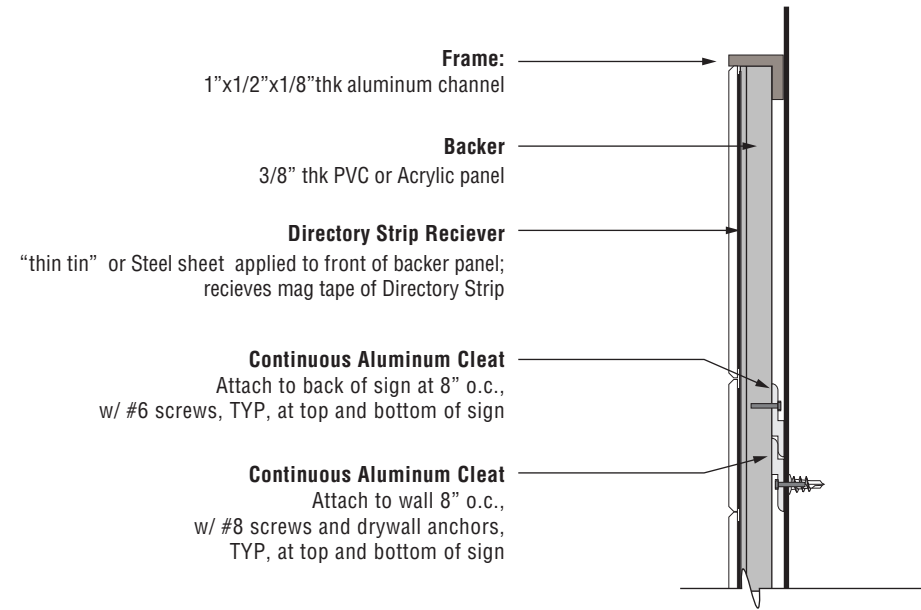
Sheet:

26

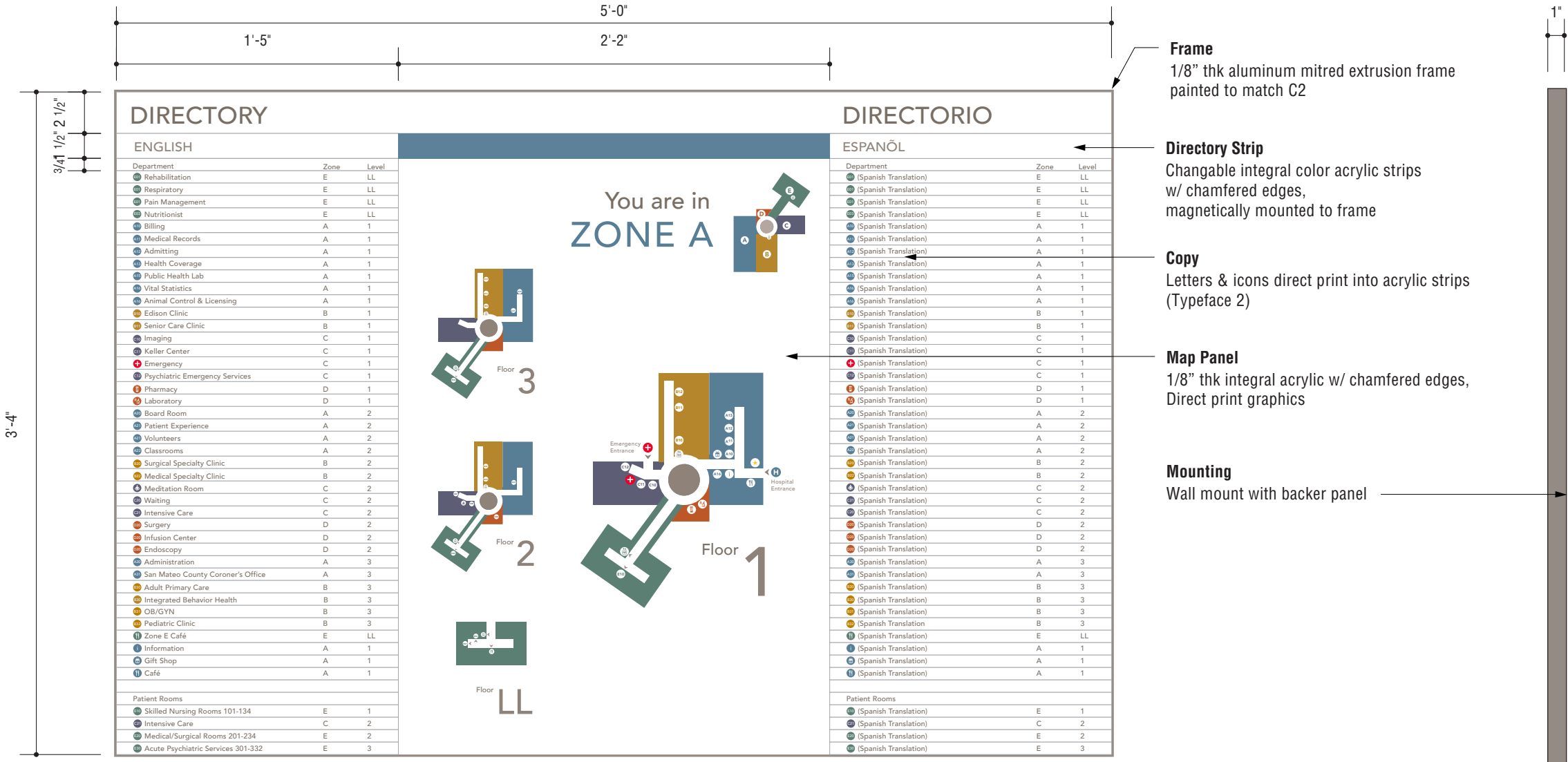
SECTION 4A | Sign Drawings & Details



2 DIRECTORY STRIP DETAIL VIEW
Scale: 3"=1'-0"



3 MOUNTING DETAIL
Scale: N.T.S.



1 FRONT & SIDE VIEW
Scale: 1 1/2" = 1'-0"

Prepared By:



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Program Location:



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10.21.2024

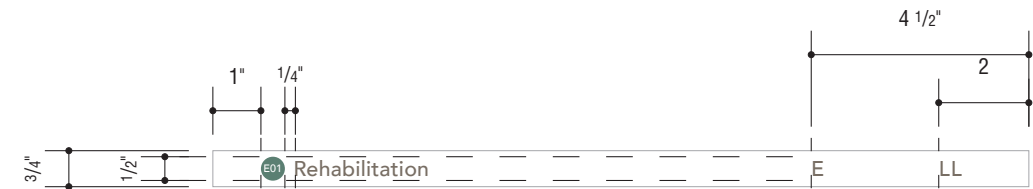
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As Noted

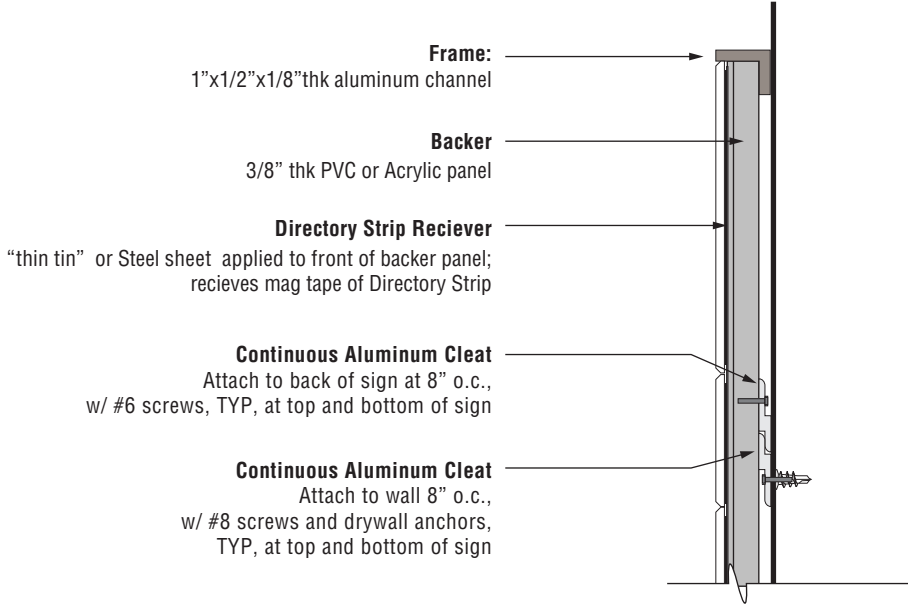
Title:

**OR.01 - Building Directory
with Map**

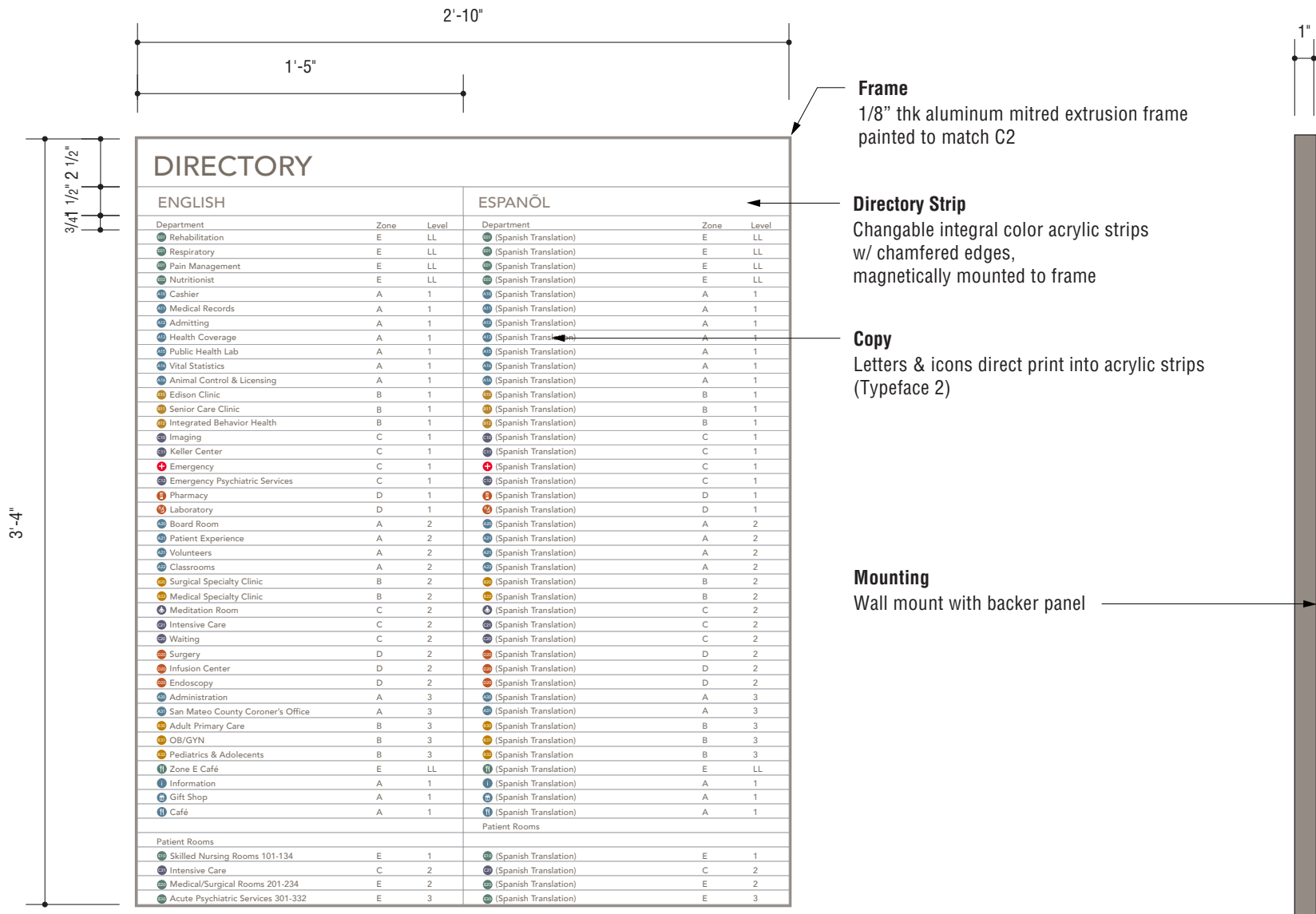
Sheet:



2 DETAIL VIEW
Scale: 3"=1'-0"



3 CROSS-SECTION
Scale: N.T.S.



1 FRONT & SIDE VIEW
Scale: 1 1/2" = 1'-0"

Prepared By:



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Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

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Do Not Use As Fabrication Drawing

Revisions / Bulletins:

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95% CD 03.18.2025

Checked by:

Approval:

Program Number:

24-311

Drawn By:

CS

Original Issue:

10.21.2024

Scale:

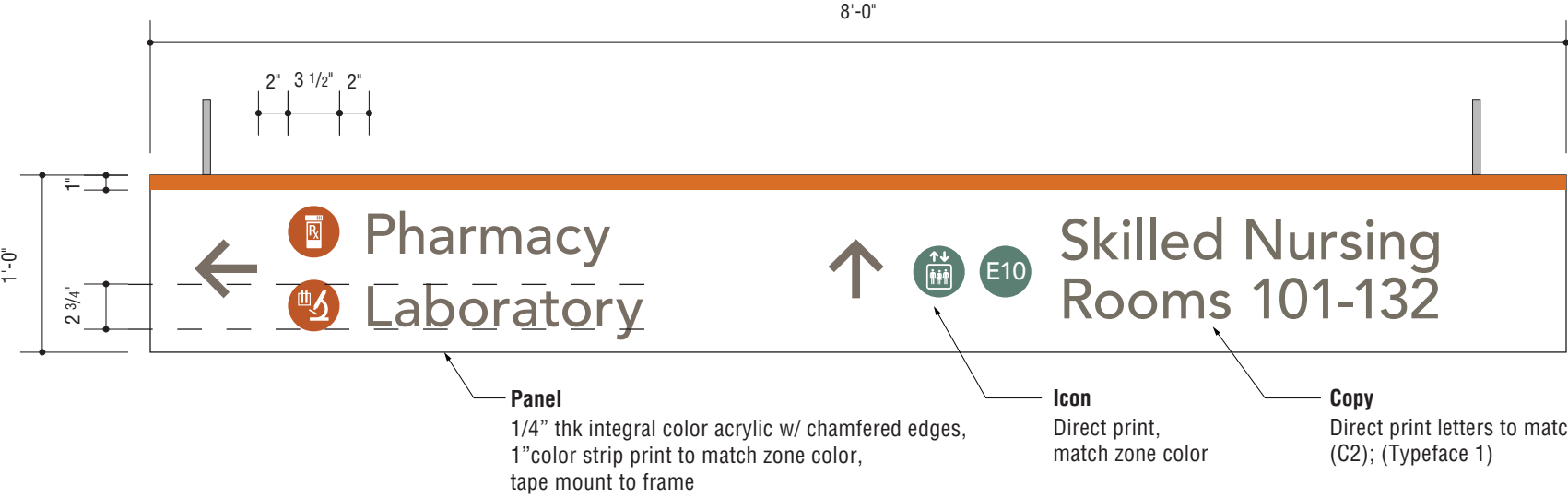
As Noted

Title:

**OR.02 - Elevator Directory
(no map)**

Sheet:

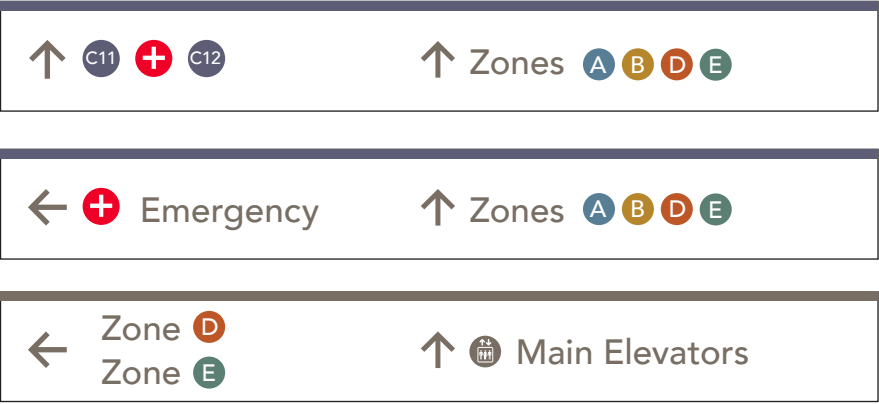
29



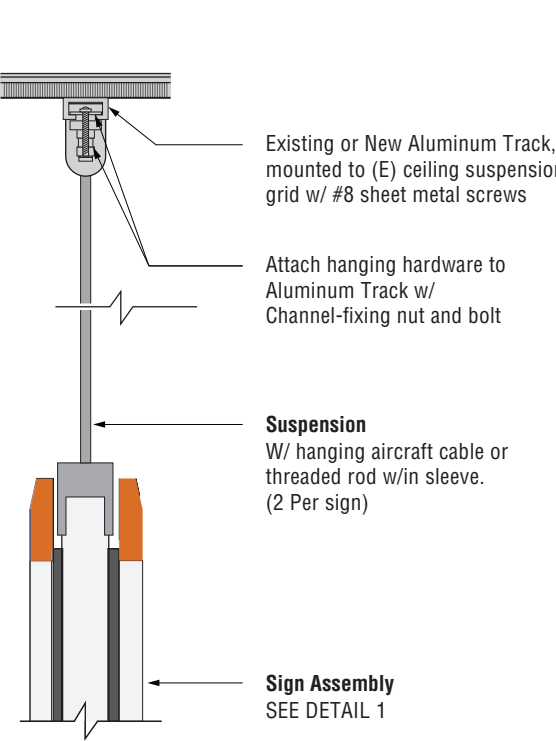
Mounting
Cable mounted to ceiling,
SEE DETAILS 3/4

Base Sign Frame
1/2" thk PVC to match (C1)

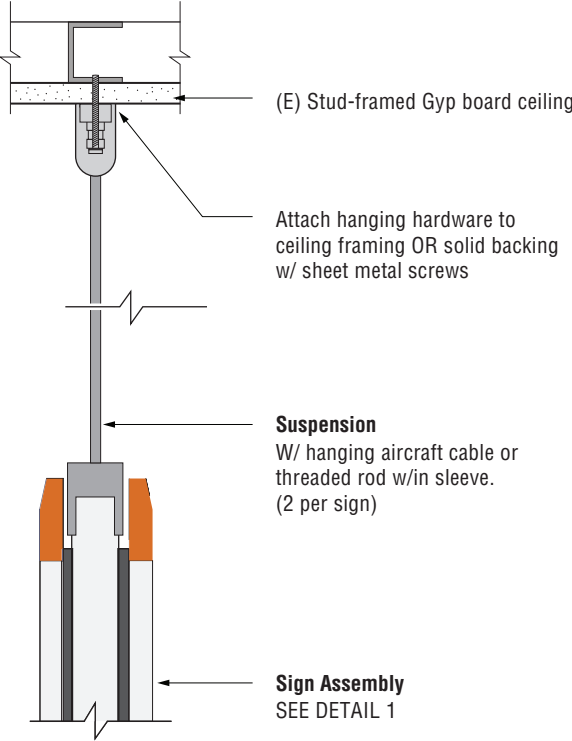
1 FRONT VIEW
Scale: 1" = 1'-0"



2 ALTERNATE LAYOUTS
Scale: NTS



3 TYP ATTACH @ SUSPENDED CEILING
Scale: NTS



4 TYP ATTACHMENT @ GYP CEILING
Scale: NTS

Prepared By:



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Pleasant Hill, CA 94523
925-444-2020

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Program Location:



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San Mateo, CA 94403

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DOCUMENTATION**

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| | |
|------------------------|------------|
| Revisions / Bulletins: | |
| 90% CD | 01.30.2025 |
| 95% CD | 03.18.2025 |

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Approval:

| | |
|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:
**DIR.01 - 8' Overhead Direc-
tional**

Sheet:



Mounting

Cable mounted to ceiling,
SEE DETAILS 3/4

Panel

1/4" thk integral acrylic w/ chamfered edges
1" color strip print to match zone color,
tape mount to base sign core

Icon

Direct print to match zone color

Copy

Direct print letters to match (C2);
(Typeface 2)

Base Sign Core

1/2" thk PVC, painted all
exposed surfaces to match (C1)

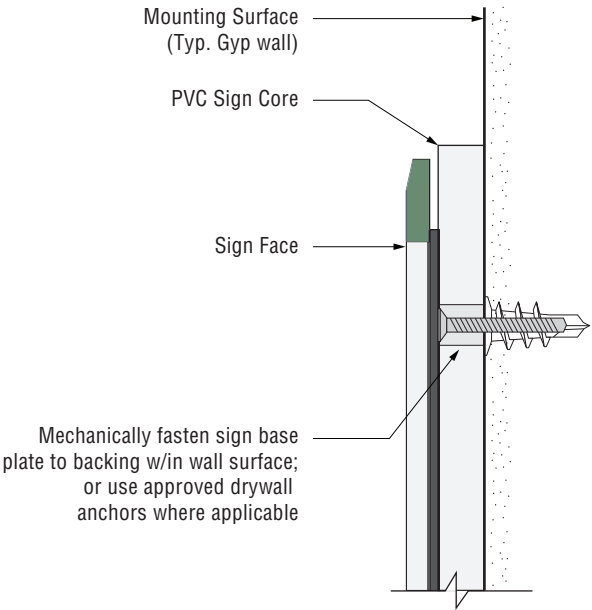
1"



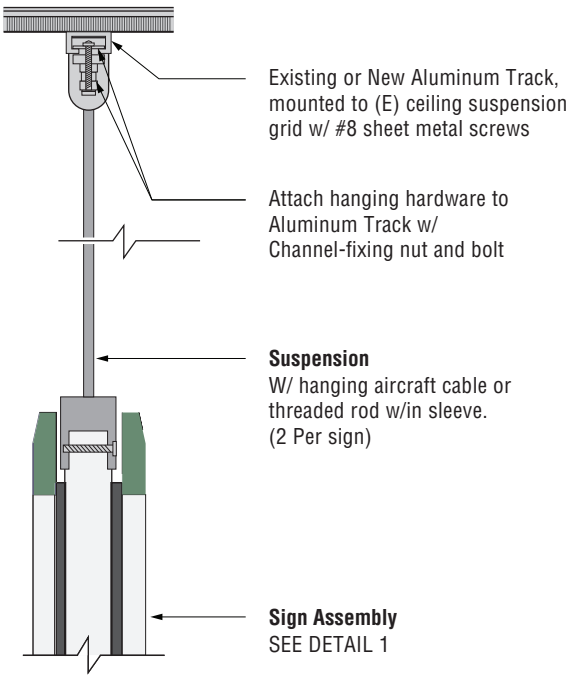
1 FRONT & SIDE VIEW
Scale: 1 1/2" = 1'-0"

NOTE:

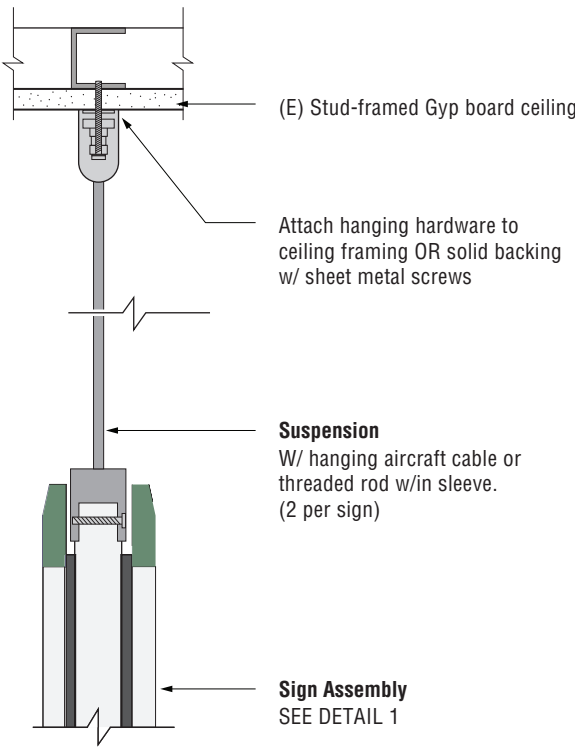
Where signs are programmed/located as
wall or soffit mount, only a single sign face
is required, as shown



2 SINGLE-SIDED PANEL ATTACHMENT @ SOFFIT/WALL
Scale: NTS



3 TYP ATTACH @ SUSPENDED CEILING
Scale: NTS



4 TYP ATTACHMENT @ GYP CEILING
Scale: NTS

Prepared By:

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3478 Buskirk Avenue, Suite 265
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Checked by:

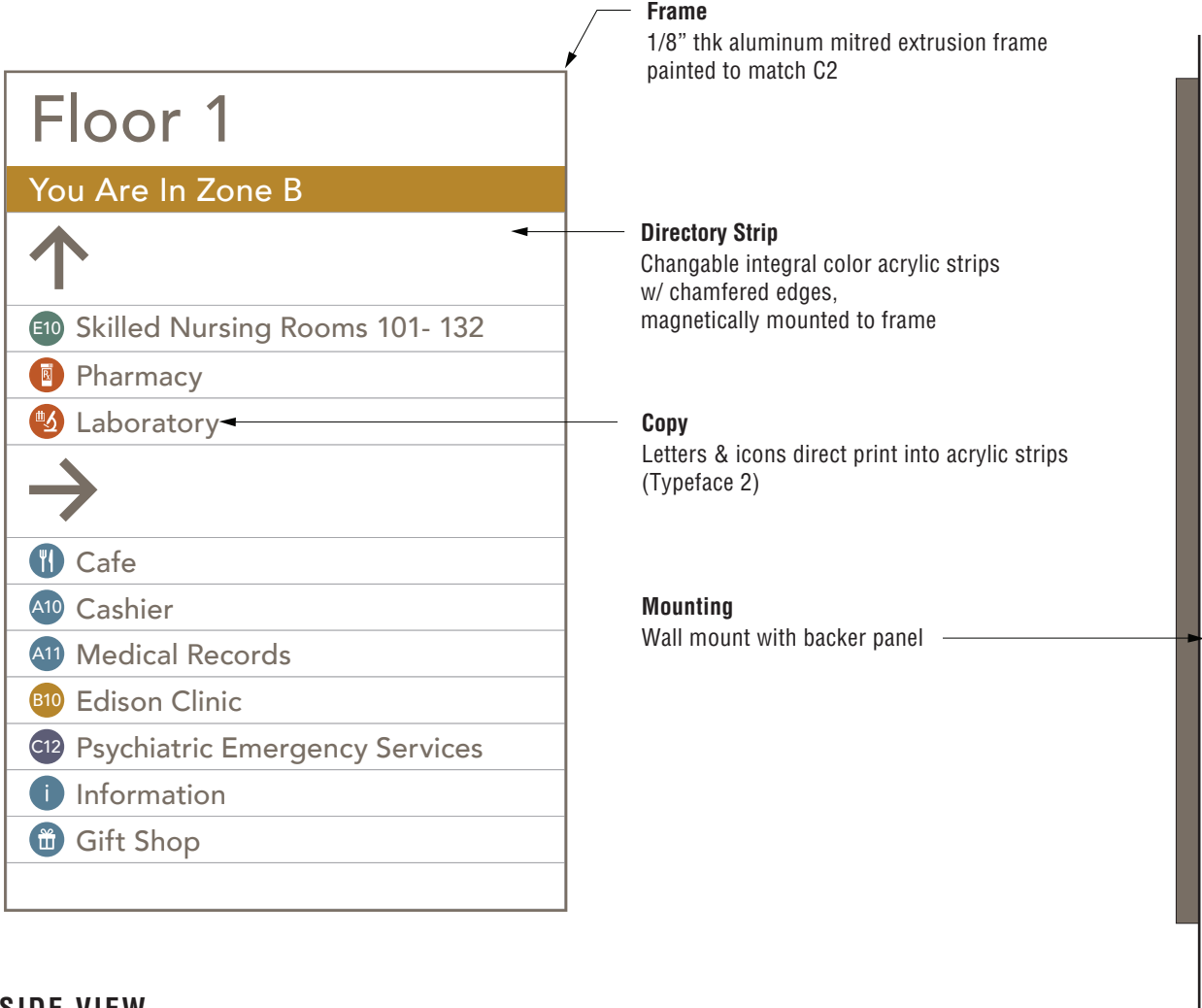
Approval:

| | |
|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:
**DIR.02 - 4' Overhead Direc-
tional**

Sheet:

31



1 FRONT & SIDE VIEW

Scale: 1 1/2" = 1'-0"



2 DETAIL VIEW

Scale: 3" = 1'-0"

Prepared By:



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Program Location:



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95% CD 03.18.2025

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Program Number:

24-311

Drawn By:

CS

Original Issue:

10.21.2024

Scale:

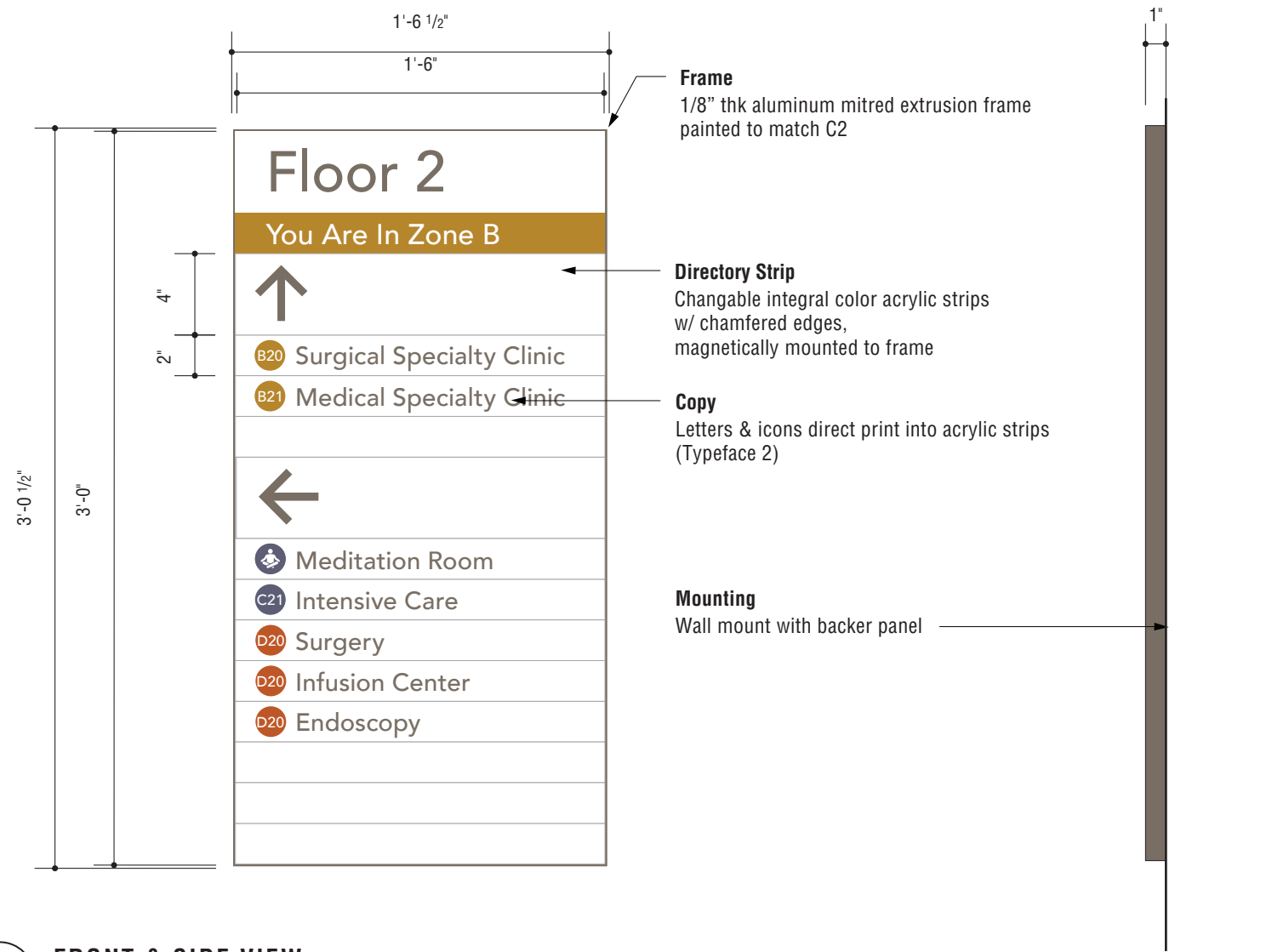
As Noted

Title:

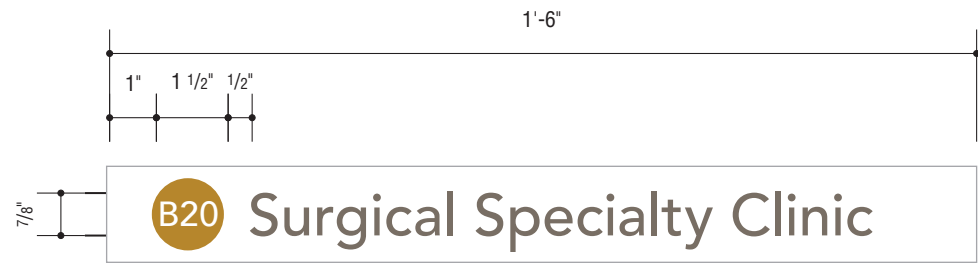
DIR.03 - 24" Strip Direc-
tional

Sheet:

32



1 FRONT & SIDE VIEW
Scale: 1 1/2" = 1'-0"



2 DETAIL VIEW
Scale: 3" = 1'-0"

Prepared By:



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925-444-2020

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Program Location:



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Revisions / Bulletins:

90% CD 01.30.2025

95% CD 03.18.2025

Checked by:

Approval:

Program Number:

24-311

Drawn By:

CS

Original Issue:

10.21.2024

Scale:

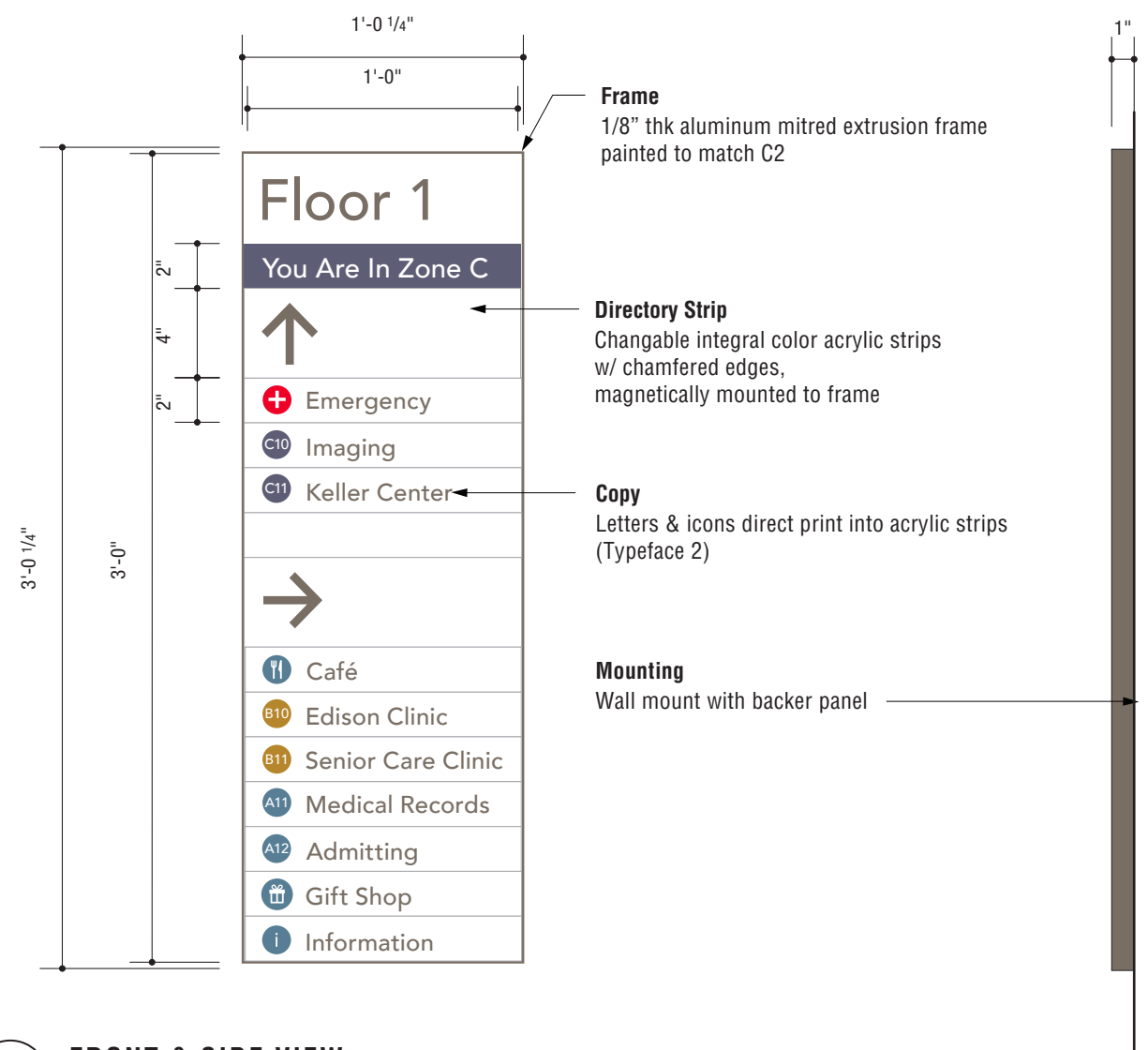
As Noted

Title:

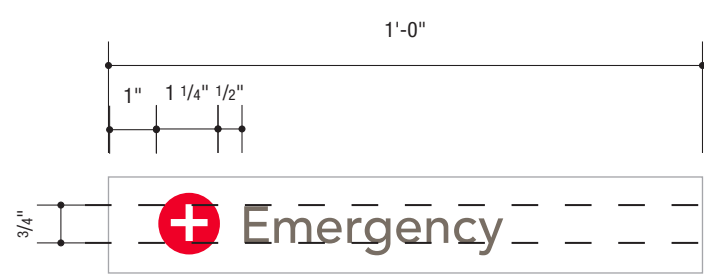
DIR.04 -18" Strip Direc-
tional

Sheet:

33



1 FRONT & SIDE VIEW
Scale: 1 1/2" = 1'-0"



2 DETAIL VIEW
Scale: 3" = 1'-0"

Prepared By:



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Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



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San Mateo, CA 94403

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DOCUMENTATION

Do Not Use As Fabrication Drawing

Revisions / Bulletins:

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|--------|------------|
| 90% CD | 01.30.2025 |
| 95% CD | 03.18.2025 |

Checked by:

Approval:

Program Number:

24-311

Drawn By:

CS

Original Issue:

10.21.2024

Scale:

As Noted

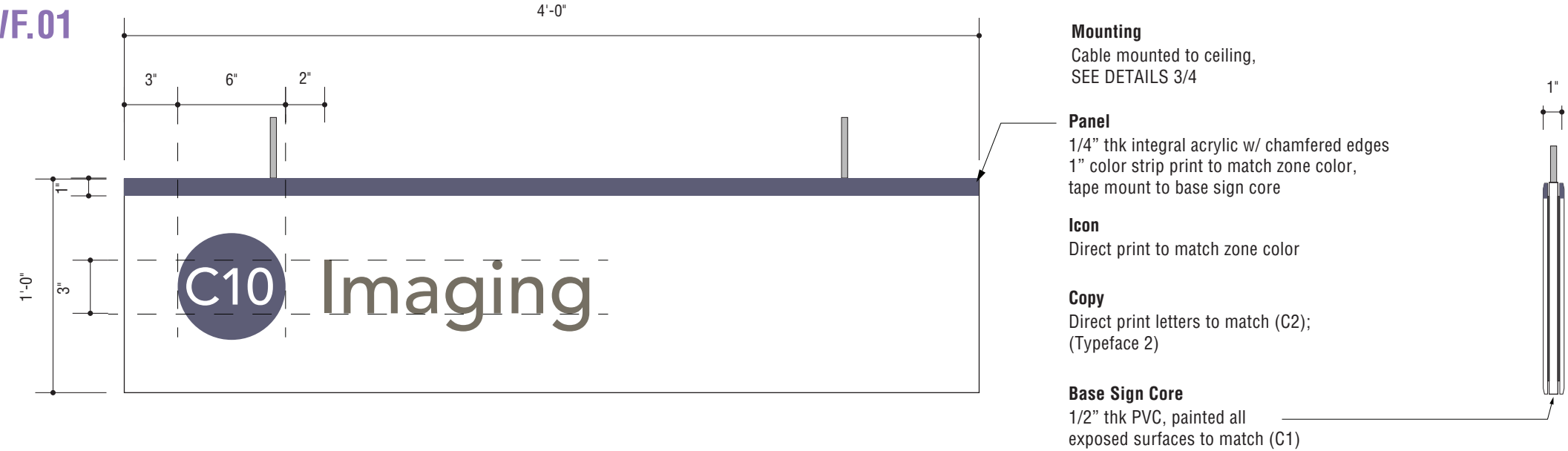
Title:

DIR.05 - 12" Strip Direc-
tional

Sheet:

34

WF.01



1 FRONT & SIDE VIEW

Scale: 1 1/2"=1'-0"

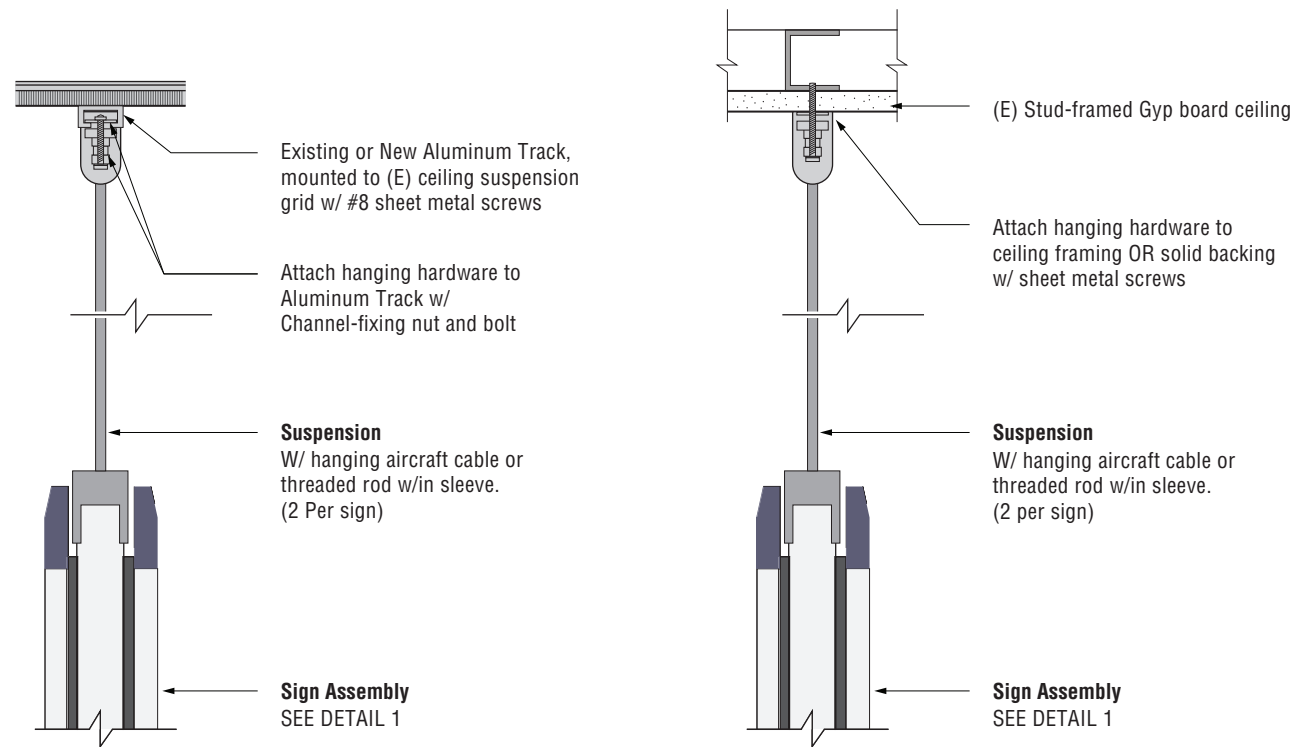


2 ALTERNATE LAYOUTS

Scale: 1"=1'-0"

3 TYP ATTACH @ SUSPENDED CEILING

Scale: NTS



4 TYP ATTACHMENT @ GYP CEILING

Scale: NTS

Prepared By:

GNU
GROUP

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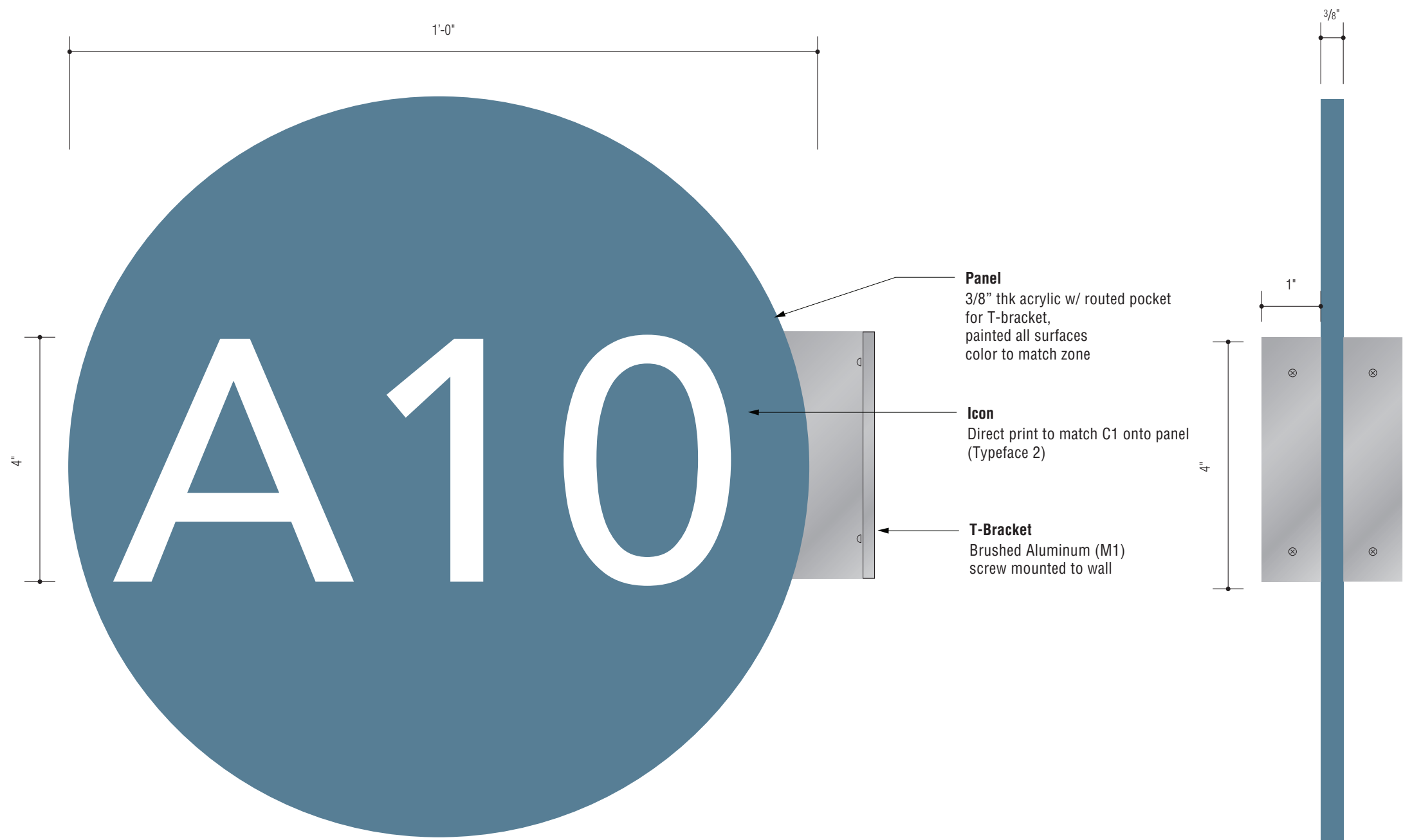
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| | |
|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:
**WF.01 - Department Over-
head ID**

Sheet:

35



1 FRONT & SIDE VIEW
Scale: 1/2 size

Prepared By:



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10.21.2024

Scale:

As Noted

Title:

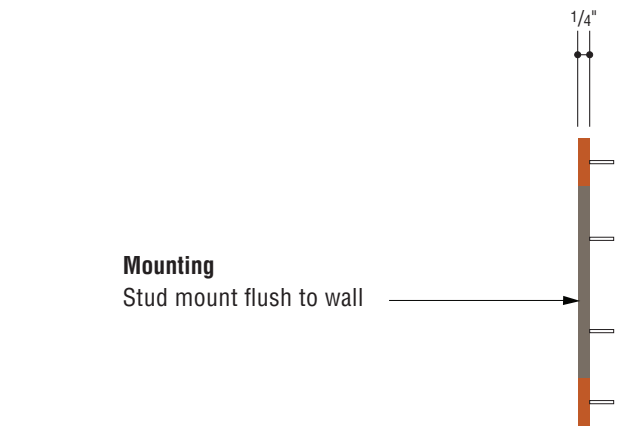
WF.02 - Department Flag

Sheet:

36



1 FRONT VIEW
Scale: 1 1/2" = 1'



2 SIDE VIEW
Scale: 1 1/2" = 1'



3 ALTERNATE LAYOUTS
Scale: 1" = 1'

Prepared By:



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Pleasant Hill, CA 94523
925-444-2020

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Program Location:



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San Mateo, CA 94403

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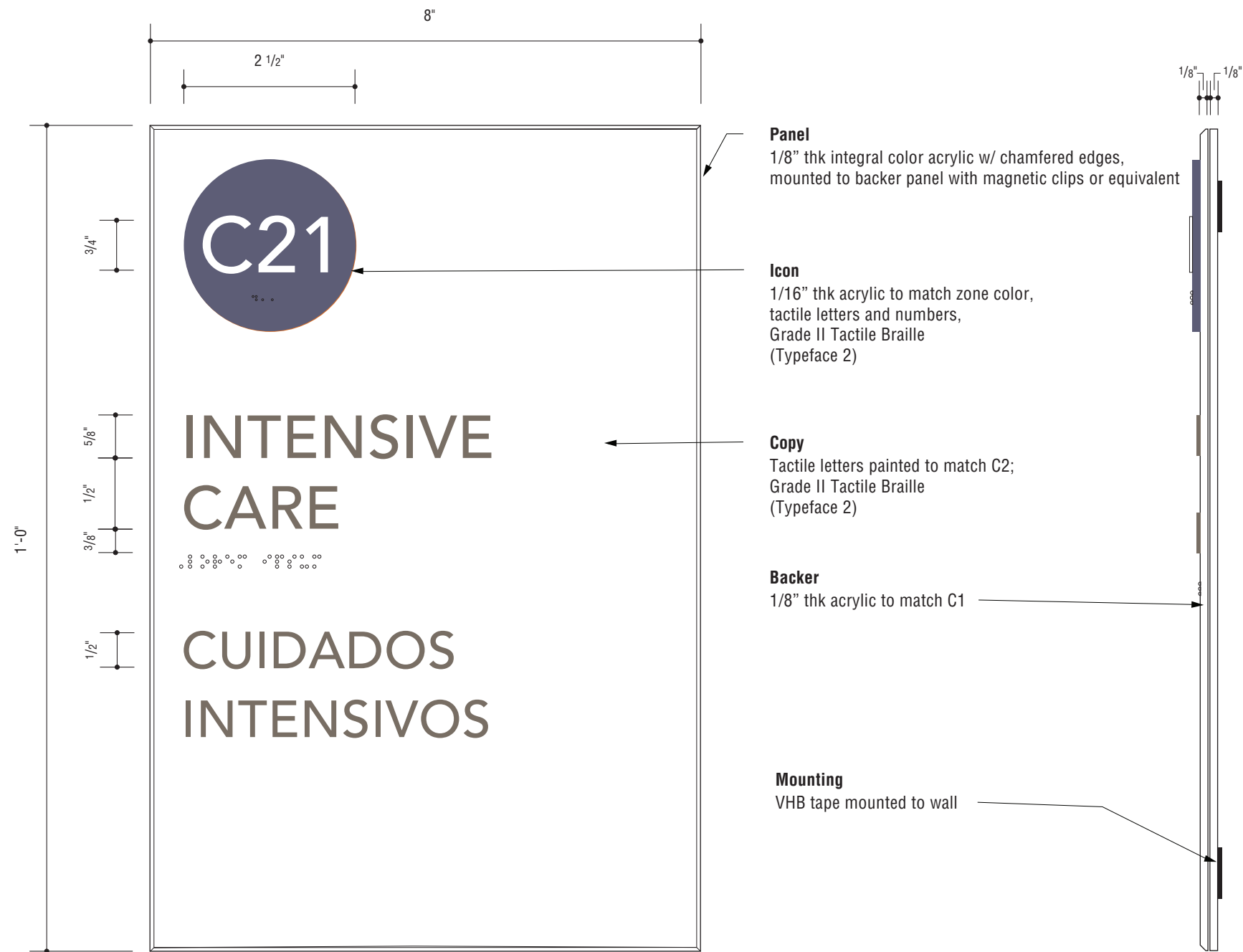
Checked by:

Approval:

| | |
|-------------------------------|--------------------|
| Program Number: 24-311 | Drawn By: CS |
| Original Issue: 10.21.2024 | Scale: As Noted |

Title:
**WF.03 - Department Di-
mensional Letters**

Sheet:



1 FRONT & SIDE VIEW
Scale: 1/2 size

Prepared By:



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925-444-2020

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Program Number:

24-311

Drawn By:

CS

Original Issue:

10.21.2024

Scale:

As Noted

Title:

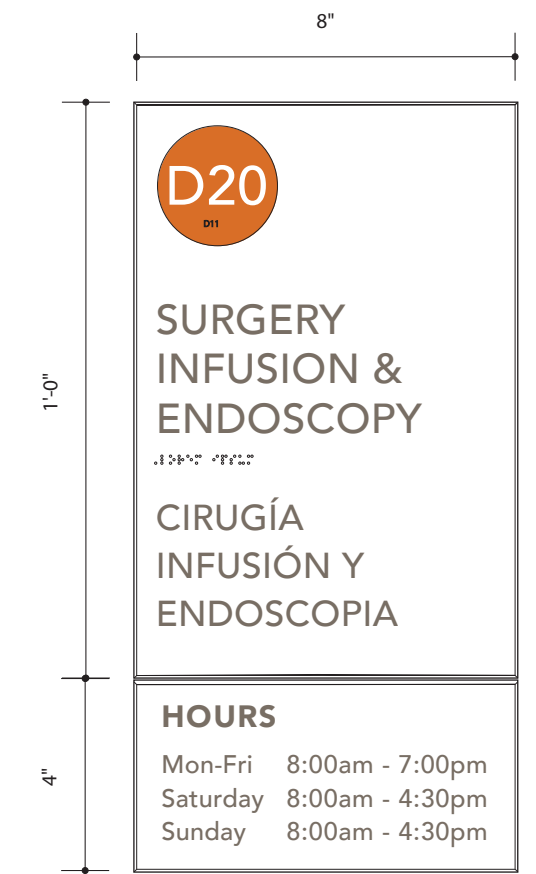
WF.04 - Department Plaque

Sheet:

38



1 FRONT & SIDE VIEW
Scale: 1/2 size



2 ADDITIONAL LAYOUT
Scale: 3"=1'-0"

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Program Number: 24-311
Drawn By: CS

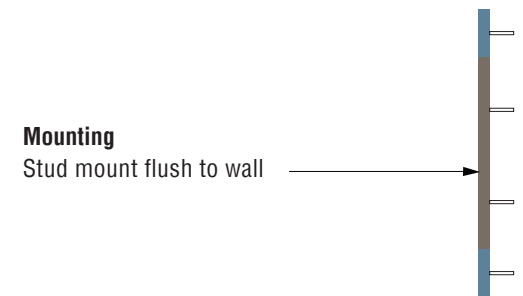
Original Issue: 10.21.2024
Scale: As Noted

Title:
**WF.05 - Department Plaque
with Hours**

Sheet:



1 FRONT VIEW
Scale: 1 1/2" = 1' *Final color of letters to be determined prior to fabrication based on final wall paint colors provided by architect



2 SIDE VIEW
Scale: 1 1/2" = 1'



3 ALTERNATE LAYOUTS
Scale: 1" = 1'


Prepared By:

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Program Location:

 SAN MATEO COUNTY HEALTH
SAN MATEO
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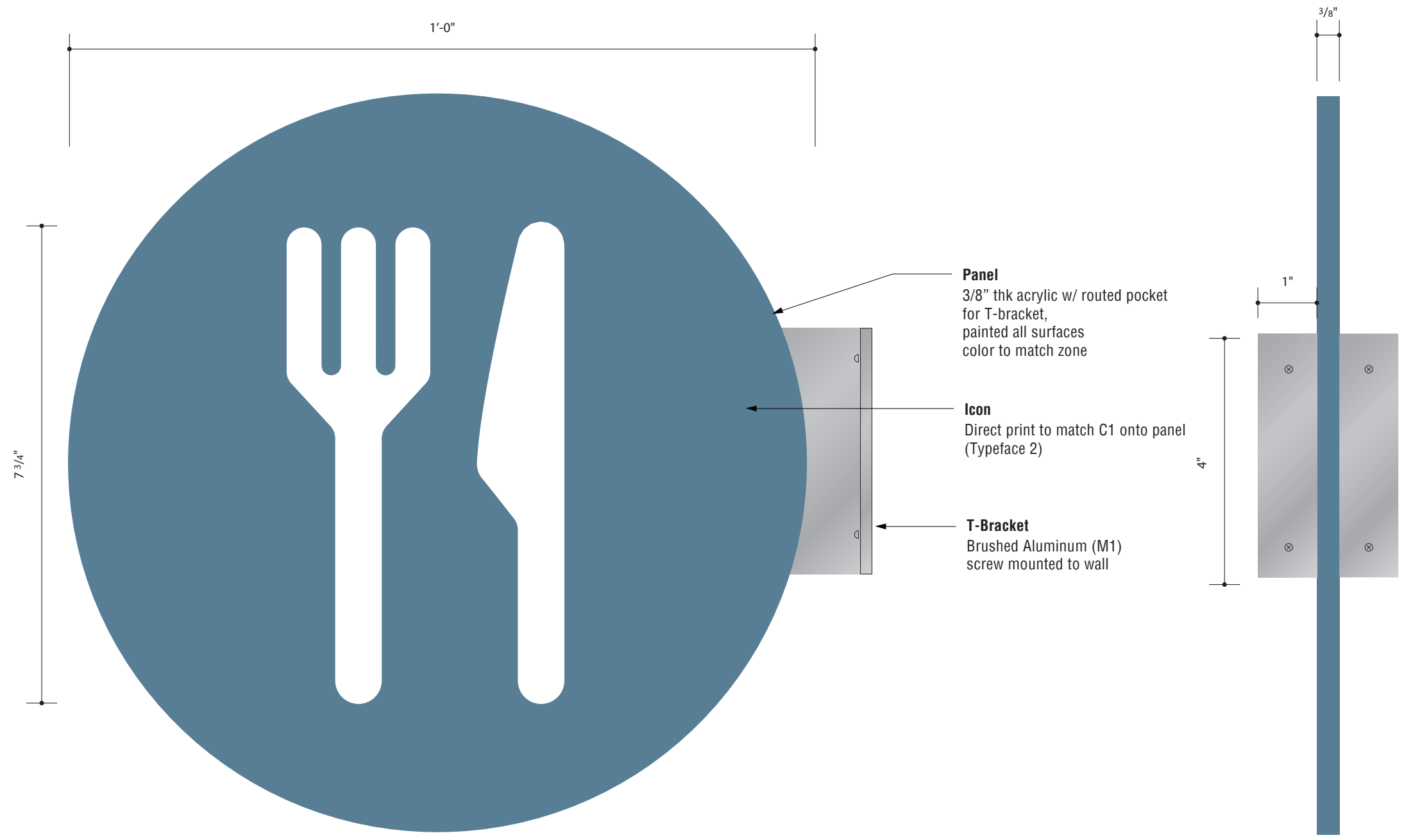
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|-------------------------------|--------------------|
| Program Number: 24-311 | Drawn By: CS |
| Original Issue: 10.21.2024 | Scale: As Noted |

Title:
ID.01 - Amenity Dimensional Letterset

Sheet:

40

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1 FRONT & SIDE VIEW
Scale: 1/2 size

| | |
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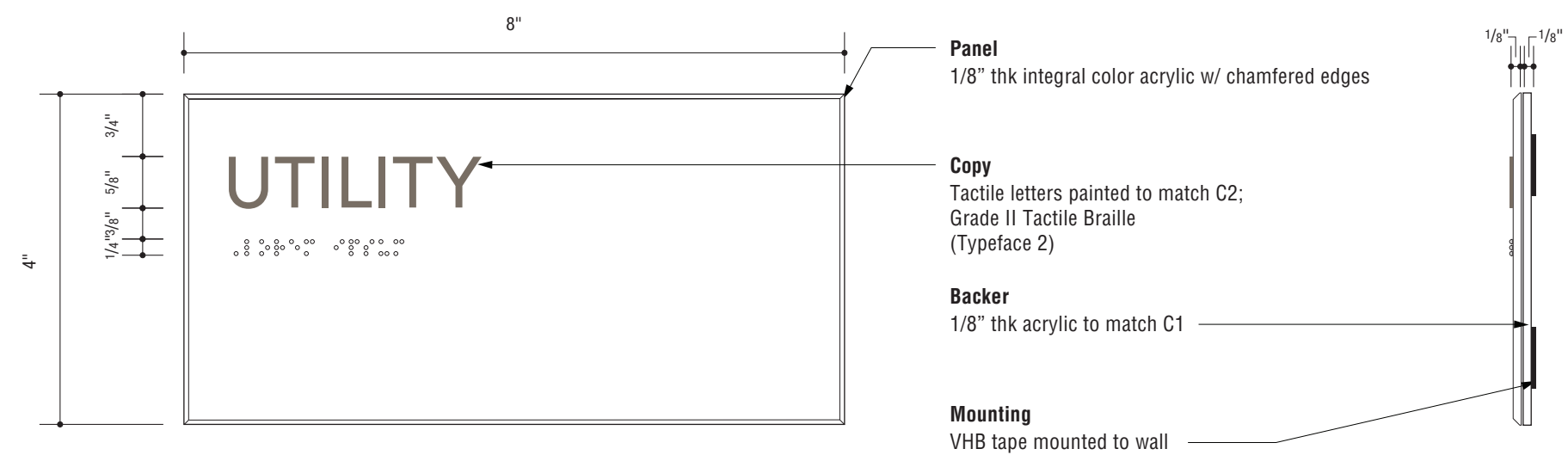
Checked by:

Approval:

| | |
|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:

ID.03 - Amenity Flag



1 FRONT & SIDE VIEW
Scale: 1/2 size

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Program Number:

24-311

Drawn By:

CS

Original Issue:

10.21.2024

Scale:

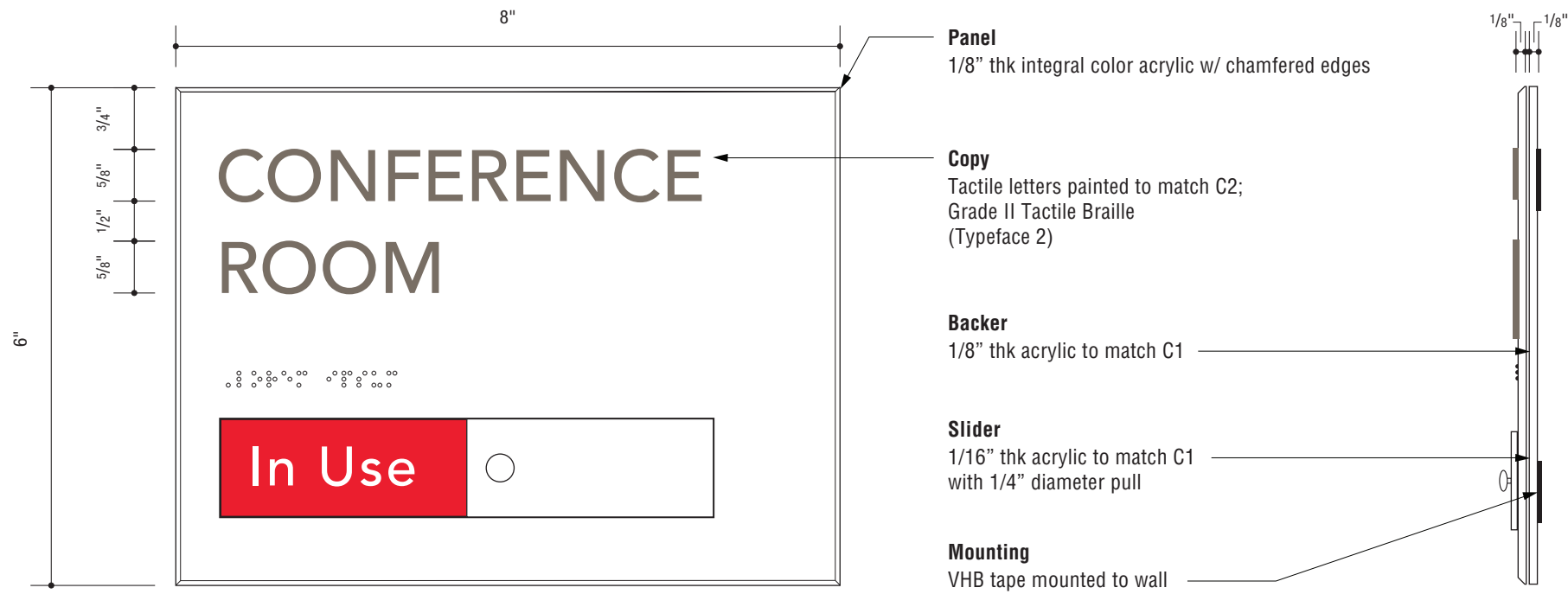
As Noted

Title:

ID.05 - Tactile Room ID

Sheet:

42

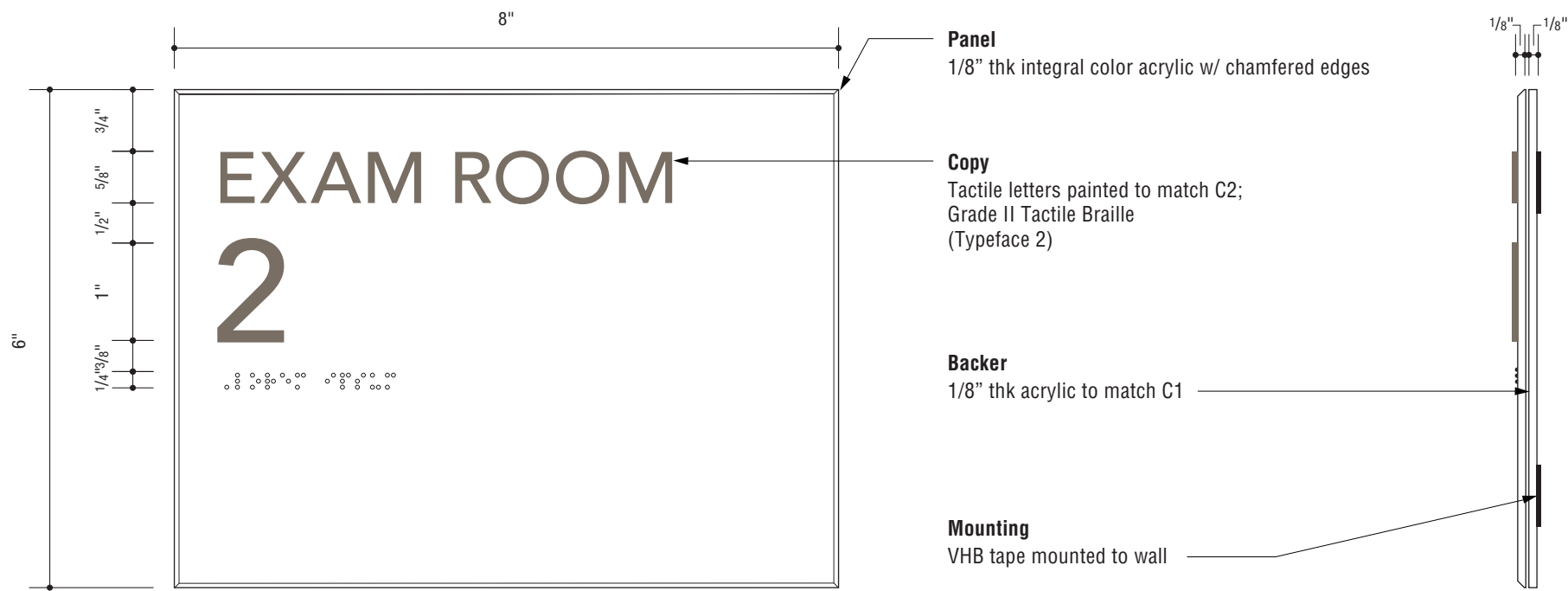


1 FRONT & SIDE VIEW
Scale: 1/2 size

| | |
|------------------------|------------|
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|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:
**ID.06 - Tactile Room ID
with Slider**



1 FRONT & SIDE VIEW
Scale: 1/2 size

Prepared By:



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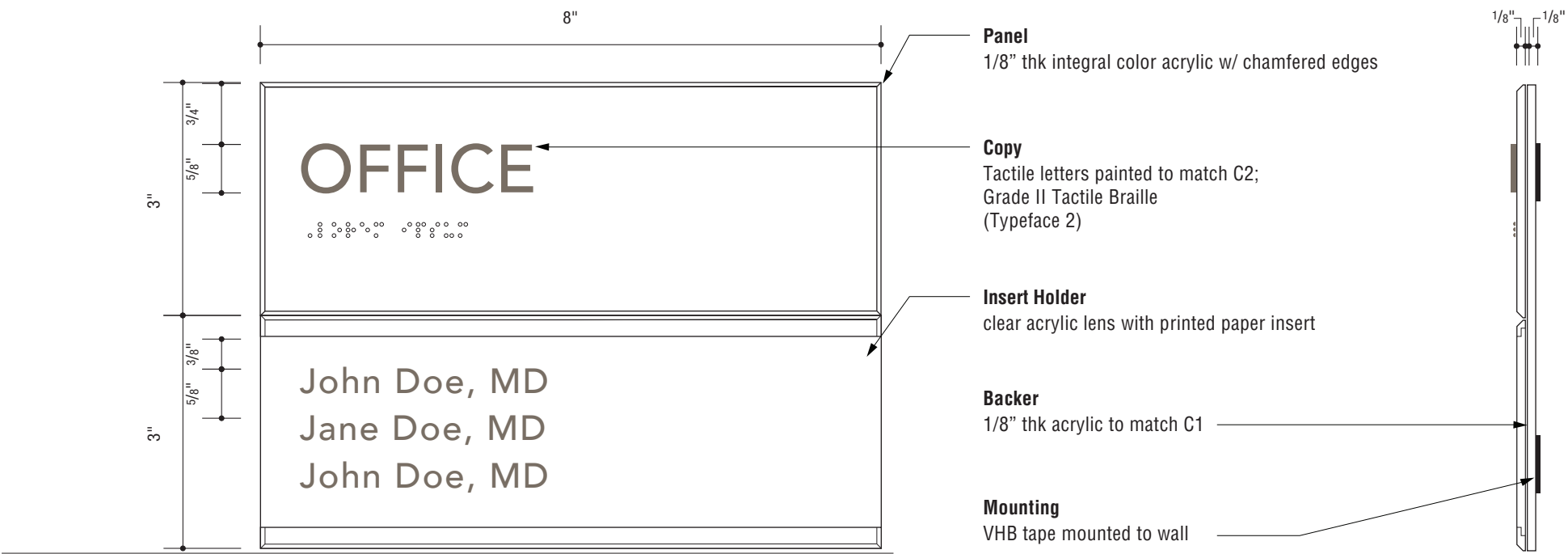
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|------------------------|------------|
| Revisions / Bulletins: | |
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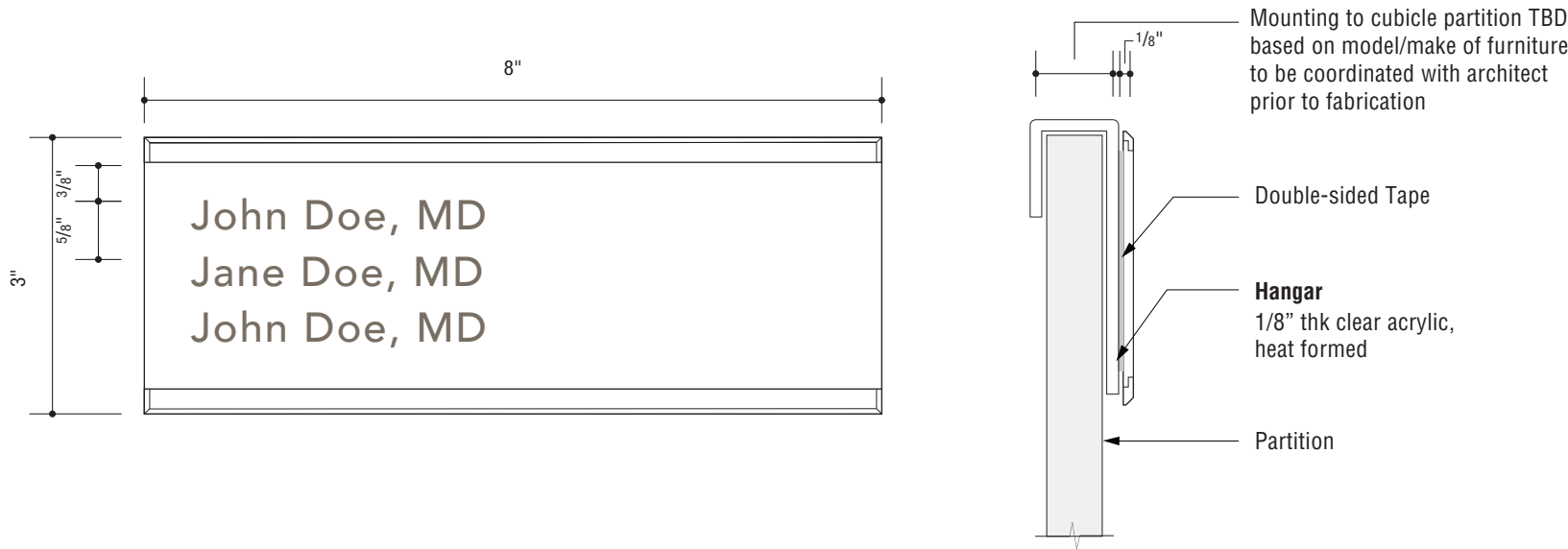
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|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:
ID.07 - Exam Room ID



1 ID.08a-FRONT & SIDE VIEW
Scale: 1/2 size



2 ID.08b-FRONT & SIDE VIEW
Scale: 1/2 size

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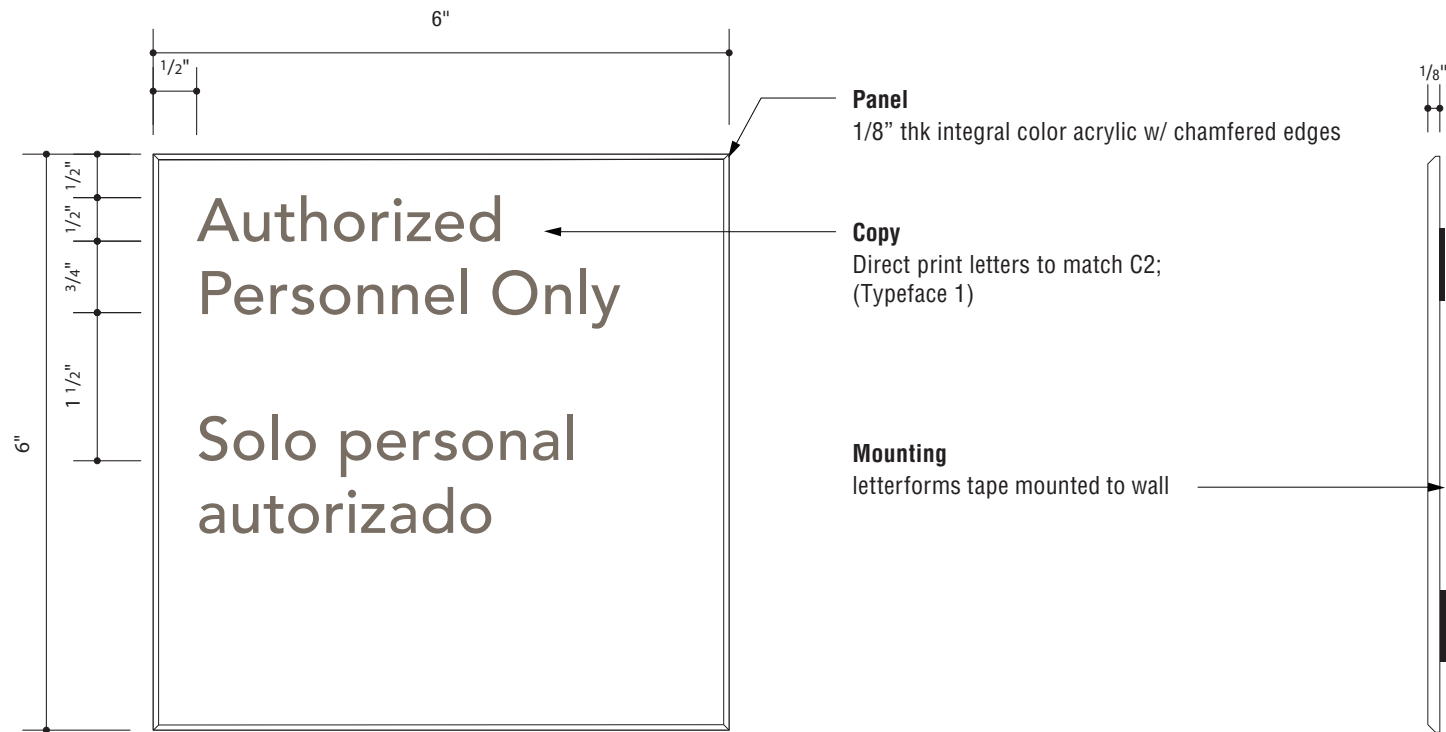
Approval:

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|--------------------------------------|---------------------------|
| Program Number: 24-311 | Drawn By: CS |
| Original Issue: 10.21.2024 | Scale: As Noted |

Title:

ID.08A - Office ID

Sheet:



1 FRONT & SIDE VIEW
Scale: 1/2 size

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Original Issue:

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Scale:

As Noted

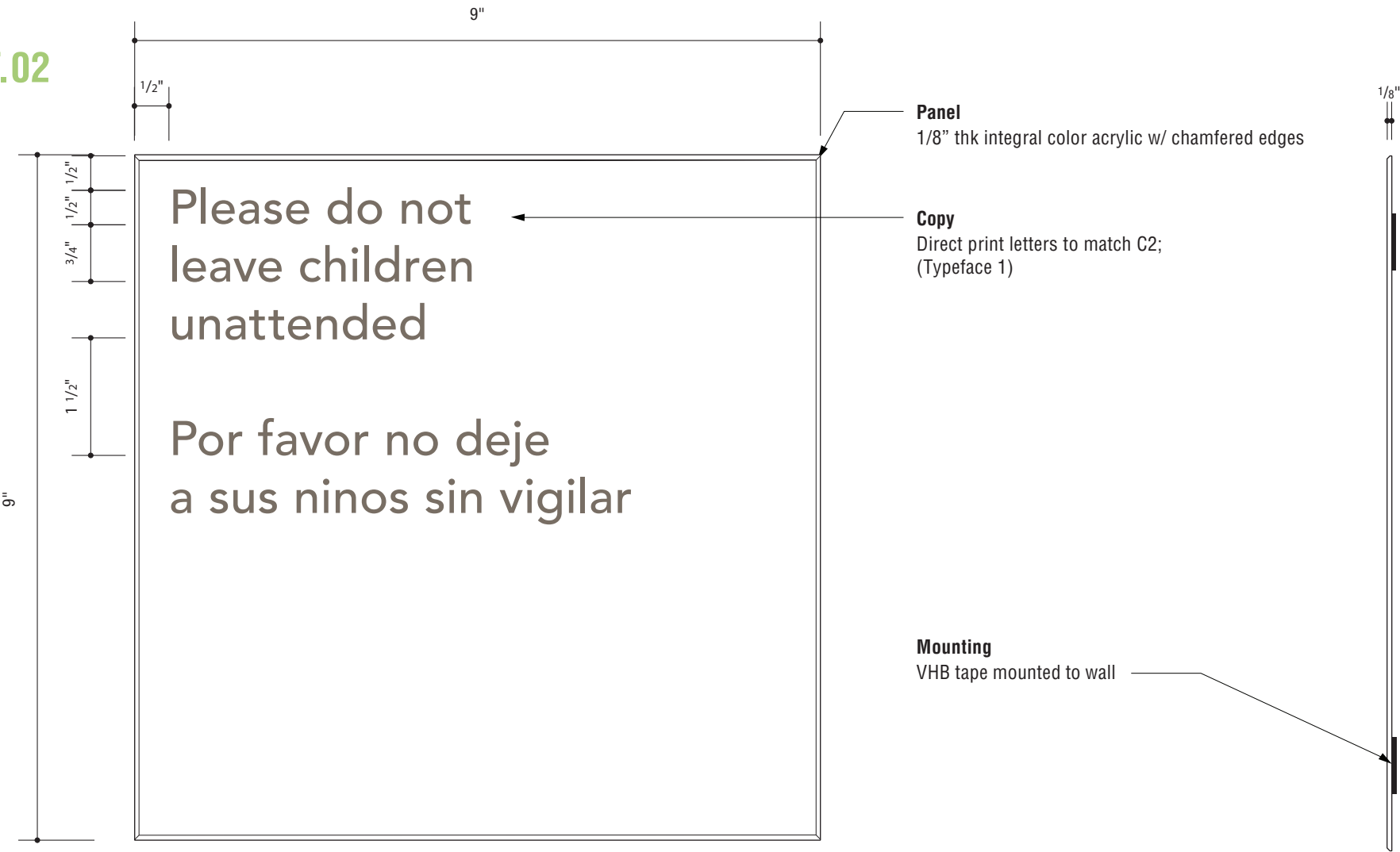
Title:

INF.01 - Info Plaque - 6"x6"

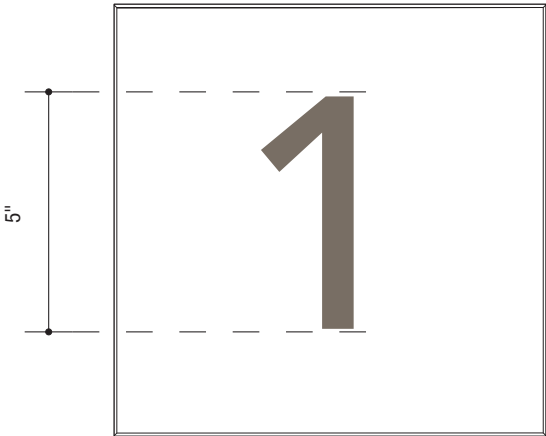
Sheet:

46

INF.02



1 FRONT & SIDE VIEW
Scale: 1/2 size



2 ADDITIONAL LAYOUTS
Scale: 3" = 1'

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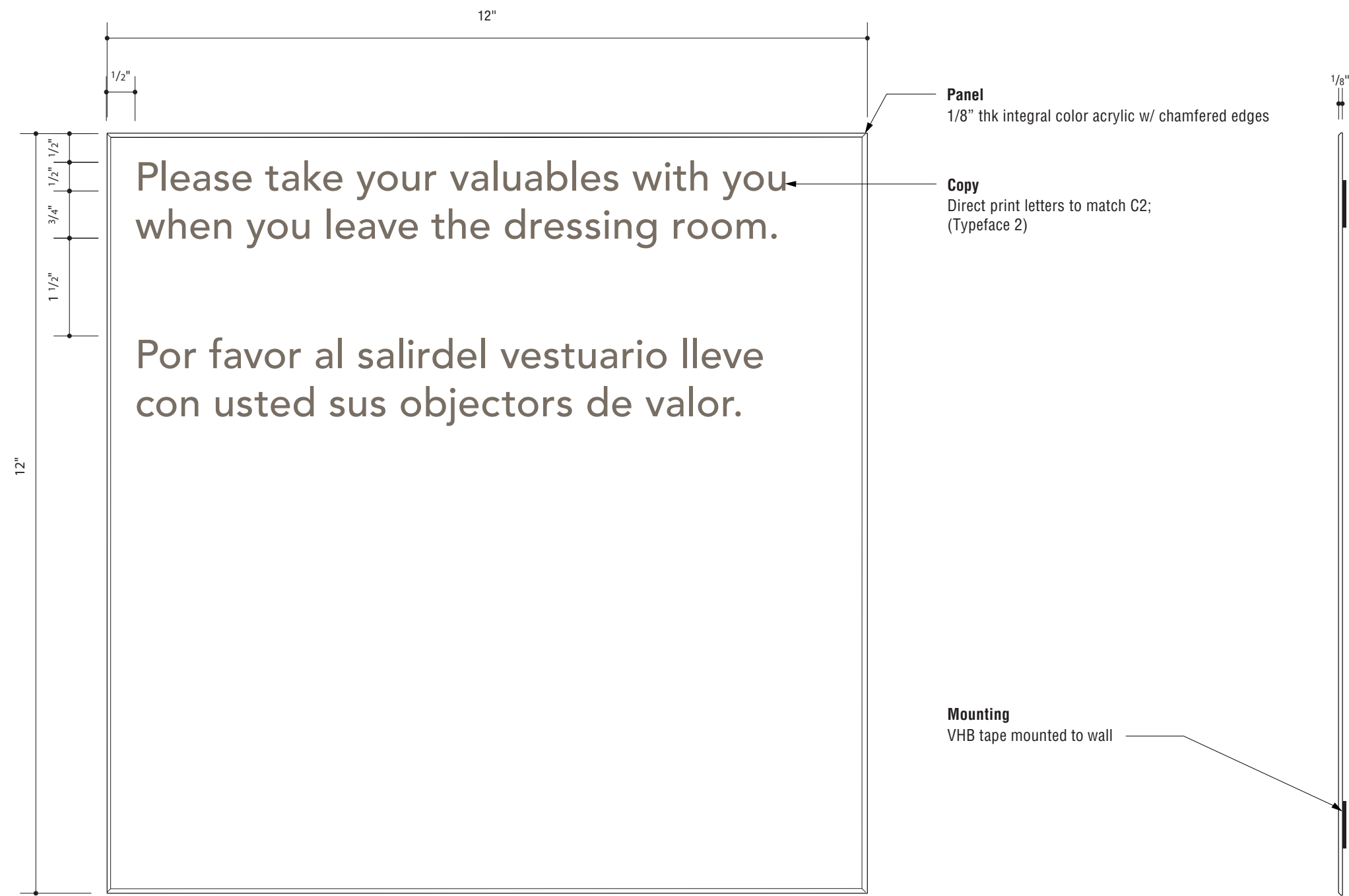
As Noted

Title:

INF.02 - Info Plaque - 9"x9"

Sheet:

47



1

FRONT & SIDE VIEW

Scale: 1/2 size

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Original Issue:

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Scale:

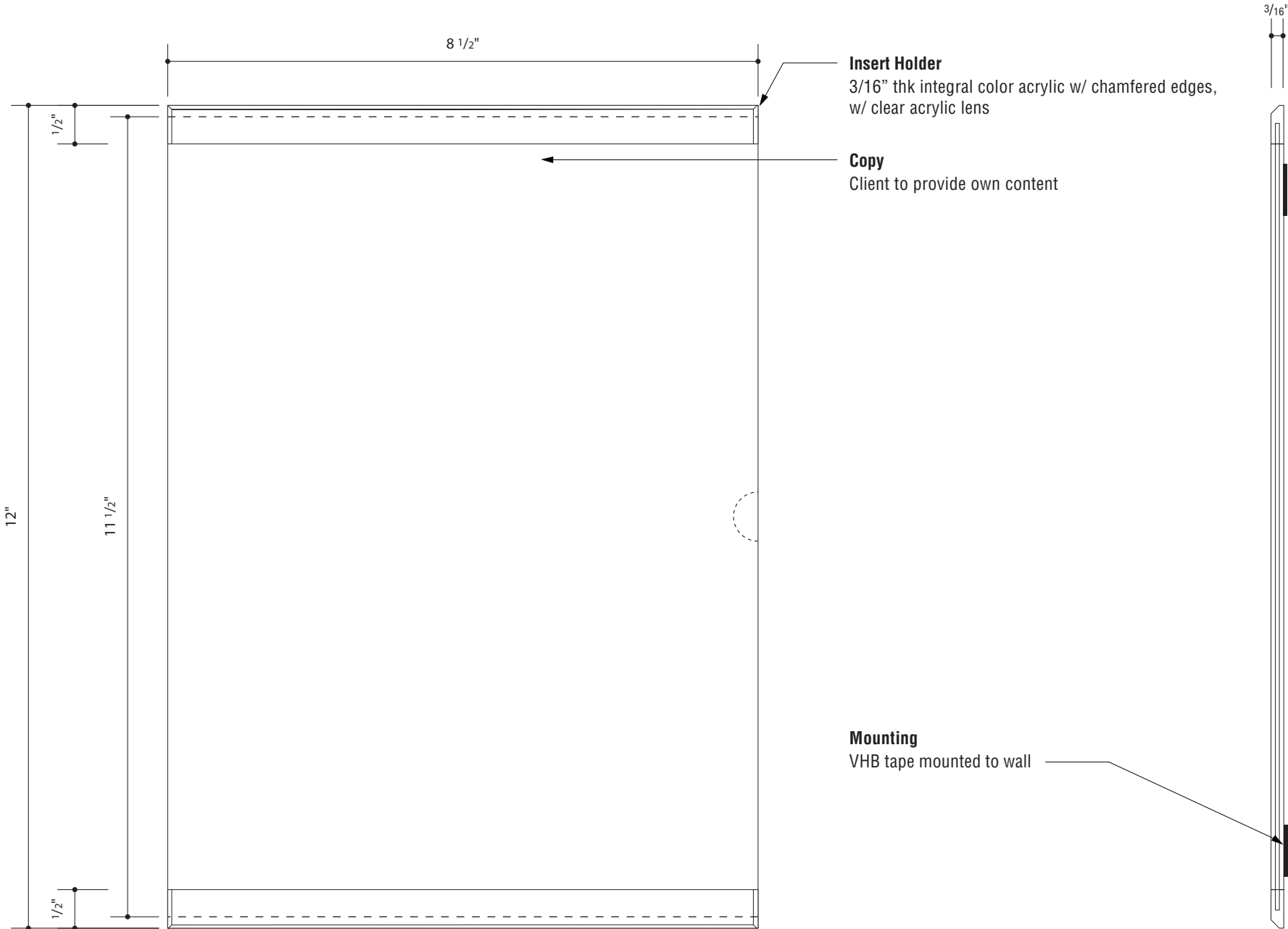
As Noted

Title:

**INF.03 - Info Plaque -
12"x12"**

Sheet:

48



1 FRONT & SIDE VIEW

Scale: 1/2 size

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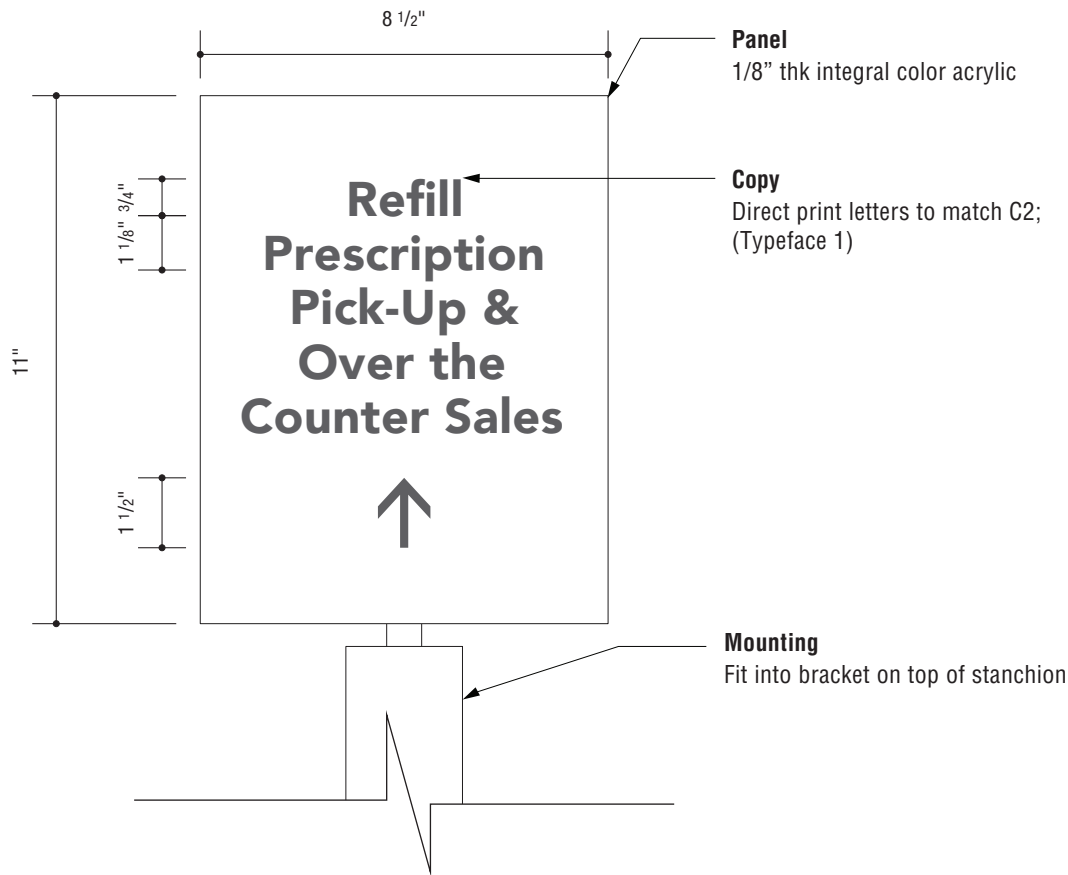
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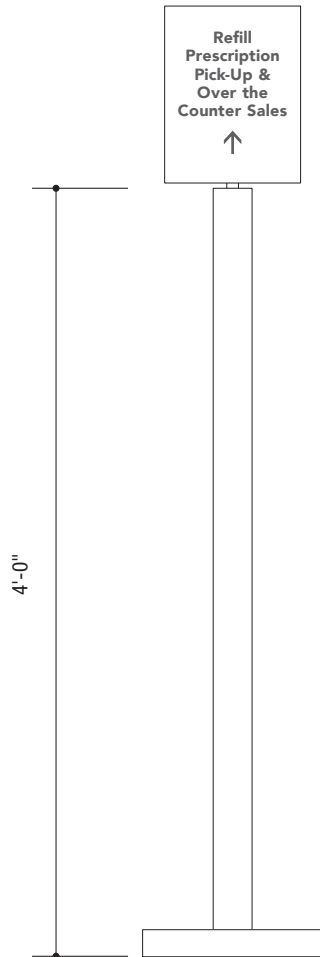
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| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:
INF.04 - Insert Holder



1 FRONT VIEW
Scale: 3" = 1'



2 ELEVATION
Scale: 1" = 1'

Prepared By:

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Pleasant Hill, CA 94523
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Program Location:



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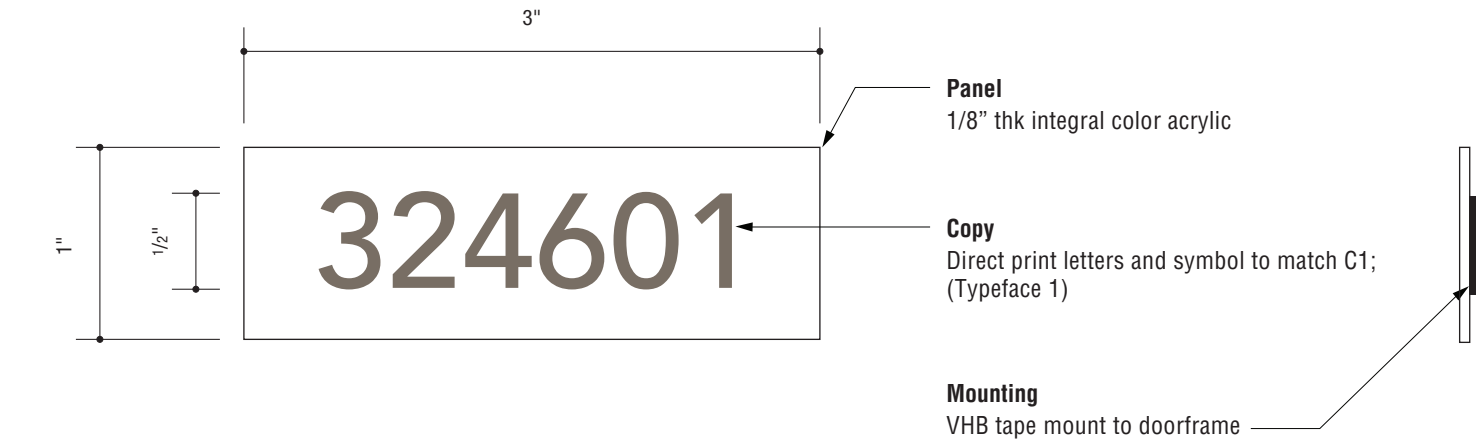
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| Program Number: 24-311 | Drawn By: CS |
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Title:
INF.05 - Freestanding Sign

Sheet:

50



1 FRONT & SIDE VIEW
Scale: 1"= 1"

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24-311

Drawn By:

CS

Original Issue:

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Scale:

As Noted

Title:

INF.06 - Architectural Room
Number

Sheet:

51

1 3/4"

1 1/4"

3/4"

Hours:

7:00 am - 5:00 pm

Saturday, Sunday and Holidays

Closed

Hours may vary by department

Vinyl Letters

letterforms & symbols to match V1

(Typeface 1)



1

FRONT VIEW

Scale: 3" = 1'

Prepared By:



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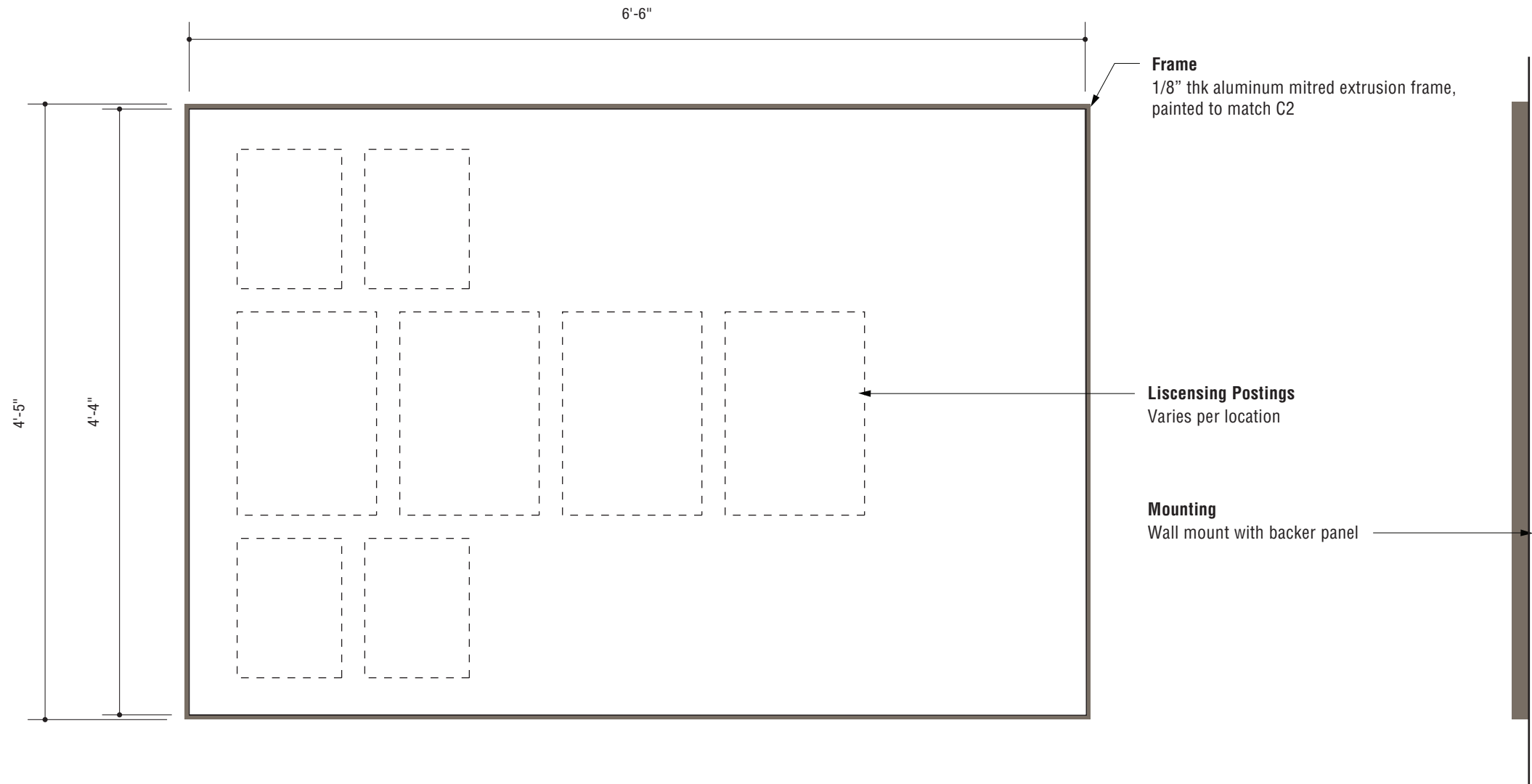
As Noted

Title:

REG.01 - Entrance Vinyl

Sheet:

52



1 FRONT & SIDE VIEW
Scale: 1" = 1'

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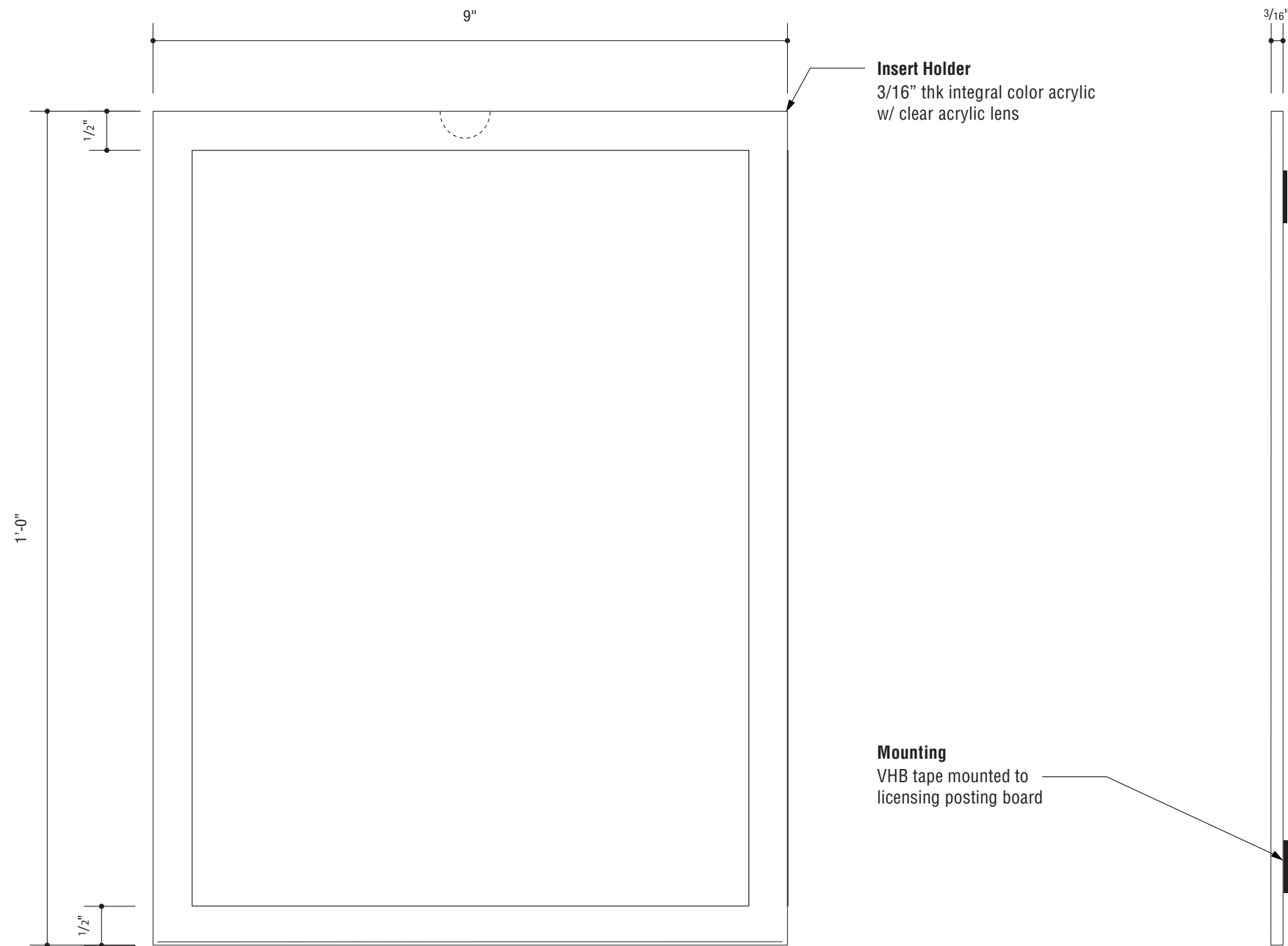
As Noted

Title:

REG.02 - Licensing Post-ings

Sheet:

53



1 FRONT & SIDE VIEW
Scale: 1/2 size

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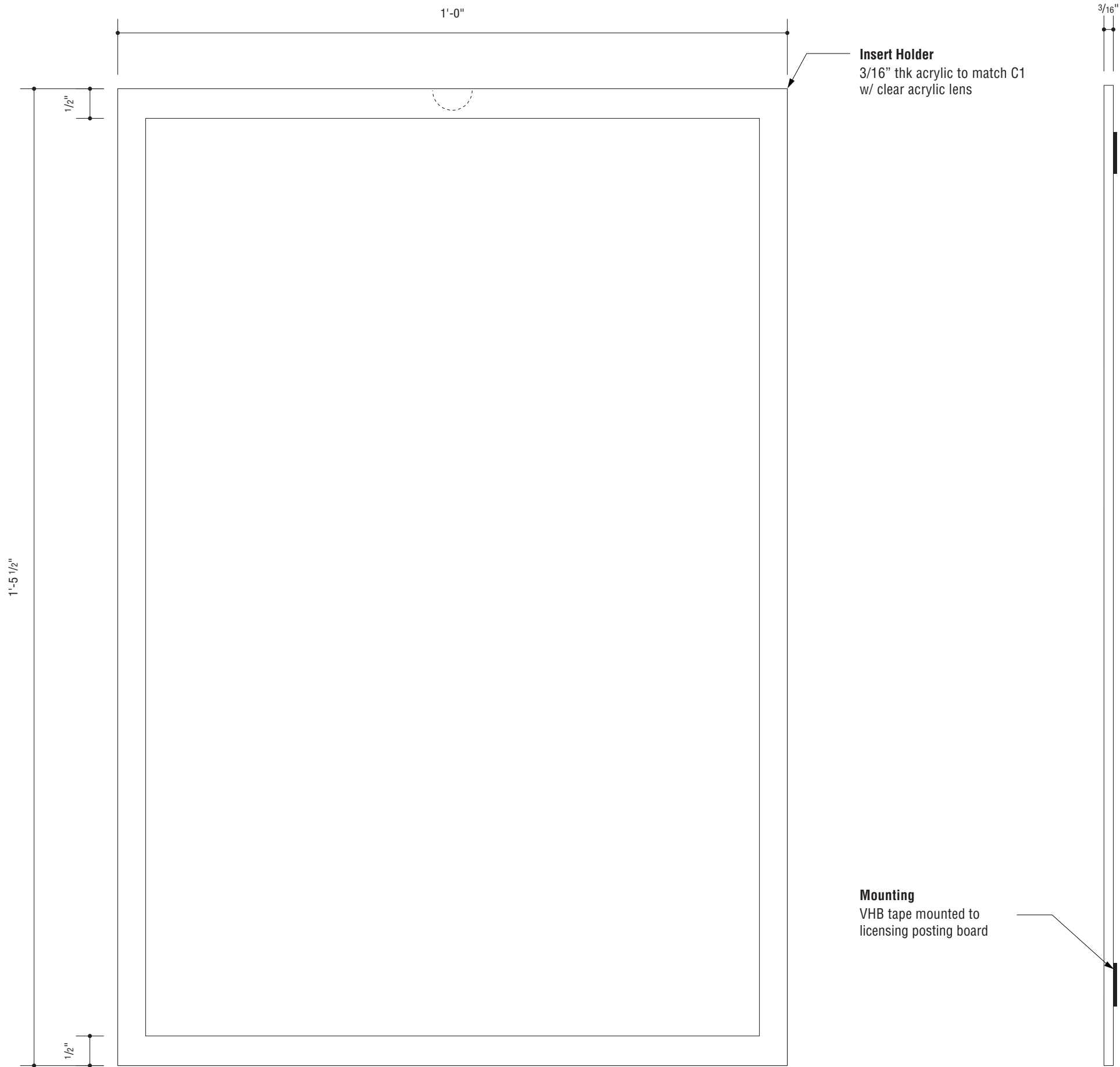
Title:

**REG.03 - Licensing Posting
Holder - 8.5x11**

Sheet:

54

REG.04



Insert Holder
3/16” thk acrylic to match C1
w/ clear acrylic lens

Mounting
VHB tape mounted to
licensing posting board

1 FRONT & SIDE VIEW
Scale: 1/2 size

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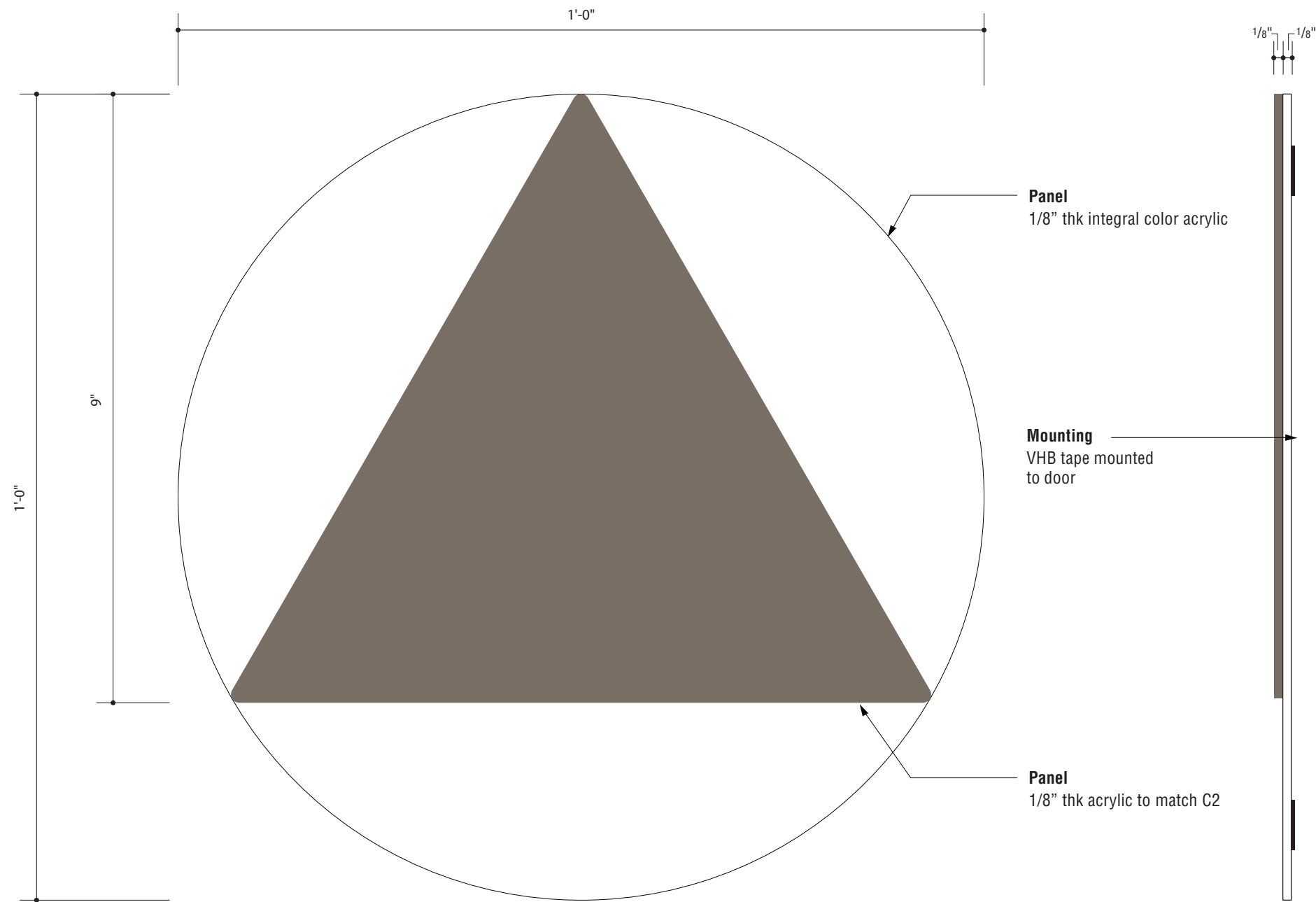
As Noted

Title:

**REG.04 - Licensing Posting
Holder - 11x17**

Sheet:

55



1

FRONT & SIDE VIEW

Scale: 1/2 size

*Final color to be determined prior to fabrication based on appropriate visual contrast with the door per location

2

ALTERNATE LAYOUT

Scale: 1/4" = 1"



Prepared By:



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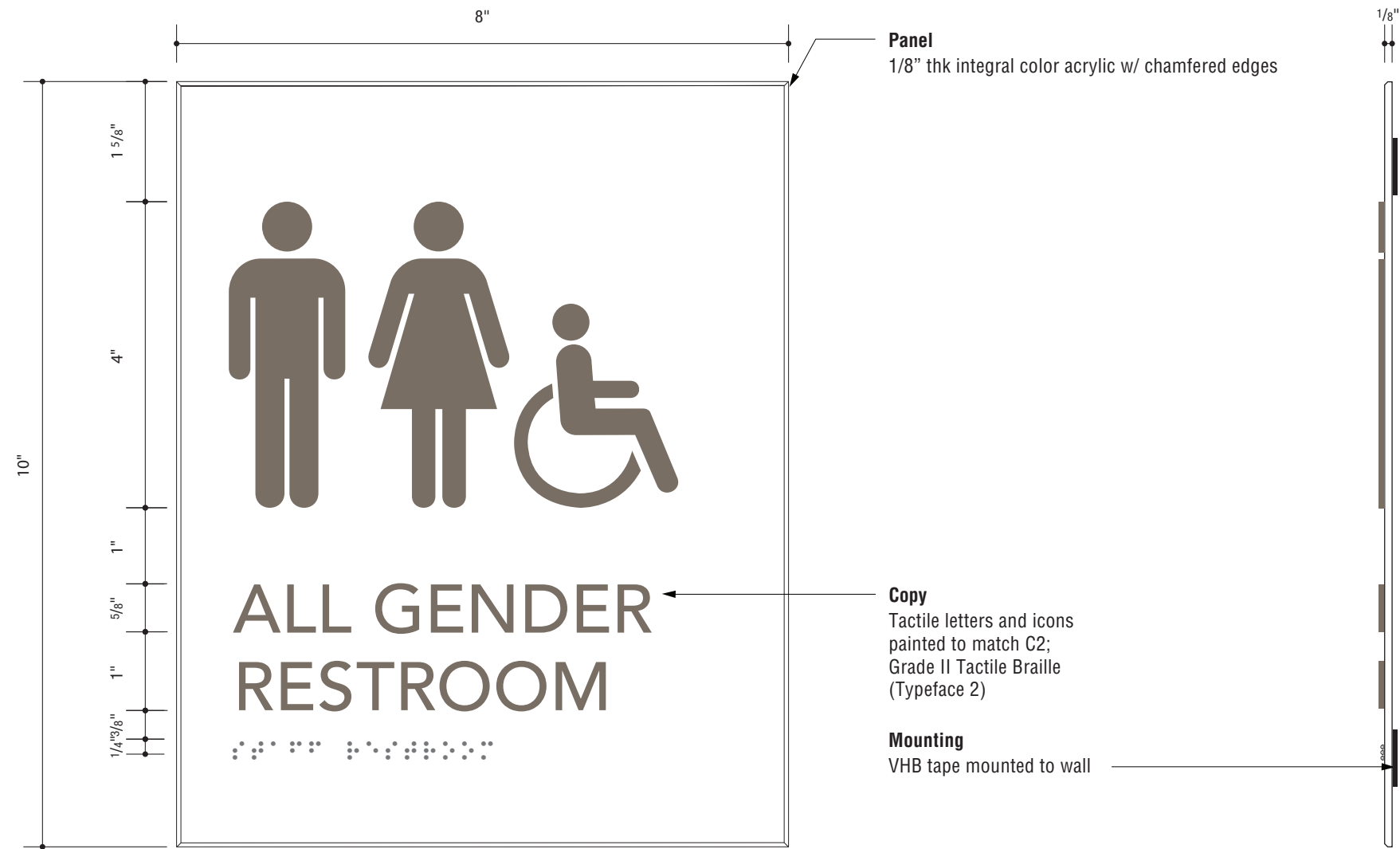
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| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:
**REG.05 - Restroom Door -
All Gender**

Sheet:



1 FRONT & SIDE VIEW
Scale: 1/2 size

2 ALTERNATE LAYOUT
Scale: 1/4" = 1"



Prepared By:

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Drawn By:

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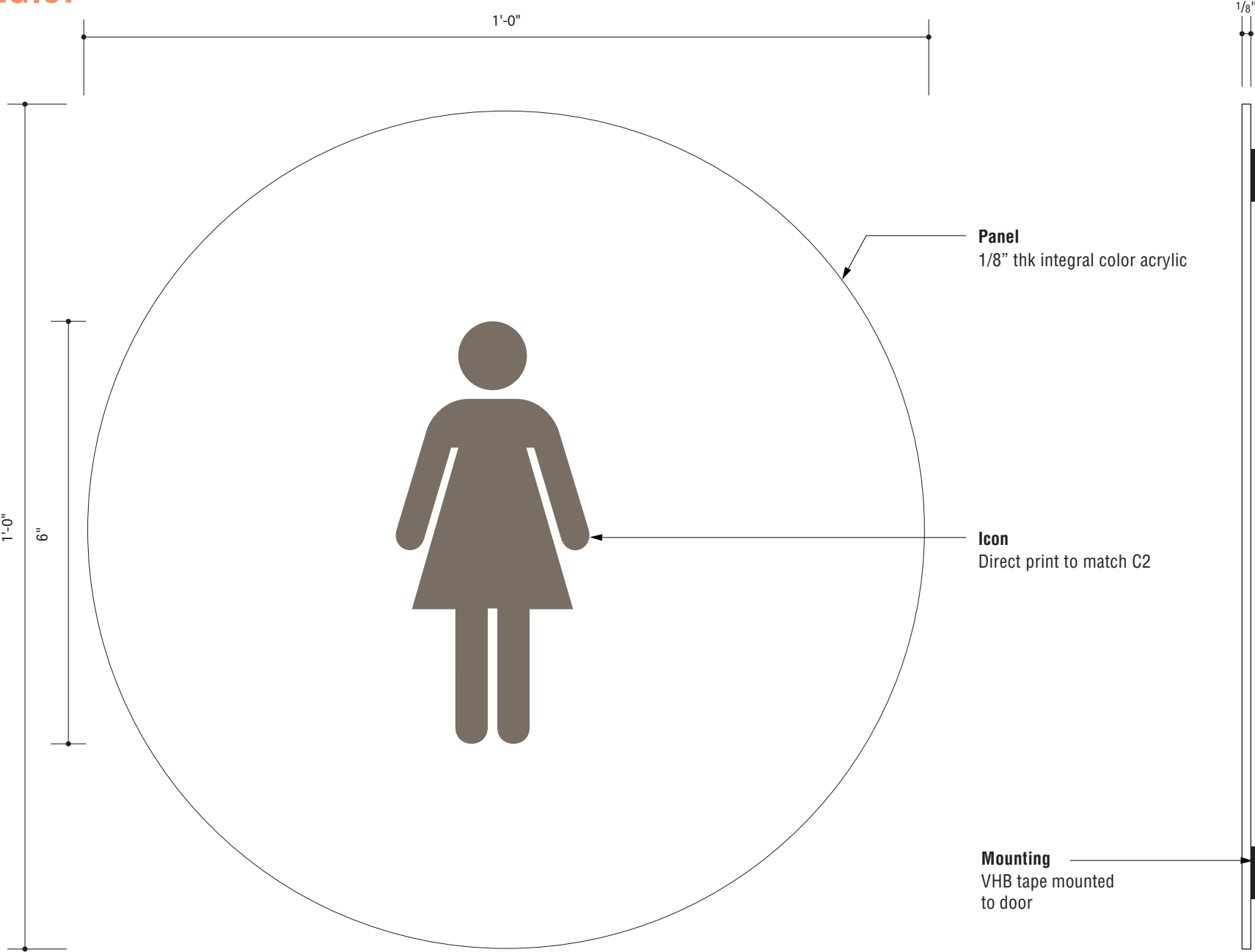
Title:

**REG.06 - Restroom Wall -
All Gender**

Sheet:

57

REG.07



1

FRONT & SIDE VIEW

Scale: 1/2 size

*Final color to be determined prior to fabrication based on appropriate visual contrast with the door per location



2

ALTERNATE LAYOUT

Scale: 1/4" = 1"

Prepared By:



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Program Location:



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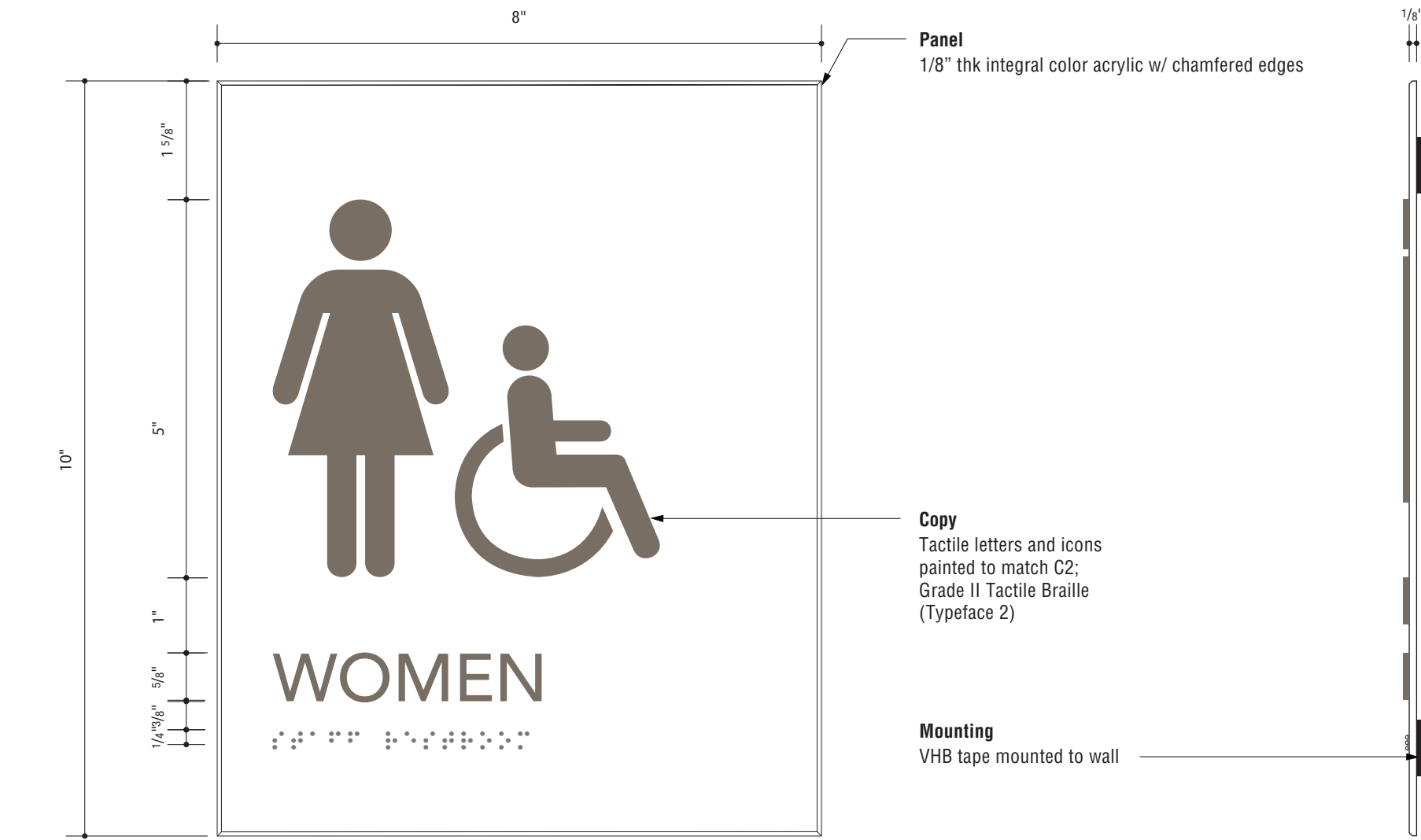
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| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:
**REG.07 - Restroom Door -
Women**

Sheet:

58



1 FRONT & SIDE VIEW
Scale: 1/2" = 1"



2 ALTERNATE LAYOUT
Scale: 1/4" = 1"

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Program Number:

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Drawn By:

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Original Issue:

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Scale:

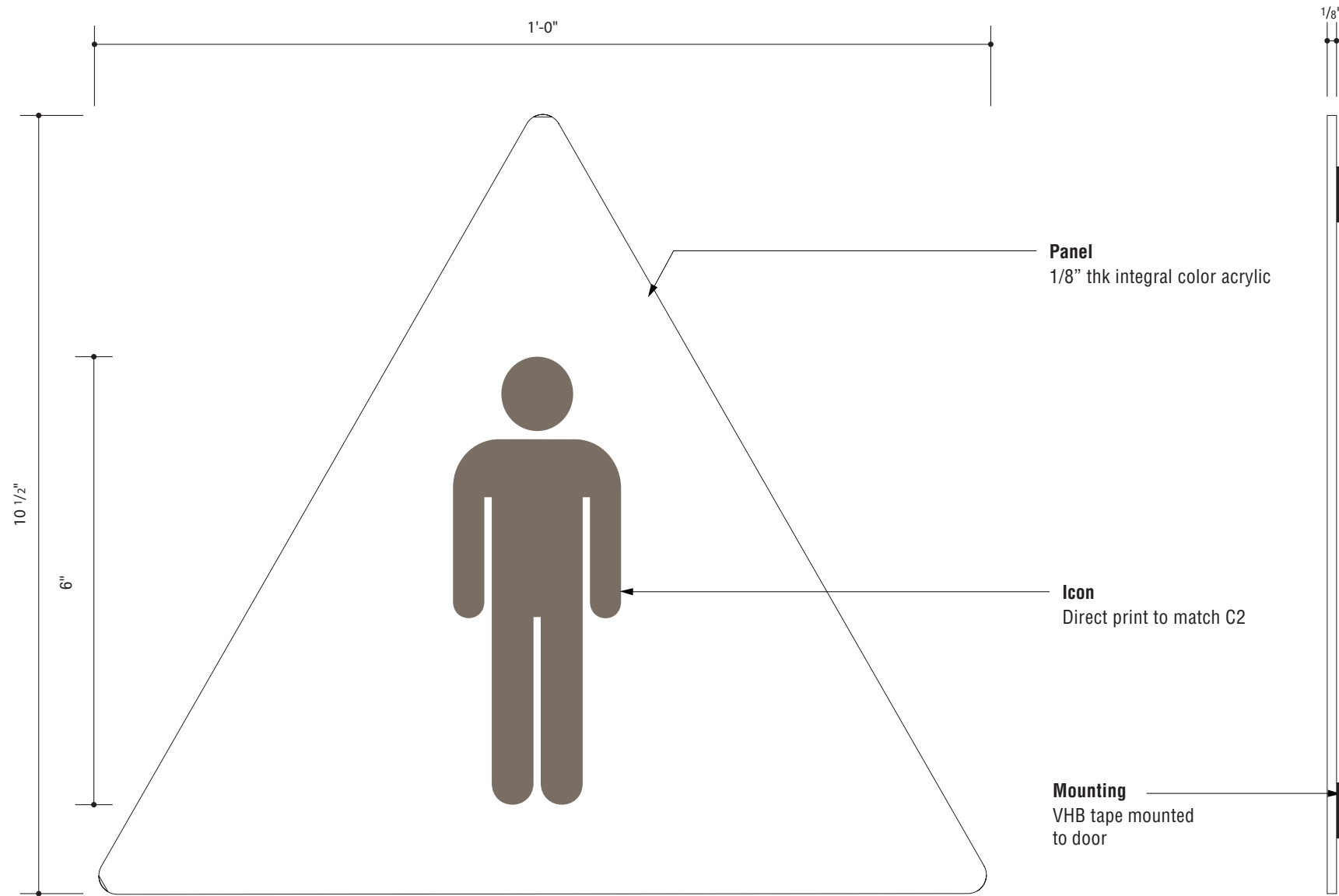
As Noted

Title:

**REG.08 - Restroom Wall -
Women**

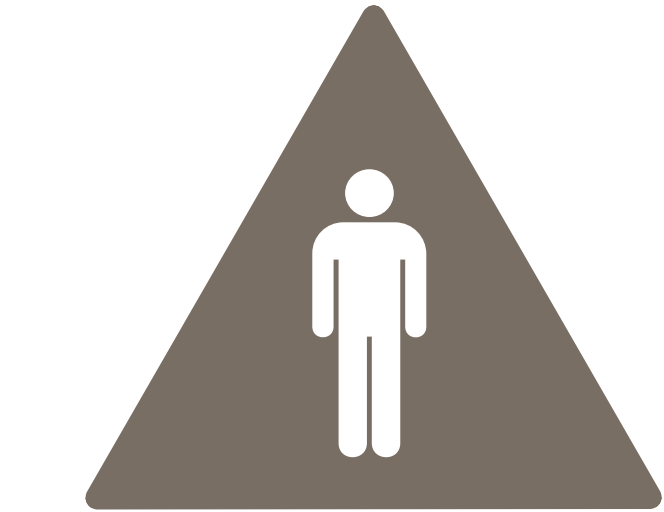
Sheet:

59



1 FRONT & SIDE VIEW
Scale: 1/2 size

*Final color to be determined prior to fabrication based on appropriate visual contrast with the door per location



2 ALTERNATE LAYOUT
Scale: 1/4" = 1"

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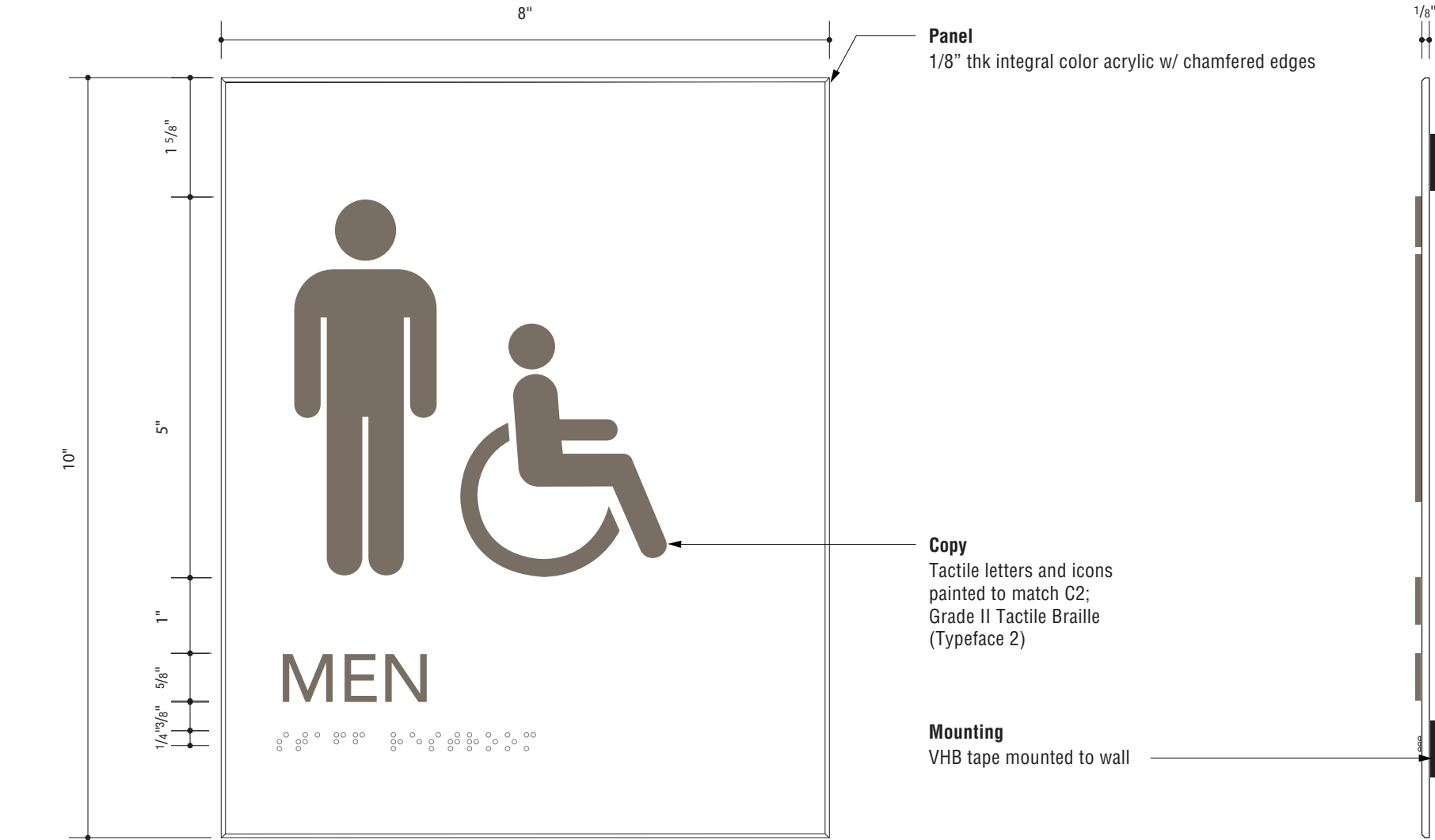
Checked by:

Approval:

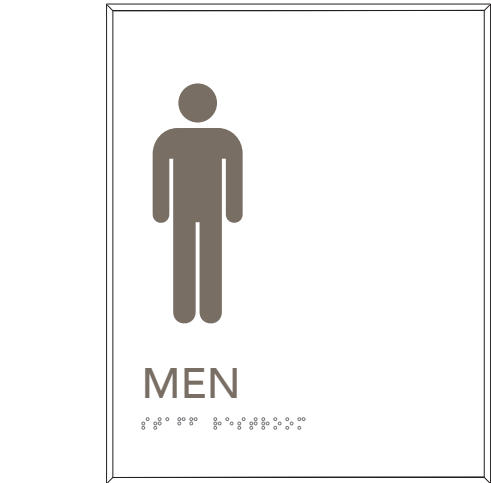
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|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:
**REG.09 - Restroom Door -
Men**

Sheet:



1 FRONT & SIDE VIEW
Scale: 1/2 size



2 ALTERNATE LAYOUT
Scale: 1/4" = 1"

Prepared By:



3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

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DOCUMENTATION**

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Revisions / Bulletins:

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| 95% CD | 03.18.2025 |

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Approval:

Program Number:

24-311

Drawn By:

CS

Original Issue:

10.21.2024

Scale:

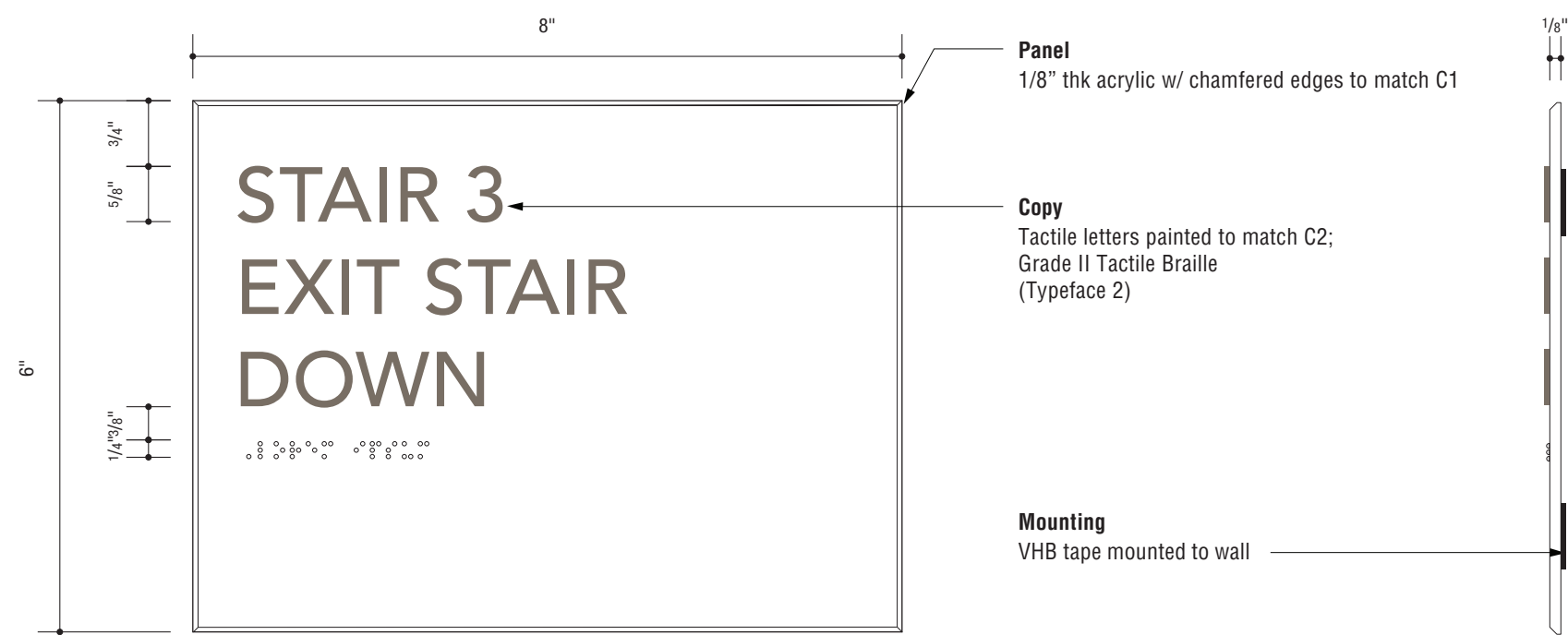
As Noted

Title:

**REG.10 - Restroom Wall -
Men**

Sheet:

61



1 FRONT & SIDE VIEW
Scale: 1/2 size

Prepared By:



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Approval:

Program Number:

24-311

Drawn By:

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Original Issue:

10.21.2024

Scale:

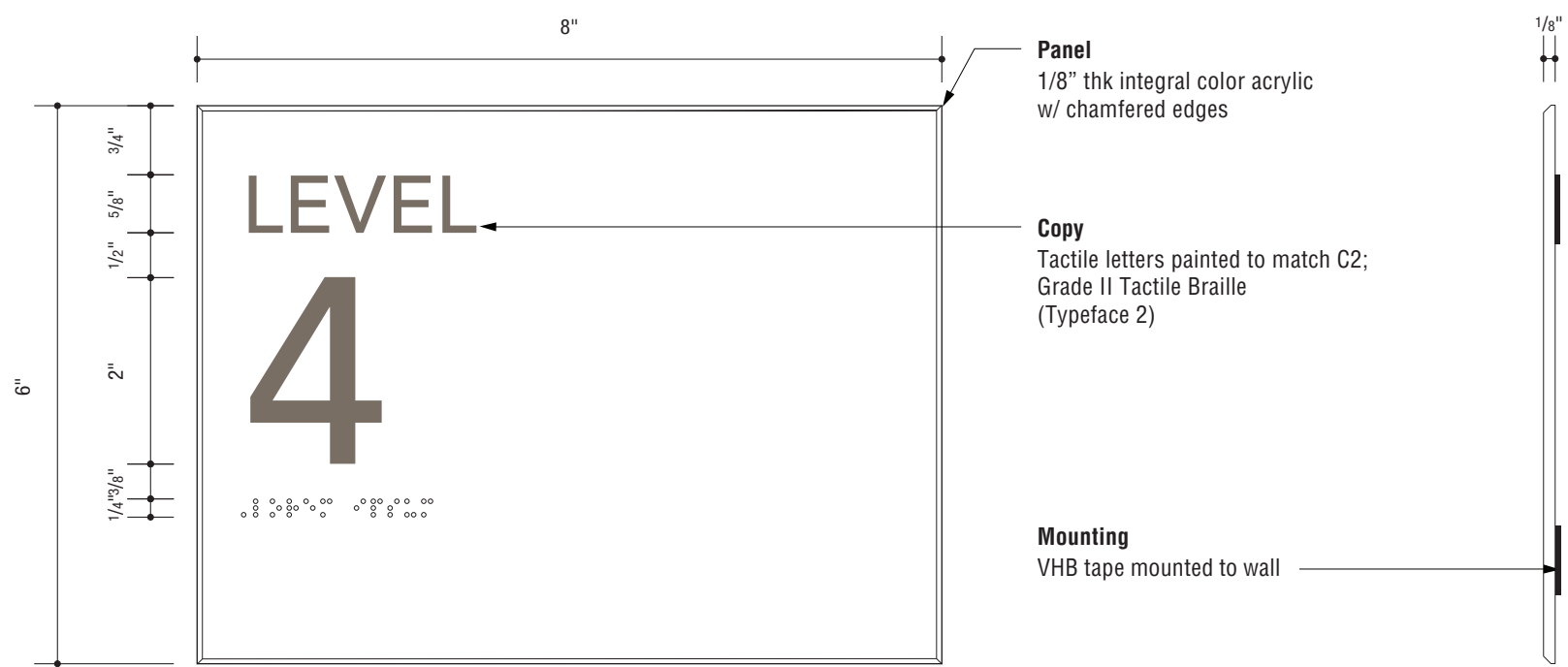
As Noted

Title:

REG.11 - Stair ID

Sheet:

62



1 FRONT & SIDE VIEW
Scale: 1/2 size



2 ALTERNATE LAYOUT
Scale: 1/4" = 1"

Prepared By:



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925-444-2020

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Program Location:



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Drawn By:

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Original Issue:

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Scale:

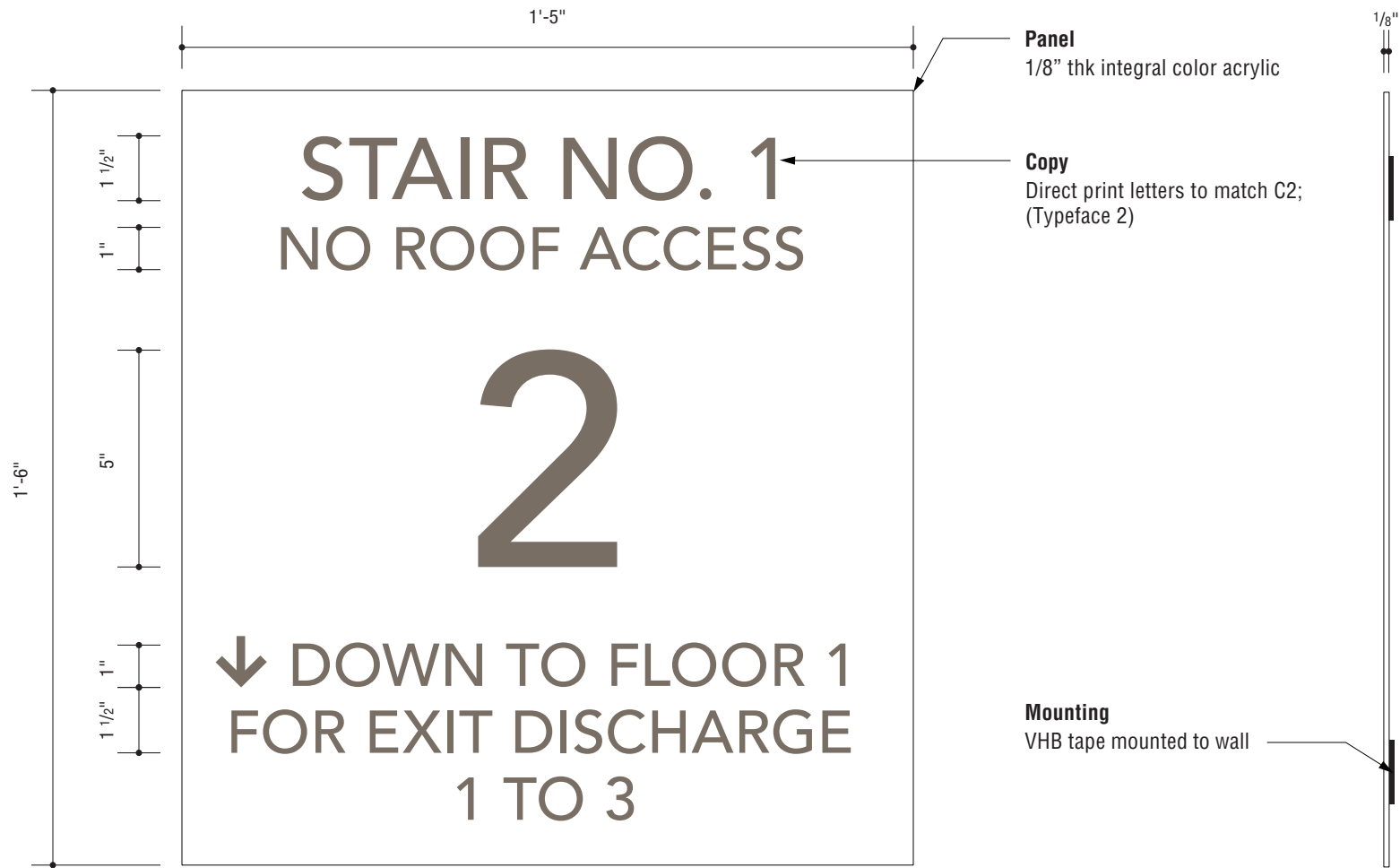
As Noted

Title:

REG.12 - Stair Level ID

Sheet:

63



1 FRONT & SIDE VIEW
Scale: 3" = 1'



2 ALTERNATE LAYOUT
Scale: 1 1/2" = 1"

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925-444-2020

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Program Number:

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Original Issue:

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Scale:

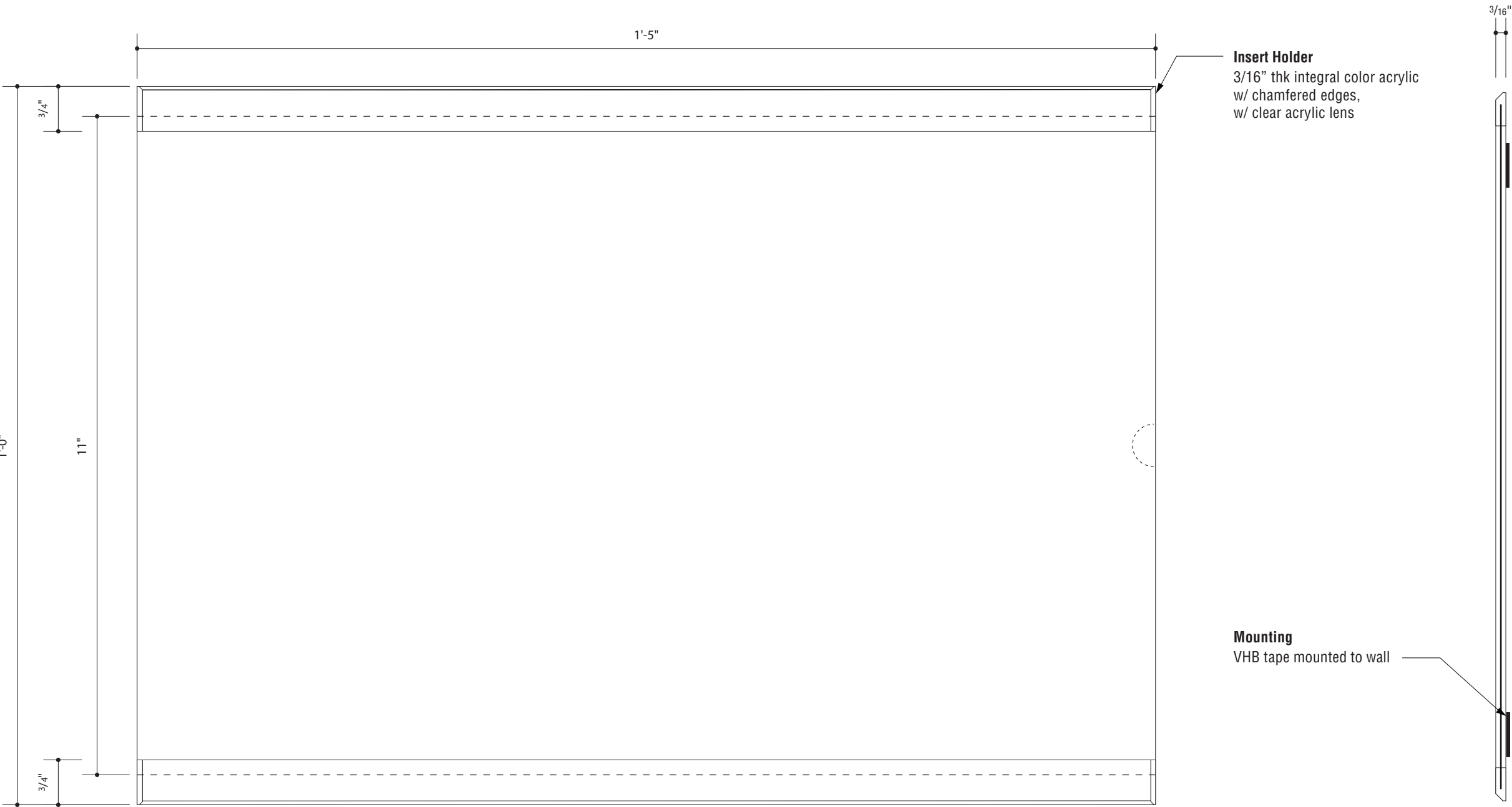
As Noted

Title:

REG.13 - Stair Fire Department

Sheet:

64



1

FRONT & SIDE VIEW

Scale: 1/2 size

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Original Issue:

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Scale:

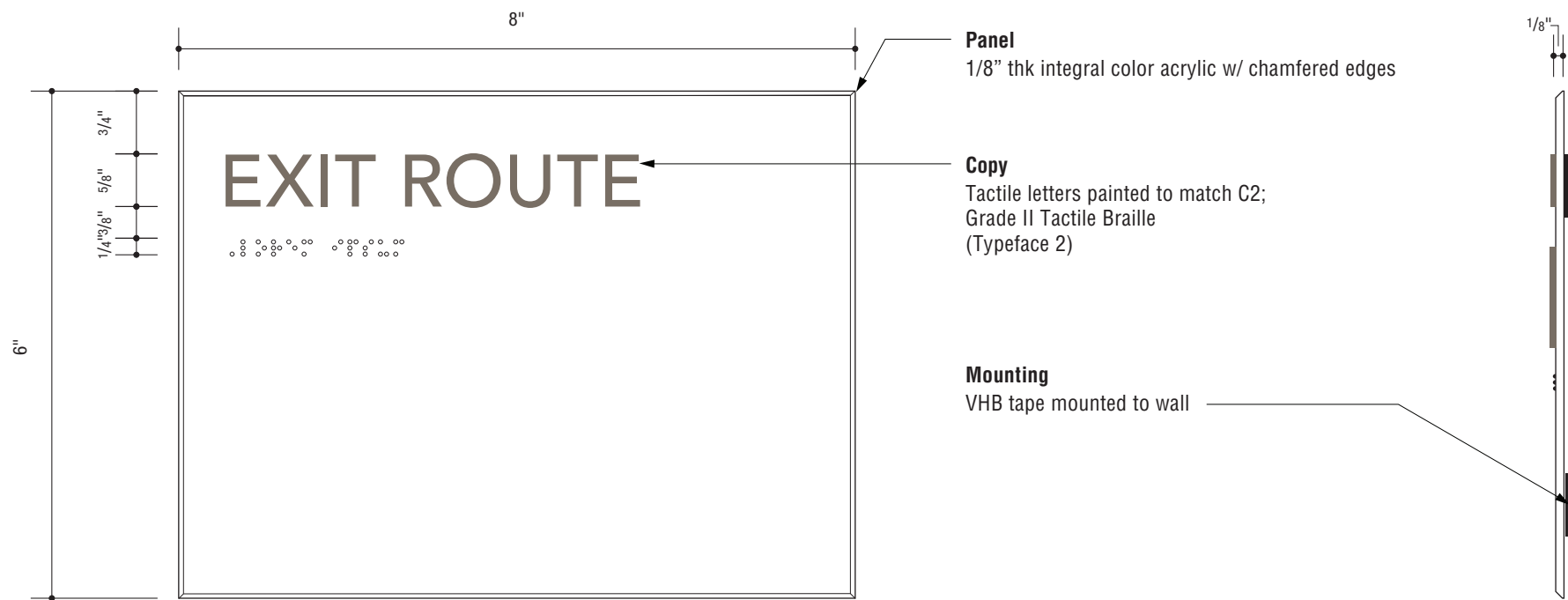
As Noted

Title:

**REG.14 - Evacuation Map
Holder**

Sheet:

65



1 FRONT & SIDE VIEW
Scale: 1/2 size

Prepared By:



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Drawn By:

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Original Issue:

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Scale:

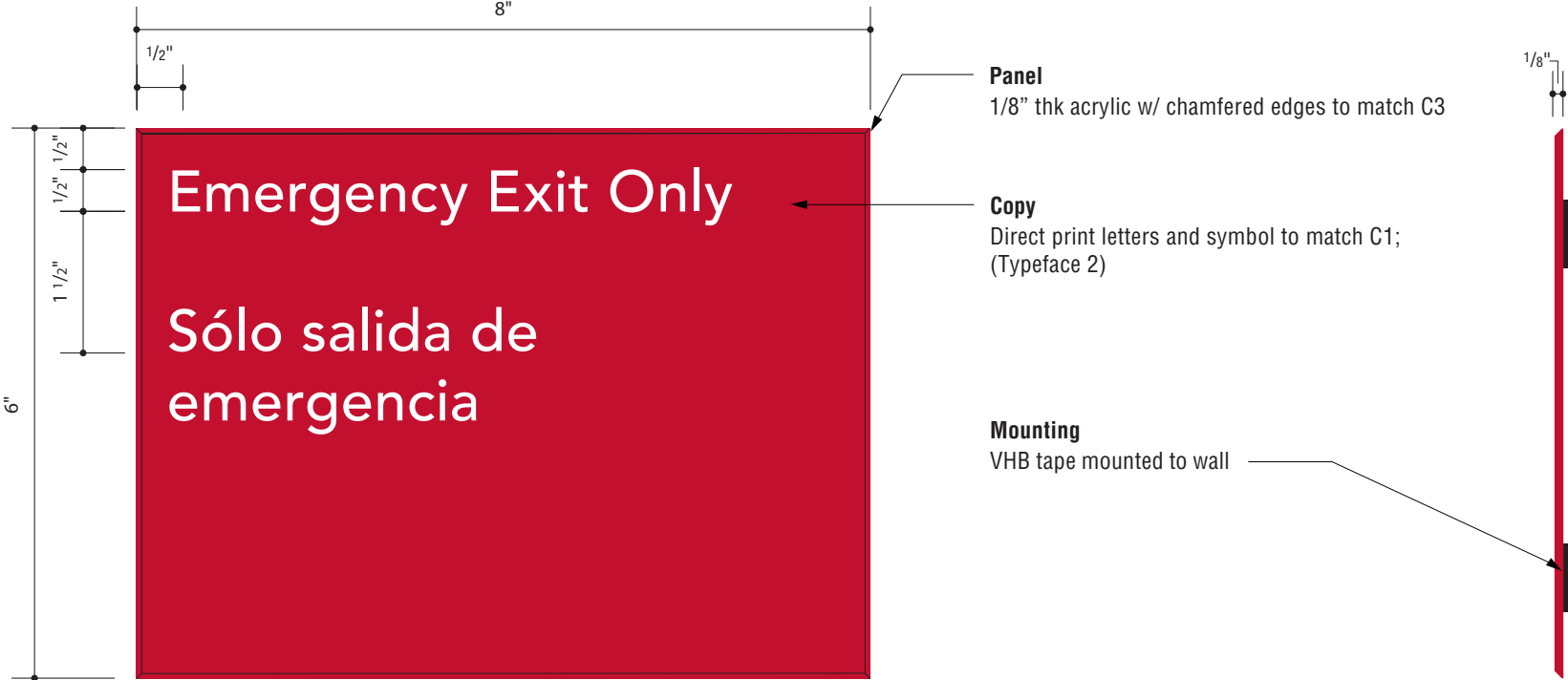
As Noted

Title:

REG.15 - Egress

Sheet:

66



1 FRONT & SIDE VIEW
Scale: 1/2 size

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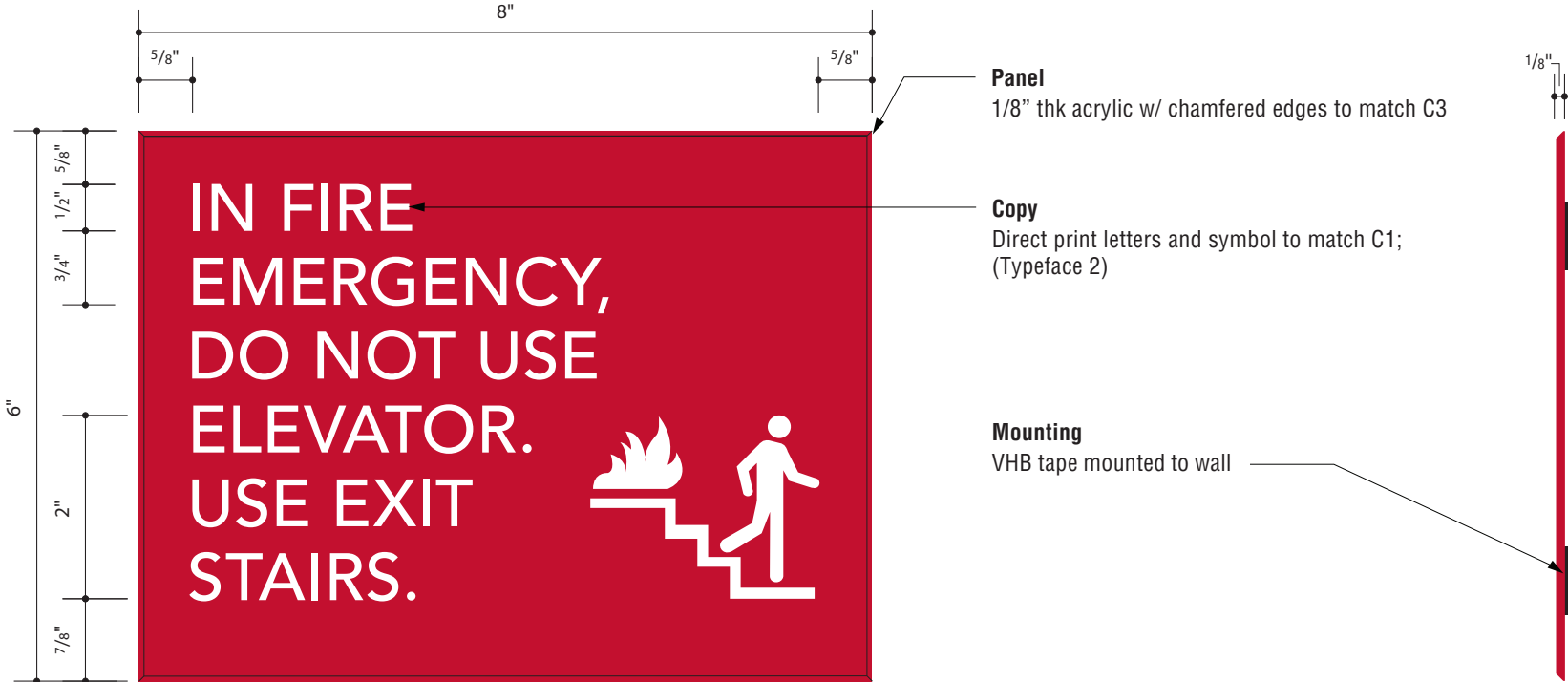
Checked by:

Approval:

| | |
|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:
**REG. 16 - Emergency Exit
Only**

Sheet:



1 FRONT & SIDE VIEW
Scale: 1/2 size

Prepared By:



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Original Issue:

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Scale:

As Noted

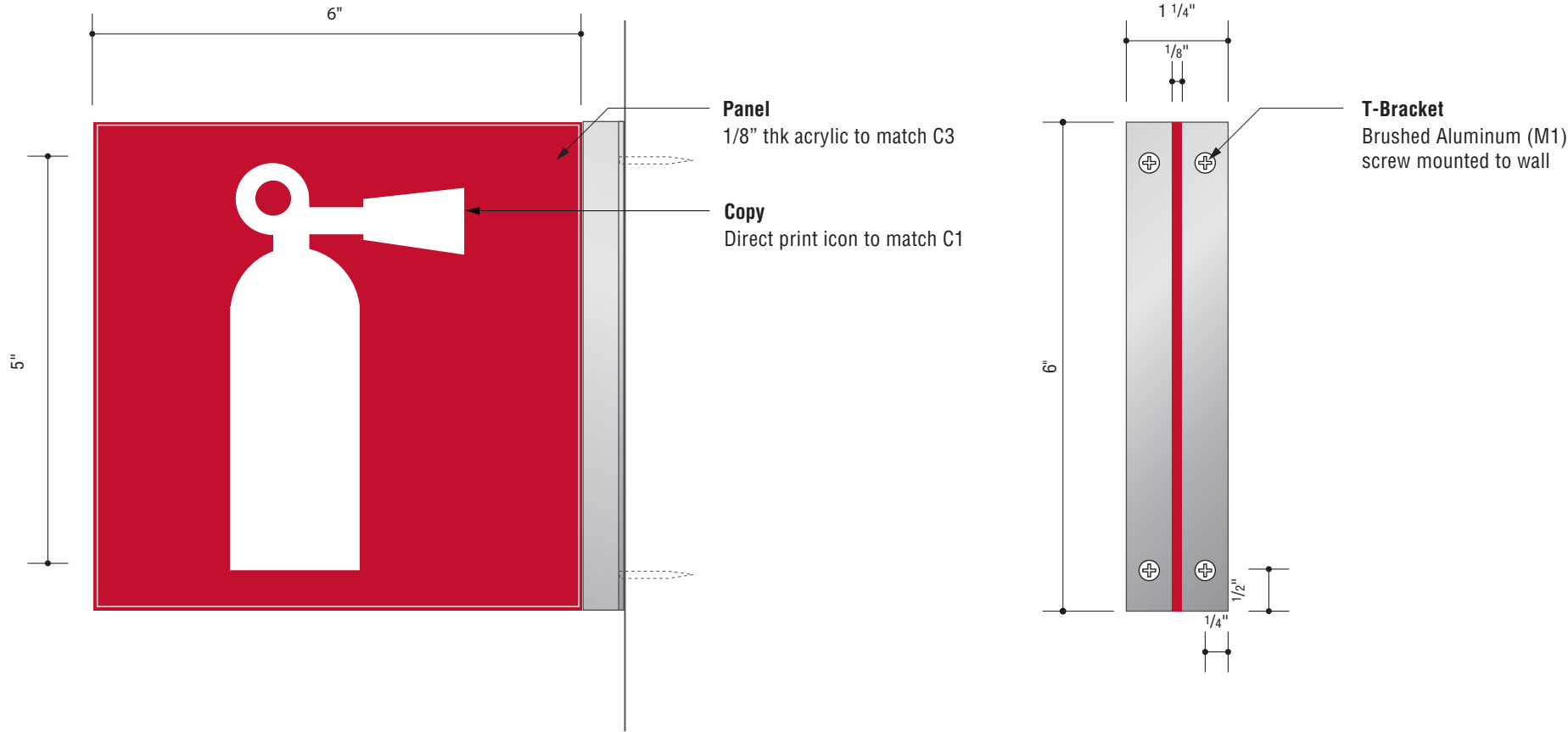
Title:

REG.17 - In Case Of Fire

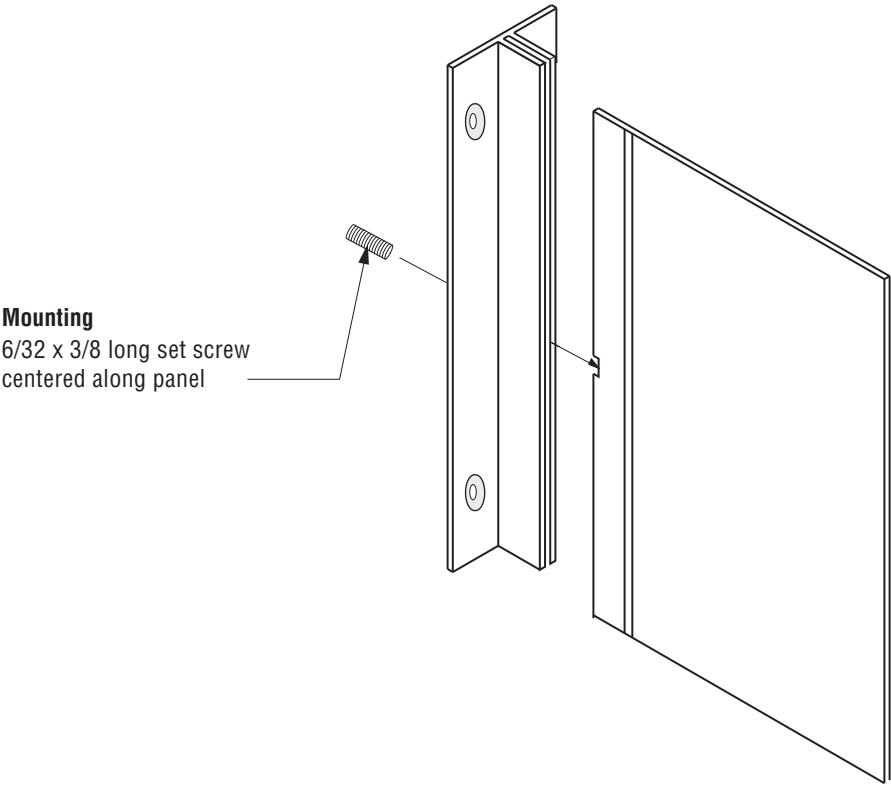
Sheet:

68

REG.18



1 FRONT & SIDE VIEW
Scale: 1/2 size



2 ASSEMBLY ISOMETRIC VIEW
Scale: N.T.S.

Prepared By:

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Scale:

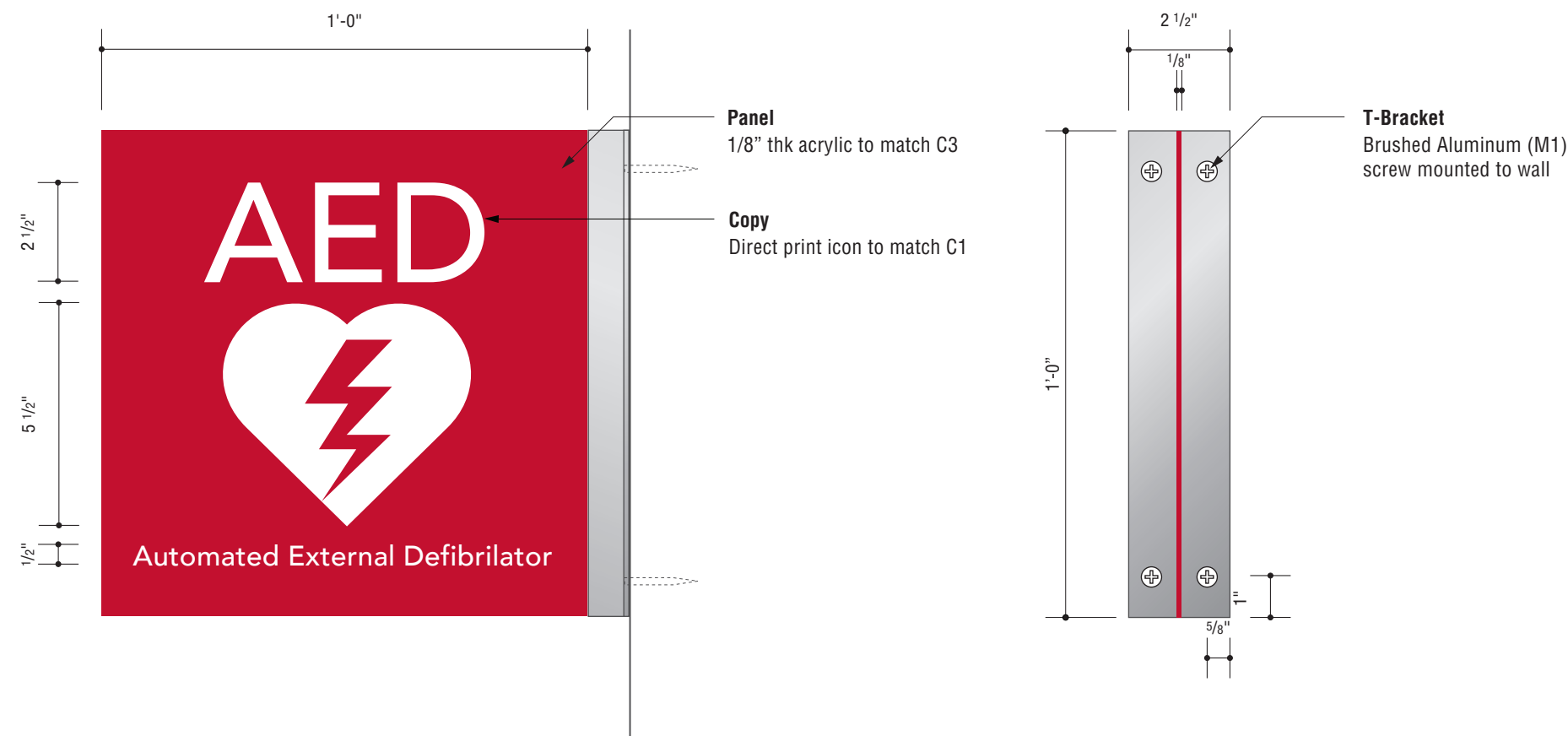
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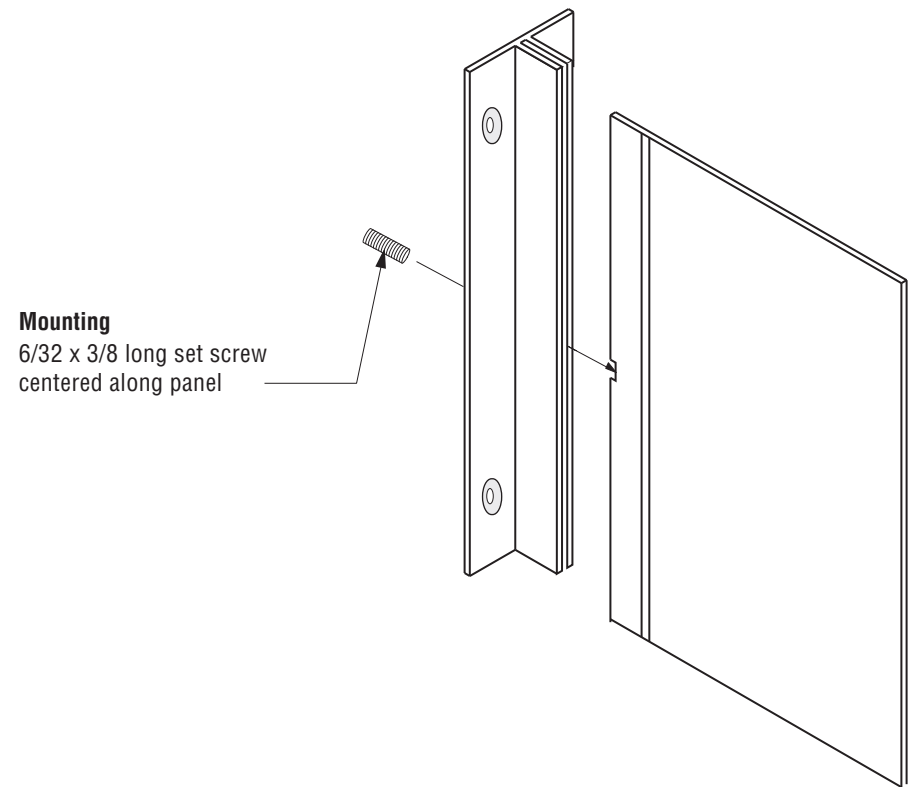
**REG.18 - Fire Extinguisher
Flag**

Sheet:

69



1 FRONT & SIDE VIEW
Scale: 3"=1'



2 ASSEMBLY ISOMETRIC VIEW
Scale: N.T.S.

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Drawn By:

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Scale:

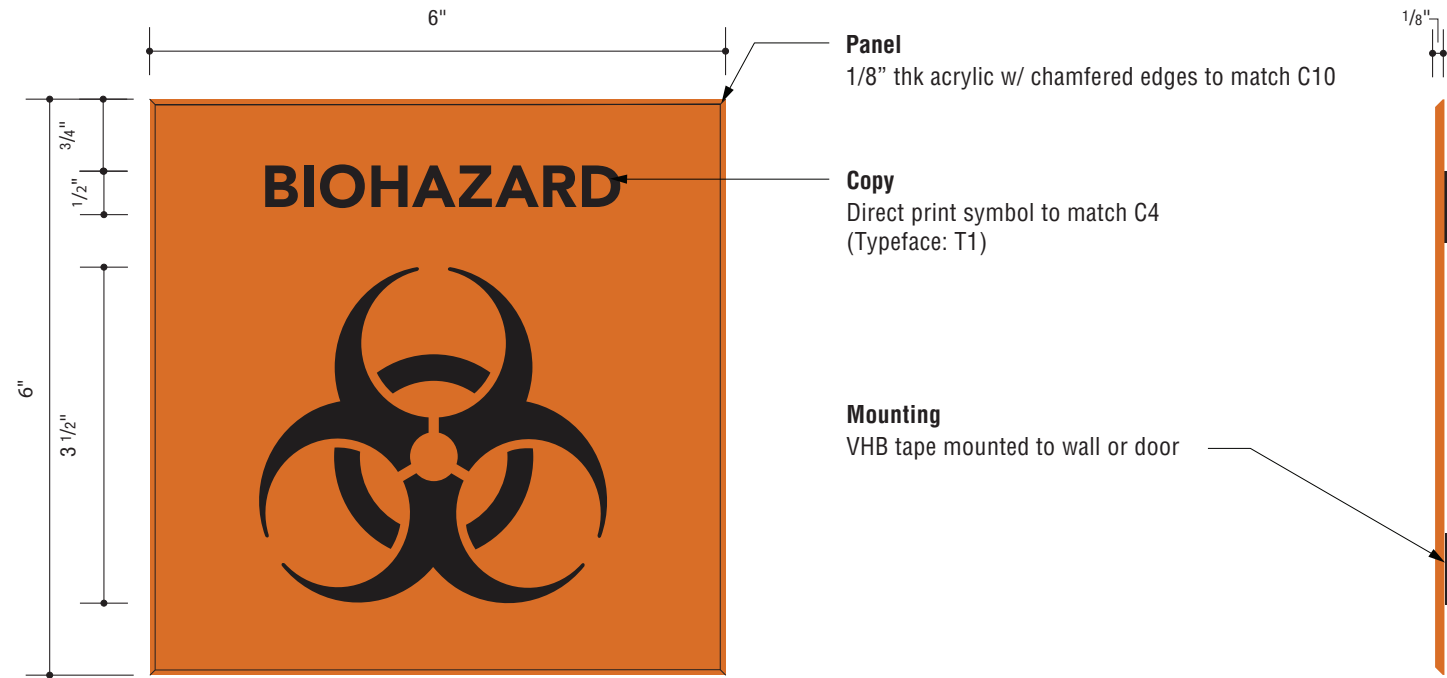
As Noted

Title:

REG.19 - AED Flag

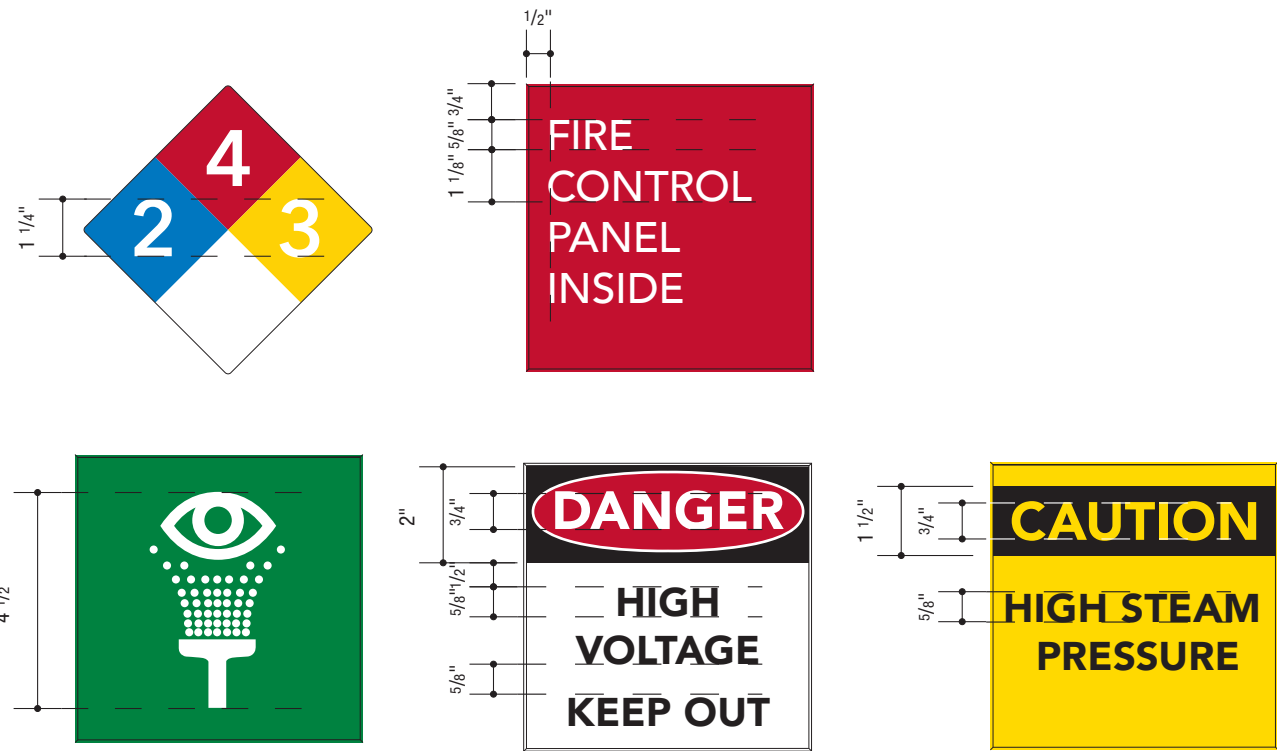
Sheet:

70



1 FRONT & SIDE VIEW

Scale: 1/2 size



2 ADDITIONAL LAYOUTS

Scale: 3"= 1'

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Original Issue:

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Scale:

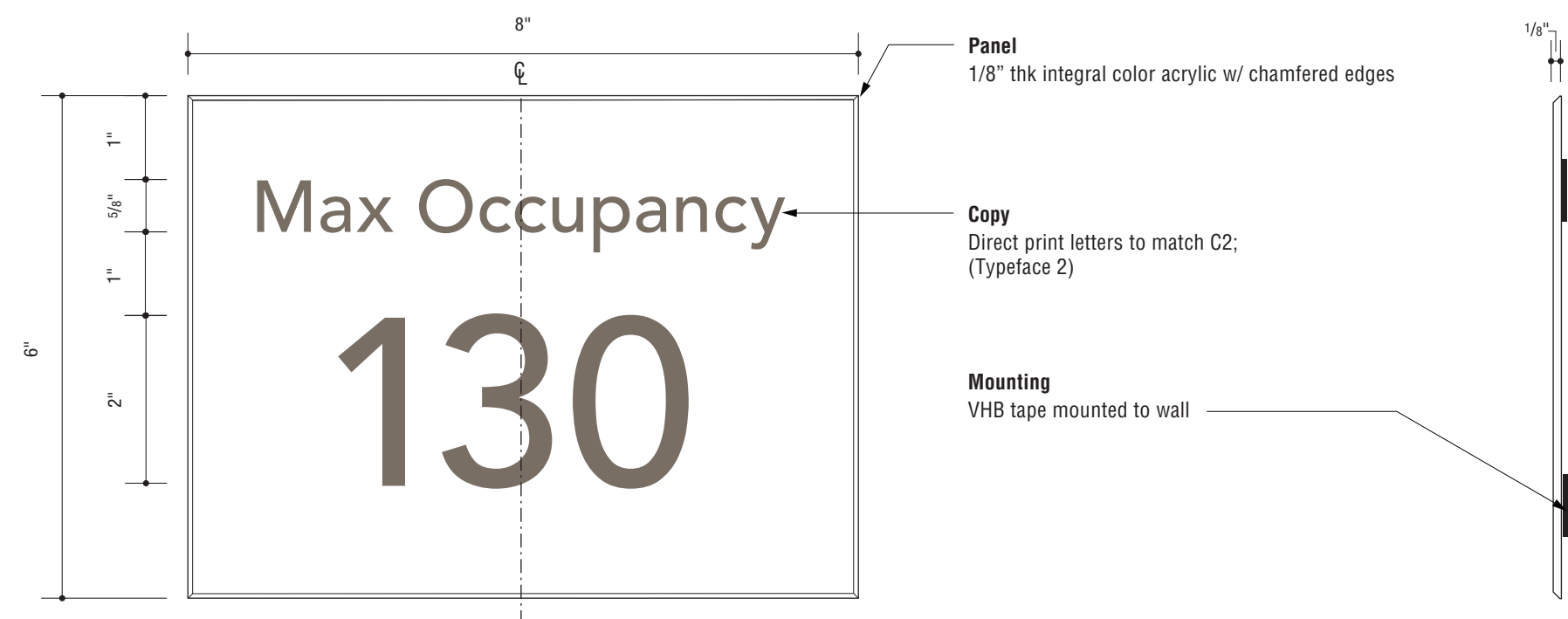
As Noted

Title:

**REG.20 - Regulatory Graph-
ic Plaque**

Sheet:

71



1 FRONT & SIDE VIEW
Scale: 1/2 size

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Approval:

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Drawn By:

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Original Issue:

10.21.2024

Scale:

As Noted

Title:

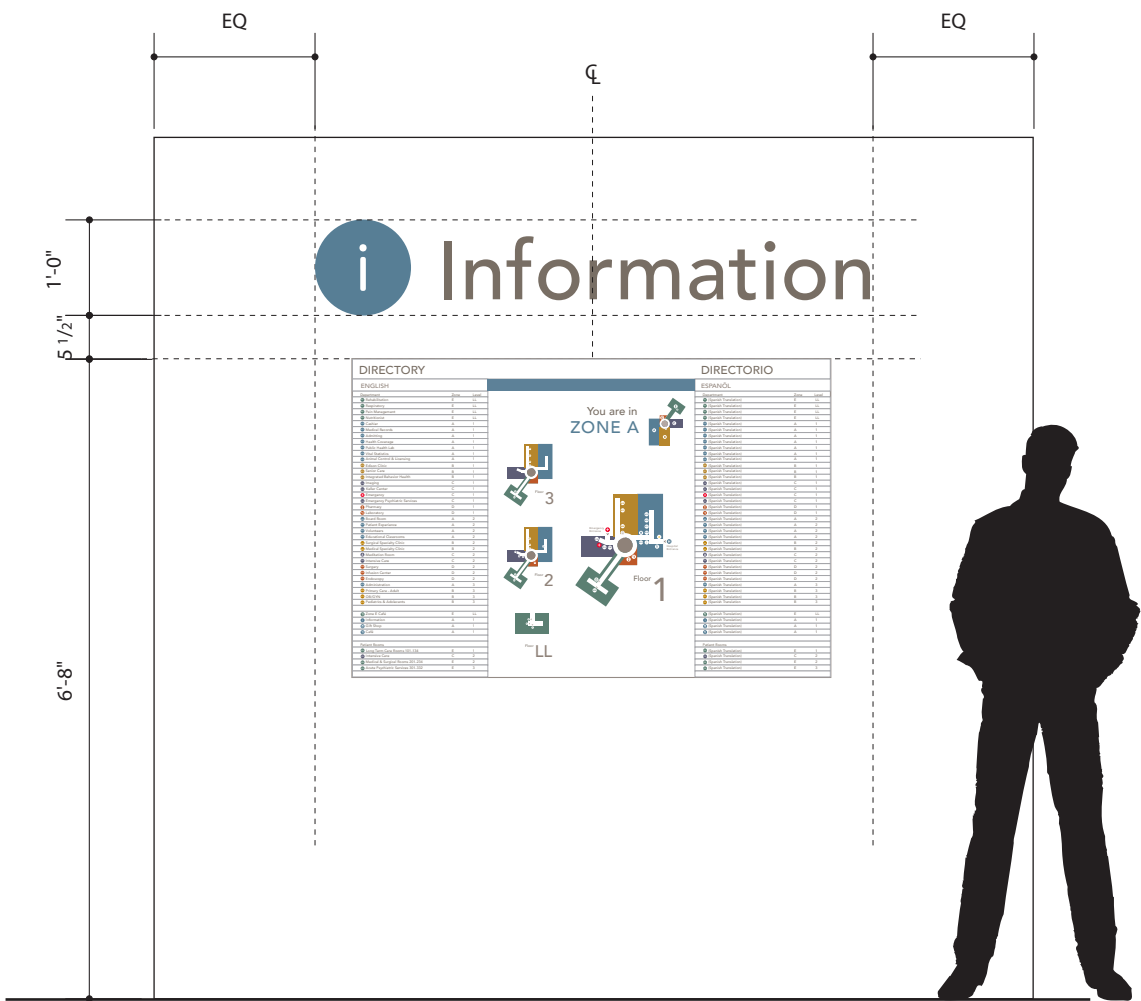
REG.21 - Max Occupancy

Sheet:

72

BUILDING DIRECTORY
TYPICAL ELEVATION - 1A

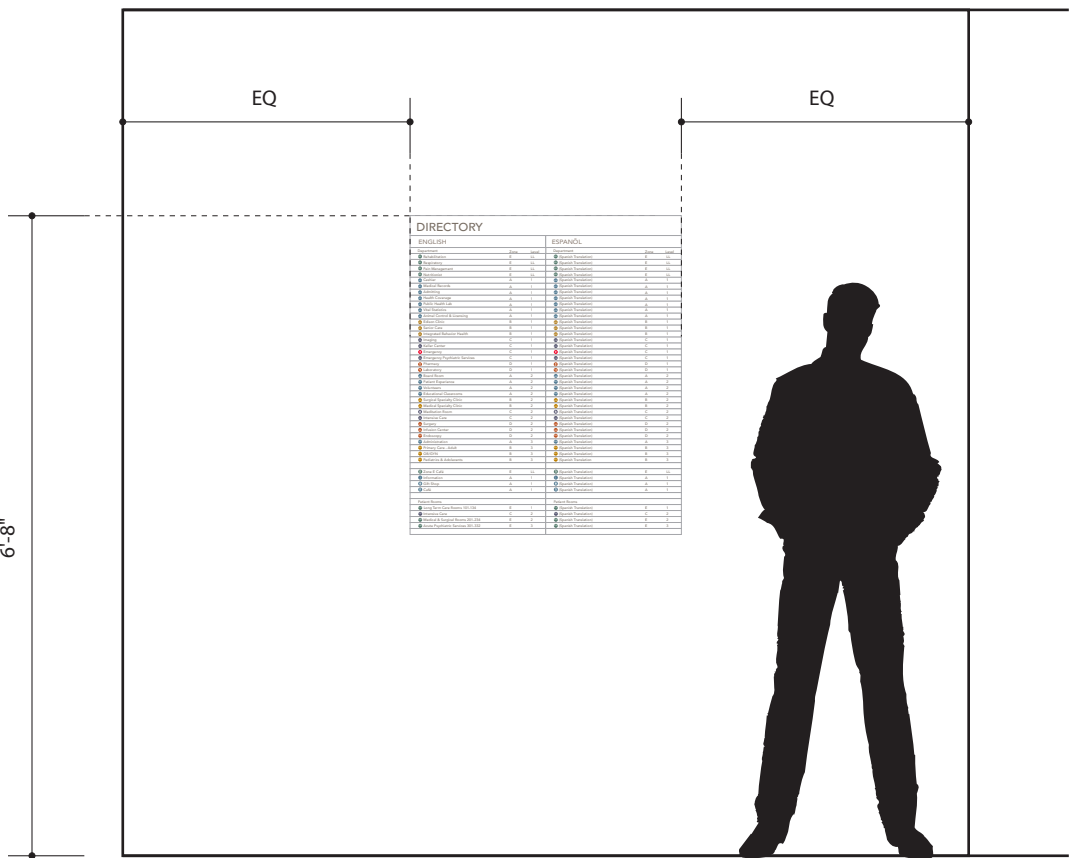
SIGN TYPES:
OR.01
ID.01



*Final color of icons & letters to be determined prior to fabrication based on final wall paint colors provided by architect

1 TYPICAL ELEVATION - LOBBY DIRECTORY - OR.01
Scale: 1/2" = 1'-0"

ELEVATOR DIRECTORY
TYPICAL ELEVATION - 1B



2 TYPICAL ELEVATION - OR.02
Scale: 1/2" = 1'-0"

Prepared By:



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Drawn By:
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Original Issue:
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Scale:
As Noted

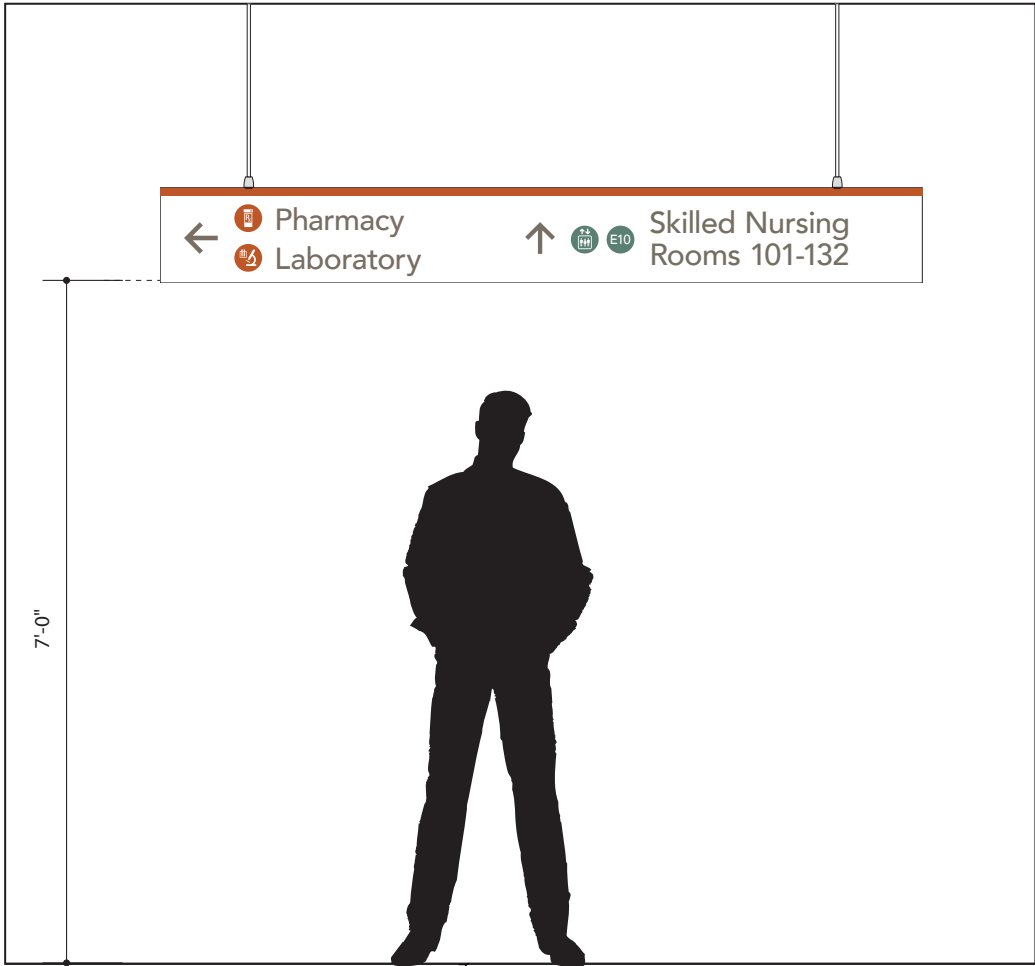
Title:

Wayfinding Elevations

Sheet:

74

8' OVERHEAD DIRECTIONAL
TYPICAL ELEVATION - 1C



* Suspended from ceiling is all locations with 10'-0" ceiling heights or higher
Individual horizontal mounting specifications located on Rendering Sheets

1

TYPICAL ELEVATION - DIR.01

Scale: 1/2" = 1'-0"

4' OVERHEAD DIRECTIONAL
TYPICAL ELEVATION - 1D



* Flush mounted to ceiling is all locations with 9'-0" ceiling heights or lower.
Individual horizontal mounting specifications located on Rendering Sheets

2

TYPICAL ELEVATION - DIR.02

Scale: 1/2" = 1'-0"

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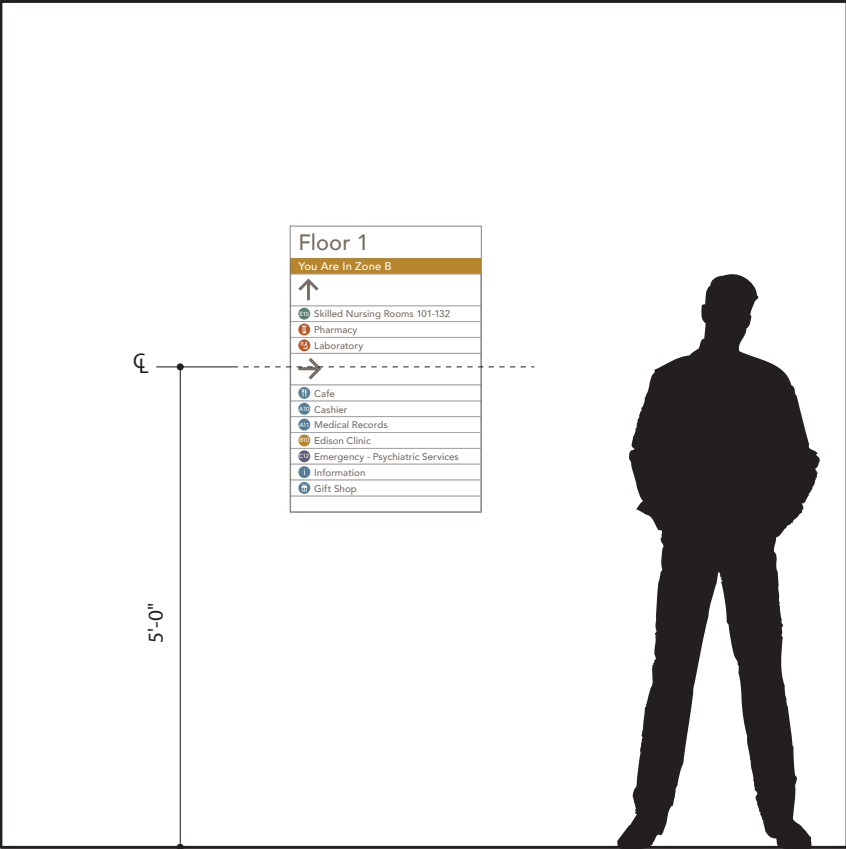
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Approval:

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| Program Number: | Drawn By: |
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| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

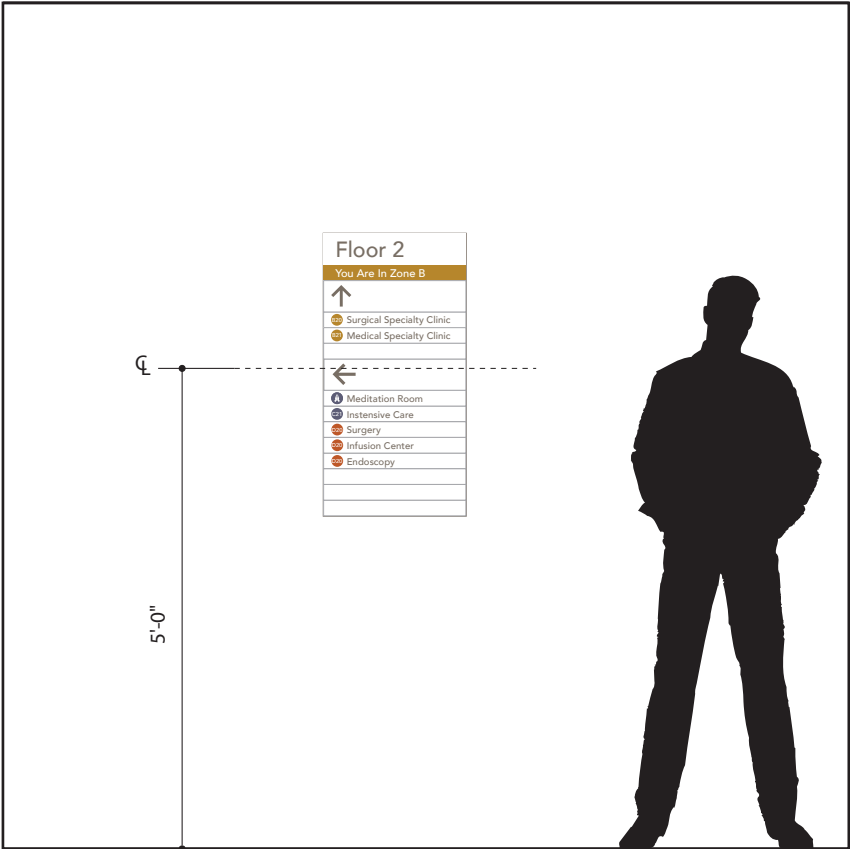
Title:
Wayfinding Elevations

24" STRIP DIRECTIONAL
TYPICAL ELEVATION - 1E



1 TYPICAL ELEVATION - DIR.03
Scale: 1/2" = 1'-0"

18" STRIP DIRECTIONAL
TYPICAL ELEVATION - 1F



2 TYPICAL ELEVATION - DIR.04
Scale: 1/2" = 1'-0"

Prepared By:



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Scale:

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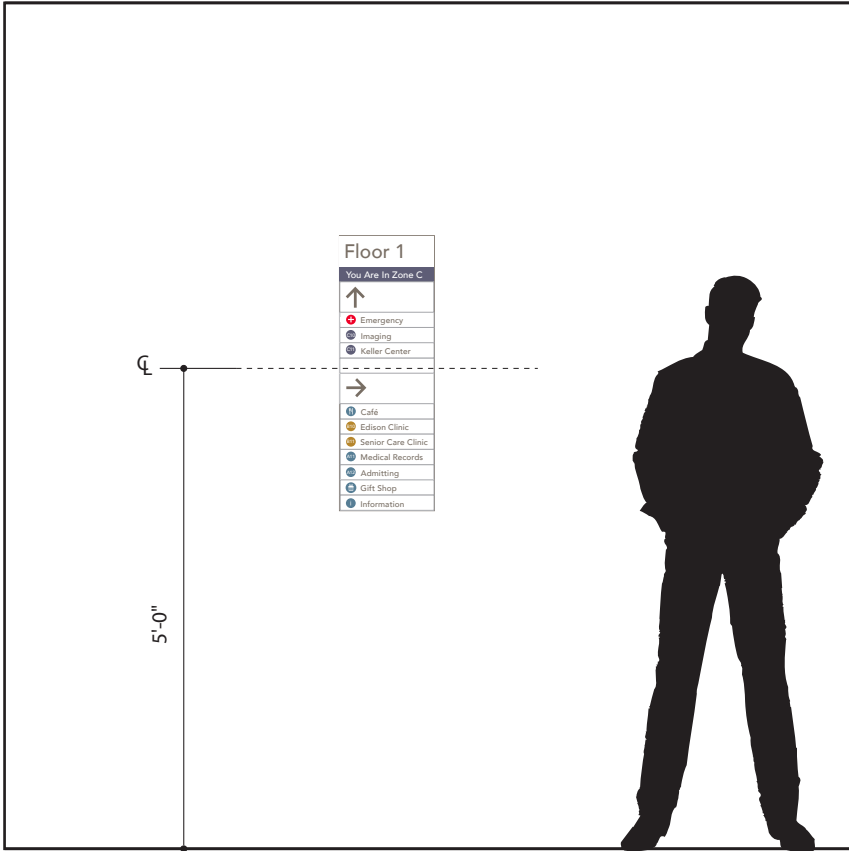
Title:

Wayfinding Elevations

Sheet:

76

12" STRIP DIRECTIONAL
TYPICAL ELEVATION - 1G



1 TYPICAL ELEVATION - DIR.05
Scale: 1/2" = 1'-0"

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Approval:

Program Number:

24-311

Drawn By:

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Original Issue:

10.21.2024

Scale:

As Noted

Title:

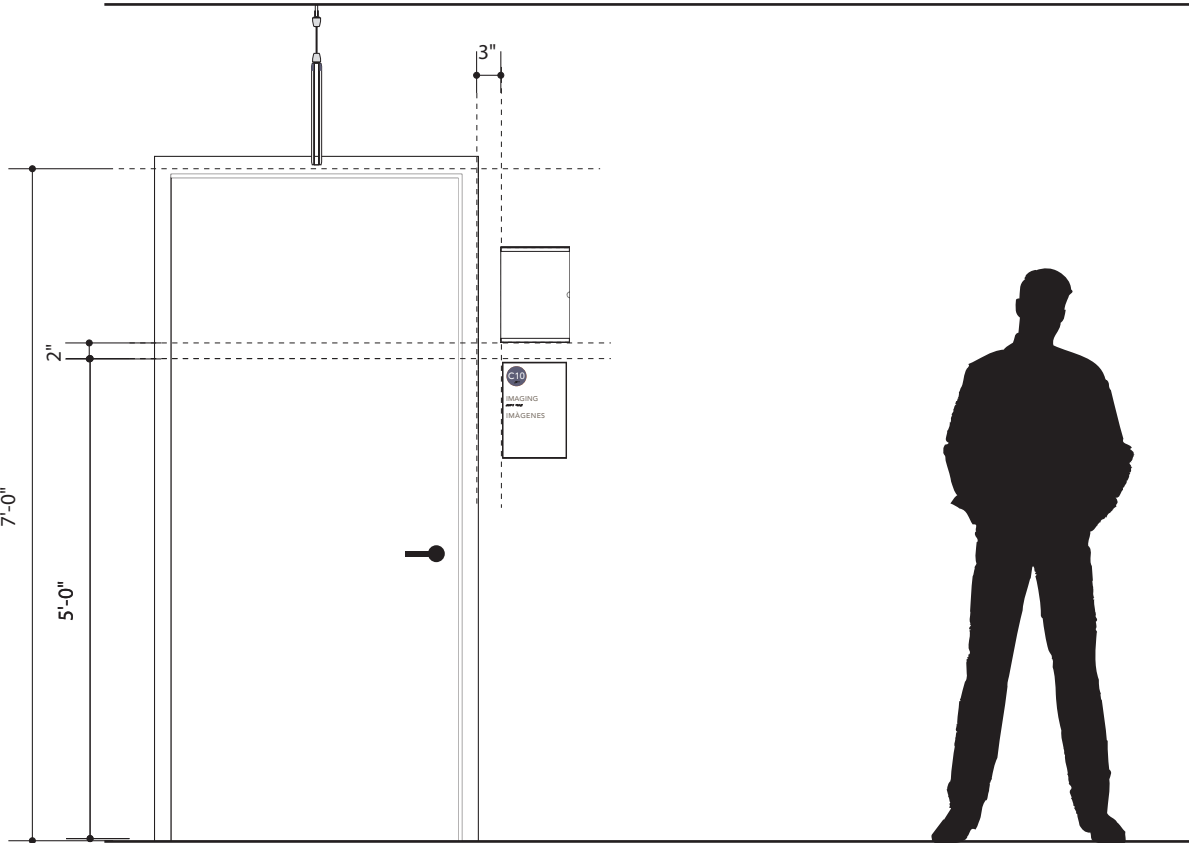
Wayfinding Elevations

Sheet:

77

DEPARTMENT IDENTIFICATION
TYPICAL ELEVATION - 1H

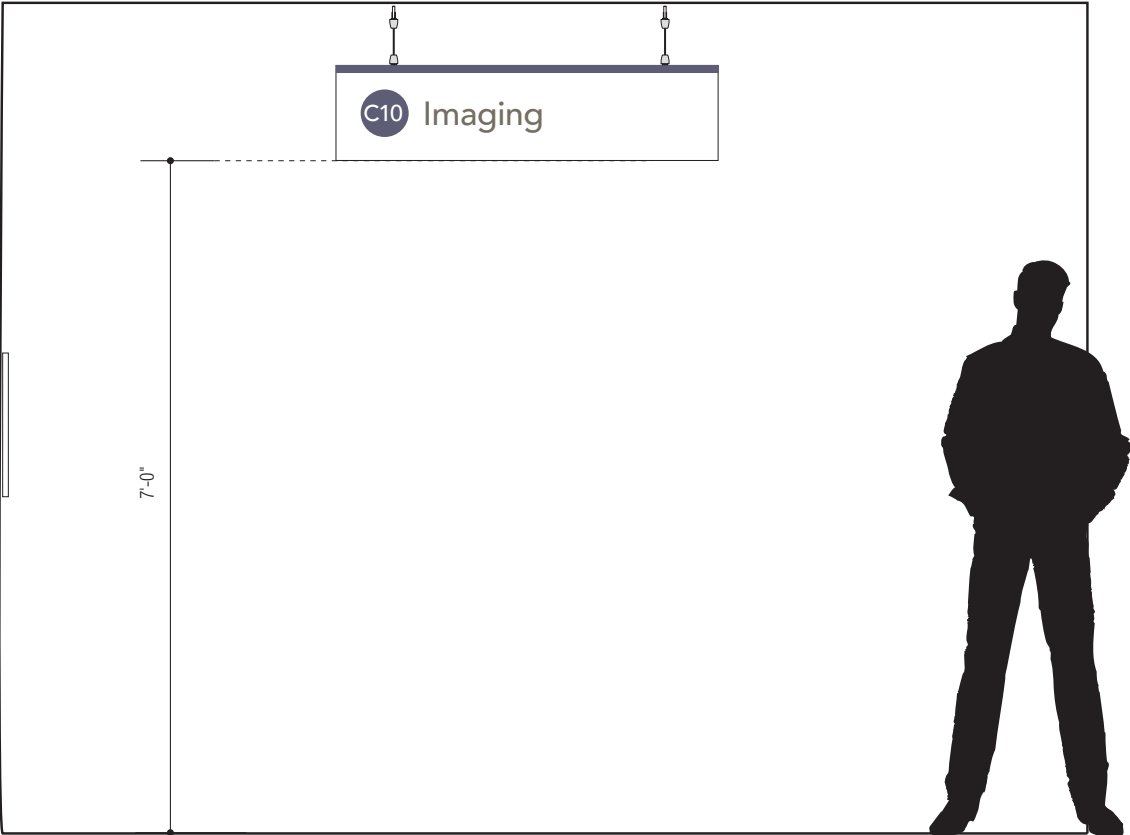
SIGN TYPES:
WF.01
WF.04
INF.04



1 TYPICAL ELEVATION - OVERHEAD & PLAQUE FACING ENTRANCE
Scale: 1/2" = 1'-0"

DEPARTMENT IDENTIFICATION
TYPICAL ELEVATION - 1H

SIGN TYPES:
WF.01
WF.04
INF.04



2 TYPICAL ELEVATION - OVERHEAD CORRIDOR VIEW
Scale: 1/2" = 1'-0"

Prepared By:



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Checked by:

Approval:

Program Number:
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Drawn By:
CS

Original Issue:
10.21.2024

Scale:
As Noted

Title:

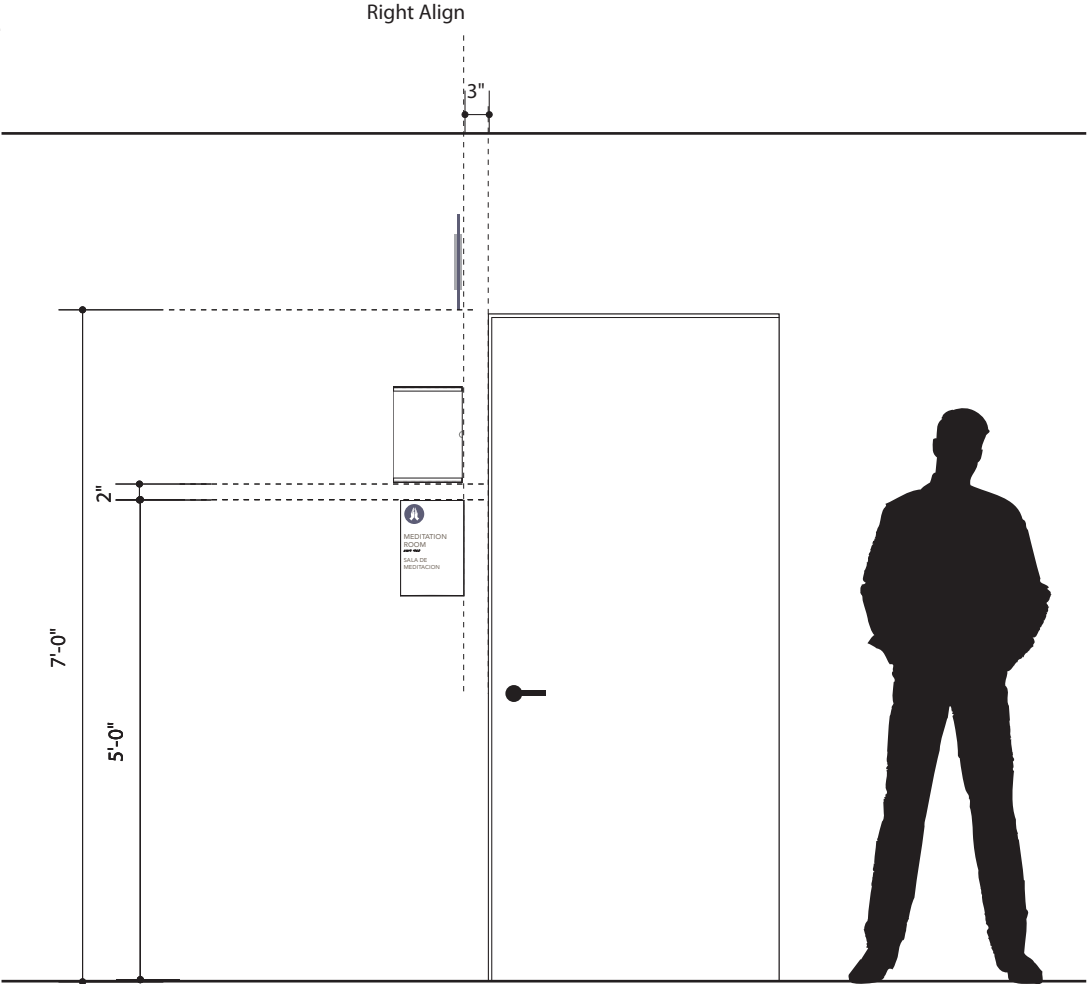
Wayfinding Elevations

Sheet:

78

DEPARTMENT IDENTIFICATION
TYPICAL ELEVATION - 1I

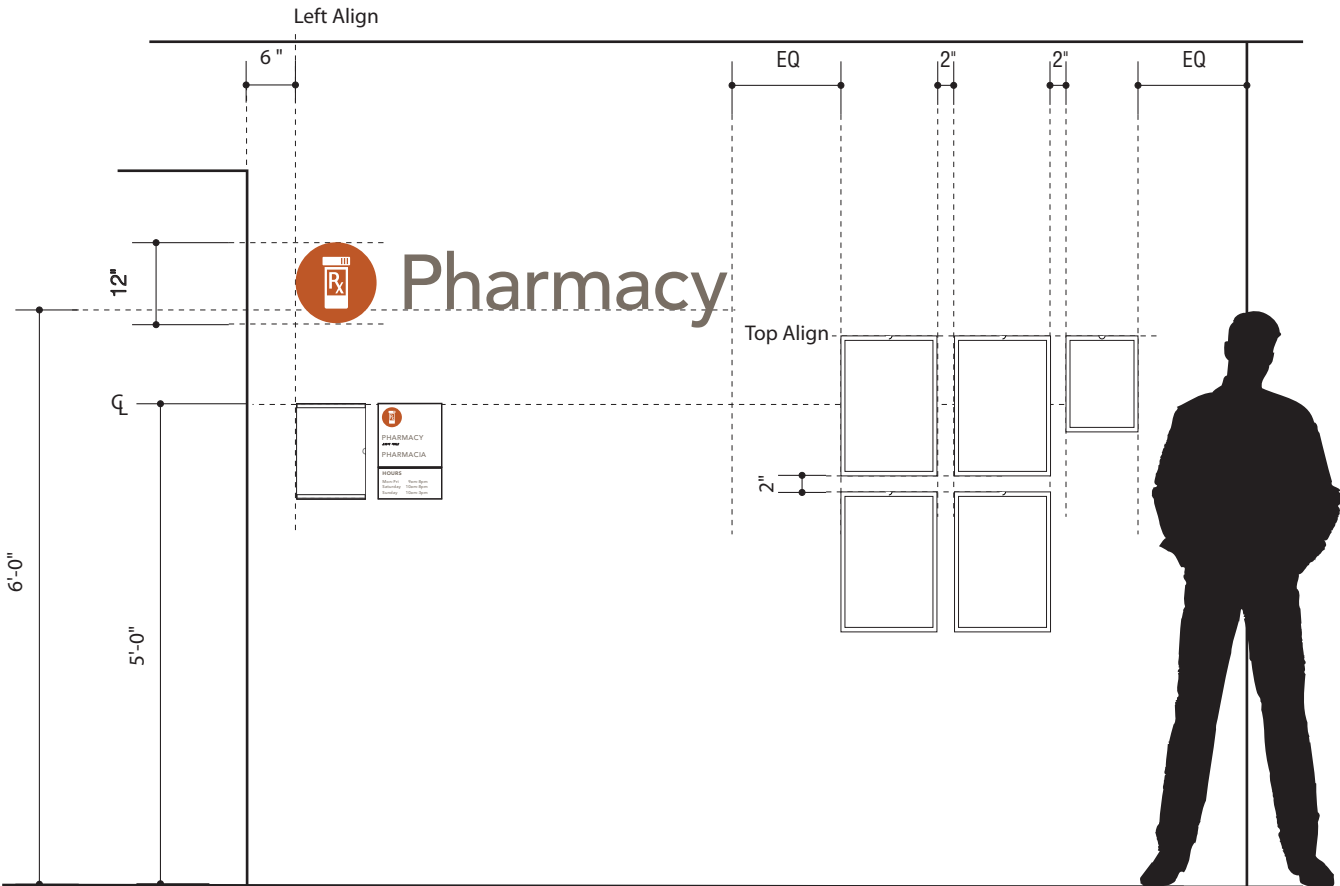
SIGN TYPES:
WF.02
WF.04
INF.04



1 TYPICAL ELEVATION - FLAG & PLAQUE FACING ENTRANCE
Scale: 1/2" = 1'-0"

DEPARTMENT IDENTIFICATION
TYPICAL ELEVATION - 1J

SIGN TYPES:
WF.03
WF.05
INF.04



*Final color of icons & letters to be determined prior to fabrication based on final wall paint colors provided by architect

2 TYPICAL ELEVATION - PLAQUE ON WALL FACING ENTRANCE
Scale: 1/2" = 1'-0"

Prepared By:



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| Original Issue: | Scale: |
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Title:

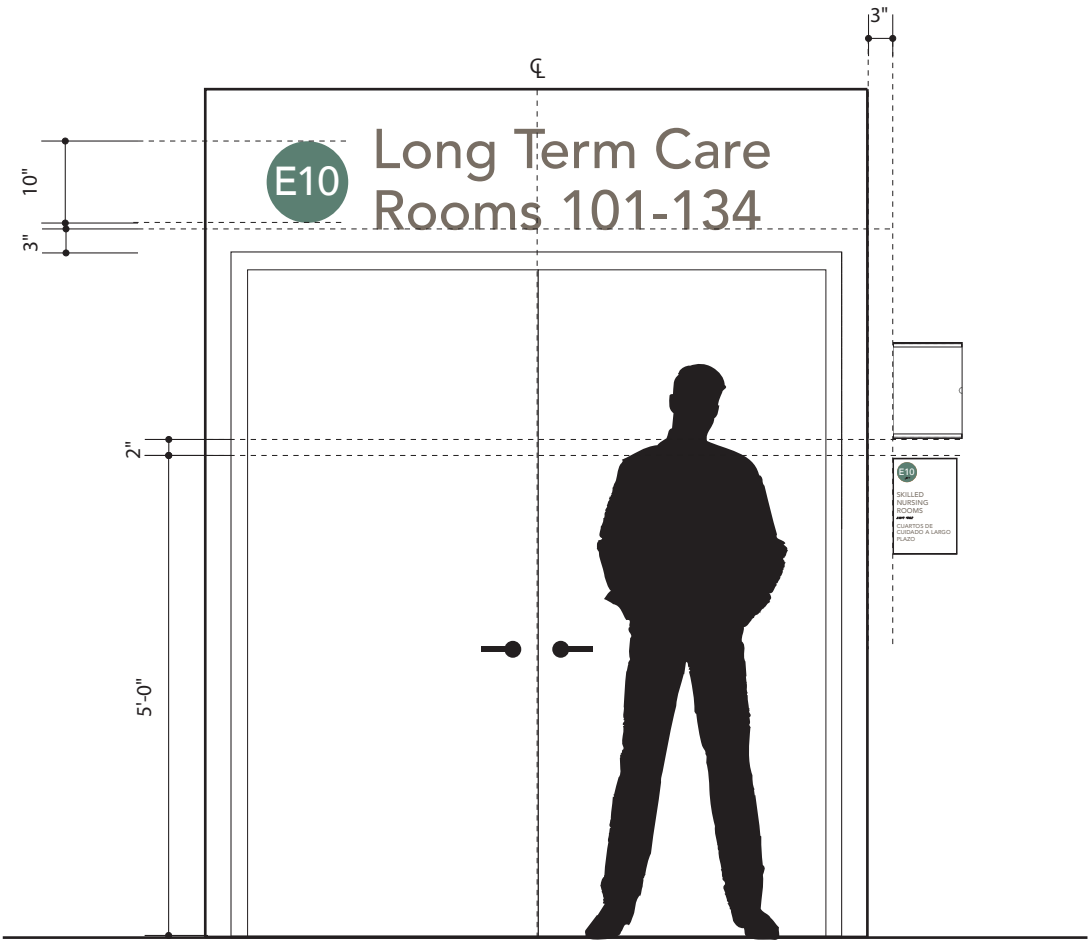
Wayfinding Elevations

Sheet:

79

DEPARTMENT IDENTIFICATION
TYPICAL ELEVATION - 1K

SIGN TYPES:
WF.03
WF.05
INF.04



*Final color of icons & letters to be determined prior to fabrication based on final wall paint colors provided by architect

1 TYPICAL ELEVATION - DIMENSIONAL LETTERS ON SOFFIT
2 LINES & PLAQUE FACING ENTRANCE
Scale: 1/2" = 1'-0"

DEPARTMENT IDENTIFICATION
TYPICAL ELEVATION - 1L

SIGN TYPES:
WF.01
WF.04
INF.04



2 TYPICAL ELEVATION - OVERHEAD & PLAQUE
FACING ENTRANCE
Scale: 1/2" = 1'-0"

Prepared By:



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Program Location:



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Scale:
As Noted

Title:

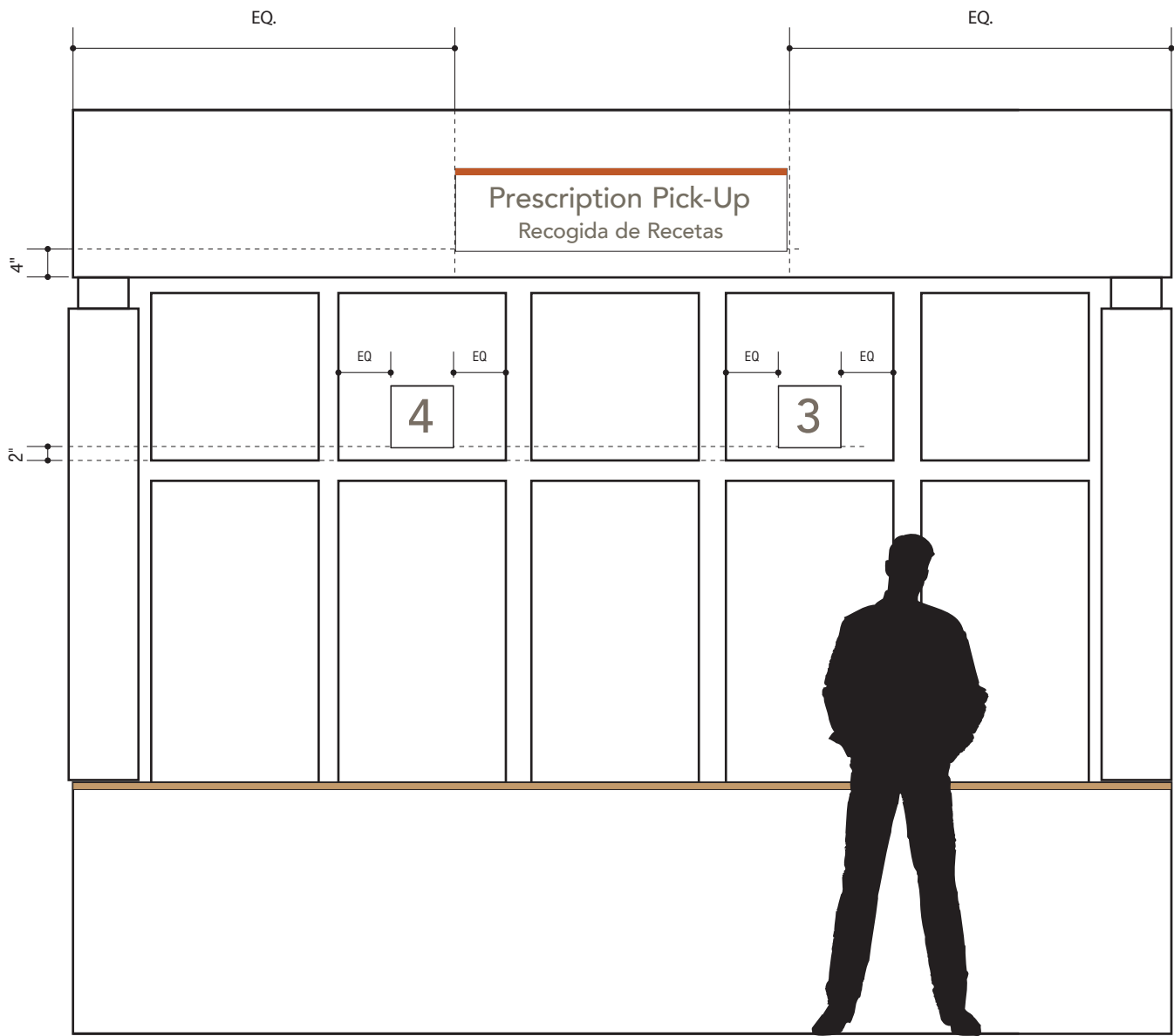
Wayfinding Elevations

Sheet:

80

PHARMACY WINDOWS
TYPICAL ELEVATION - 1M

SIGN TYPES:
WF.01
INF.02



1 TYPICAL ELEVATION - PHARMACY
Scale: 1/2" = 1'-0"

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Scale:

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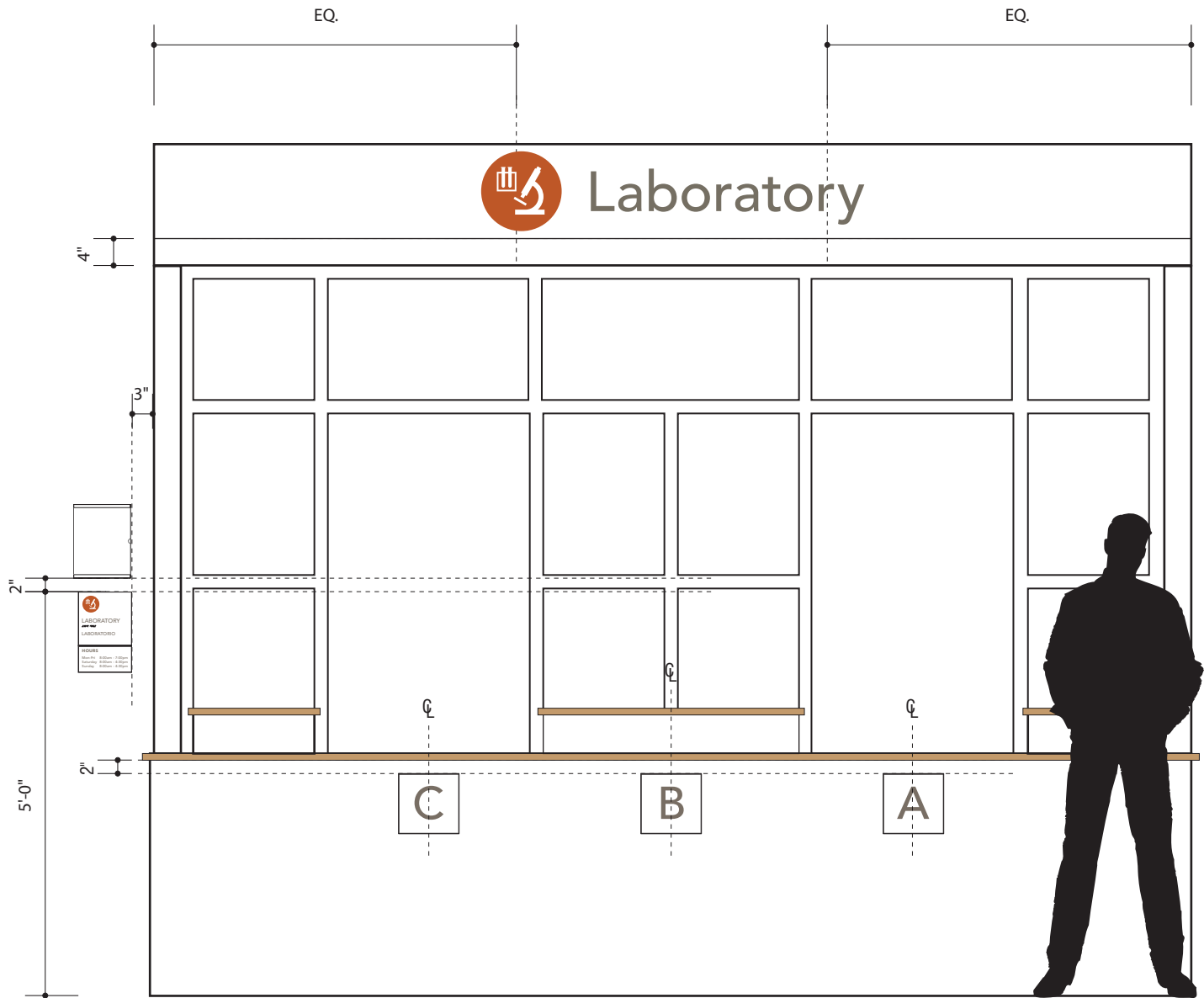
Sheet:

81

LABORATORY WINDOWS
TYPICAL ELEVATION - 1N

SIGN TYPES:

- WF.01
- WF.05
- INF.02
- INF.04



*Final color of icons & letters to be determined prior to fabrication based on final wall paint colors provided by architect

1 TYPICAL ELEVATION - LABORATORY
Scale: 1/2" = 1'-0"

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Program Location:



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San Mateo, CA 94403

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DOCUMENTATION

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Revisions / Bulletins:

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| 90% CD | 01.30.2025 |
| 95% CD | 03.18.2025 |

Checked by:

Approval:

Program Number:
24-311

Drawn By:
CS

Original Issue:
10.21.2024

Scale:
As Noted

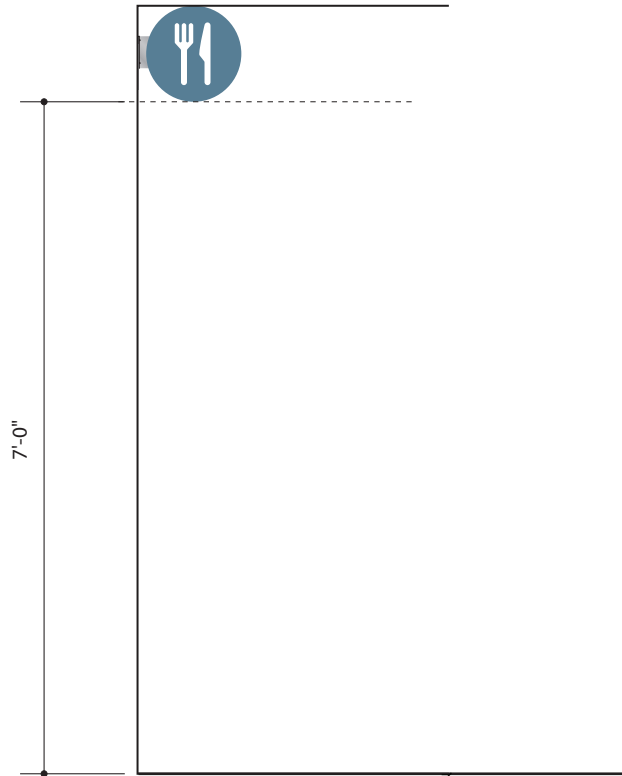
Title:

Wayfinding Elevations

Sheet:

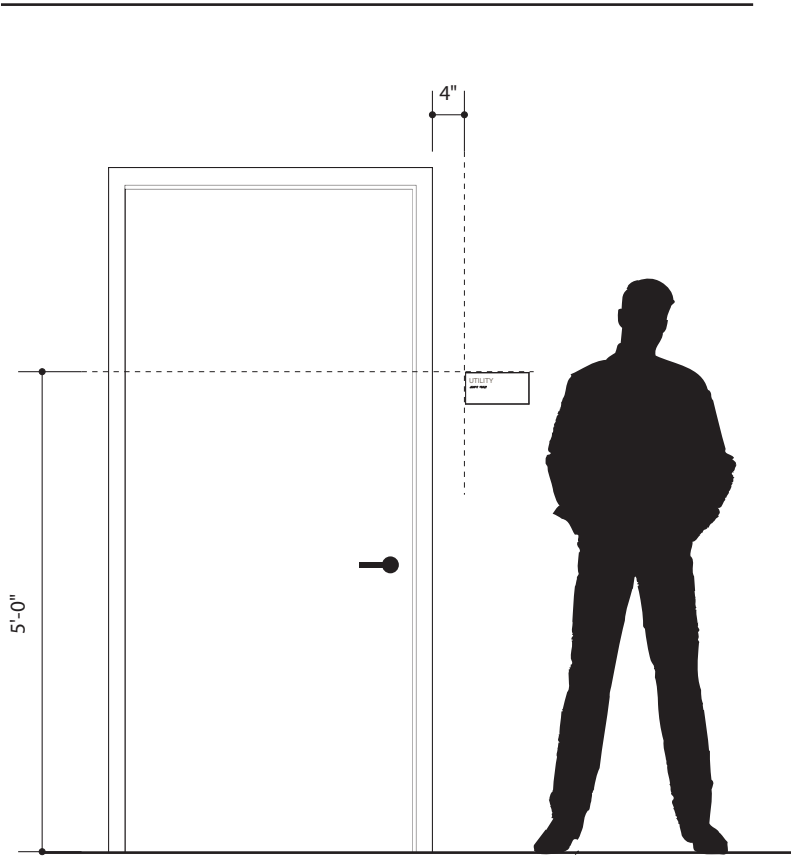
82

AMENITY FLAG
TYPICAL ELEVATION - 2B



1 TYPICAL ELEVATION - ID.03
Scale: 1/2" = 1'-0"

ROOM ID
TYPICAL ELEVATION - 2C



2 TYPICAL ELEVATION - ID.05
Scale: 1/2" = 1'-0"

Prepared By:



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Pleasant Hill, CA 94523
925-444-2020

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Program Location:



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Approval:

Program Number:

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Drawn By:

CS

Original Issue:

10.21.2024

Scale:

As Noted

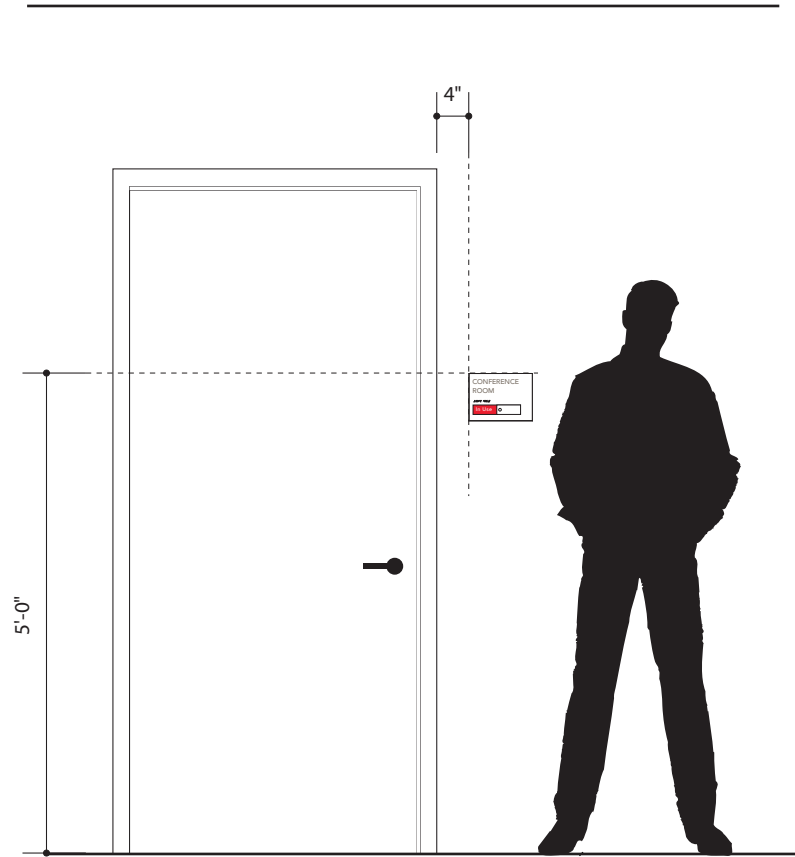
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Identification Elevations

Sheet:

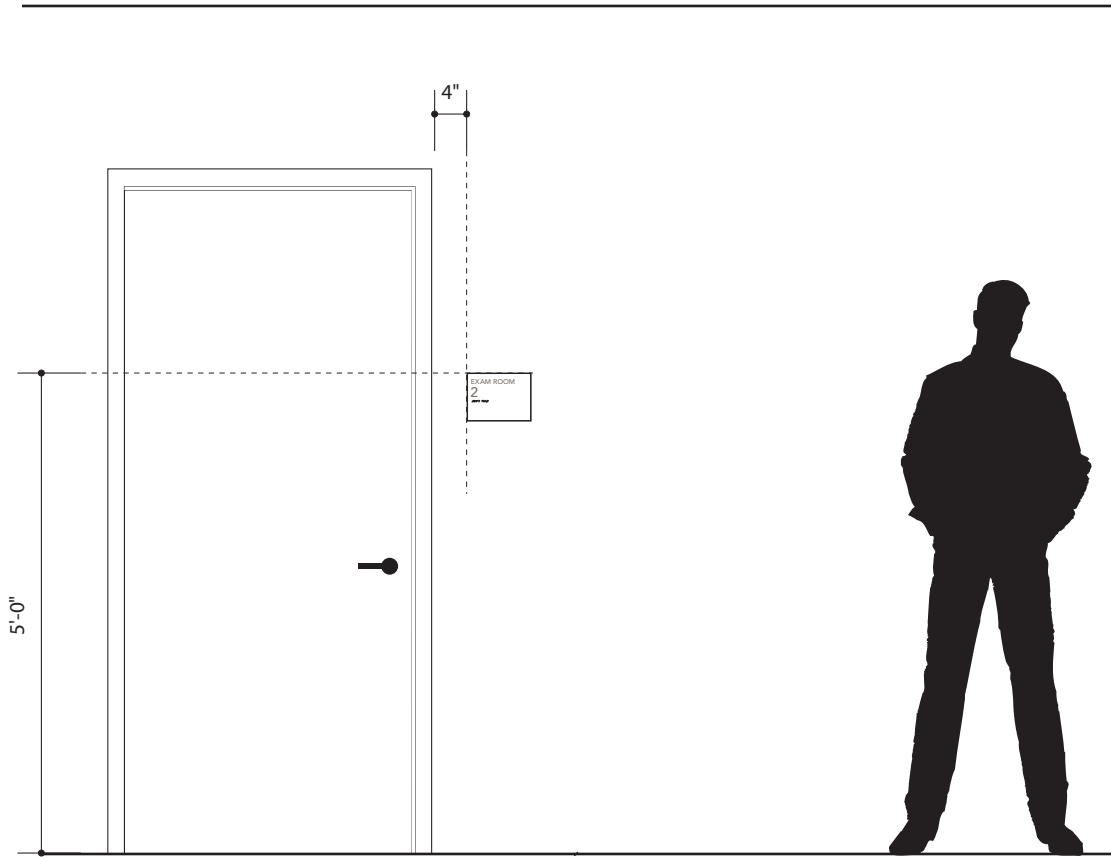
83

ROOM ID WITH SLIDER
TYPICAL ELEVATION - 2D



1 TYPICAL ELEVATION - ID.06
Scale: 1/2" = 1'-0"

EXAM ROOM ID
TYPICAL ELEVATION - 2E



2 TYPICAL ELEVATION - ID.07
Scale: 1/2" = 1'-0"

Prepared By:



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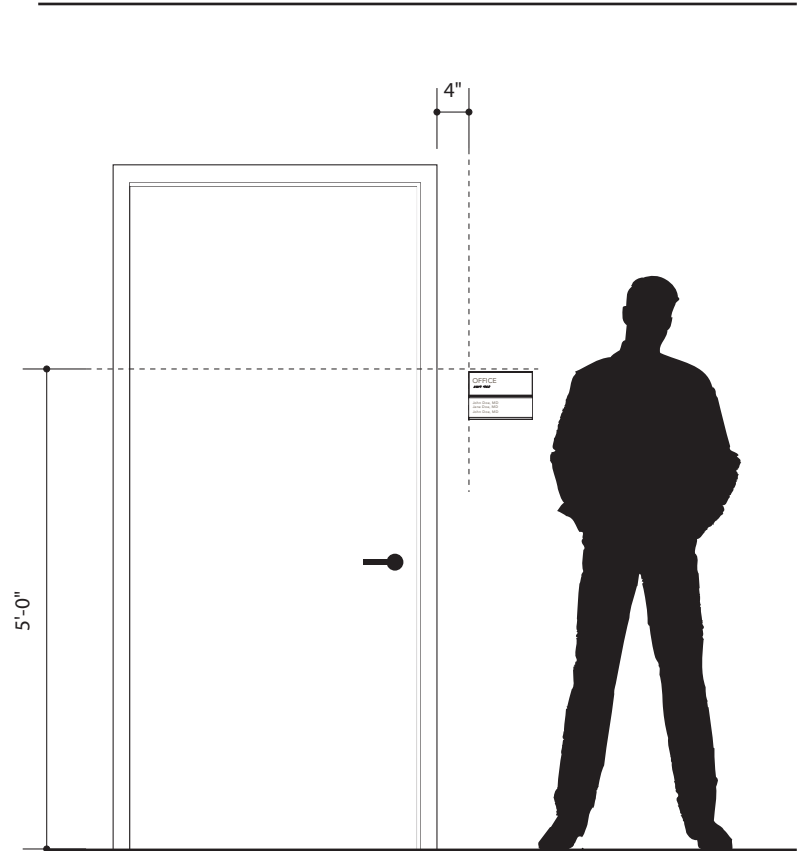
Approval:

| | |
|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:
Identification Elevations

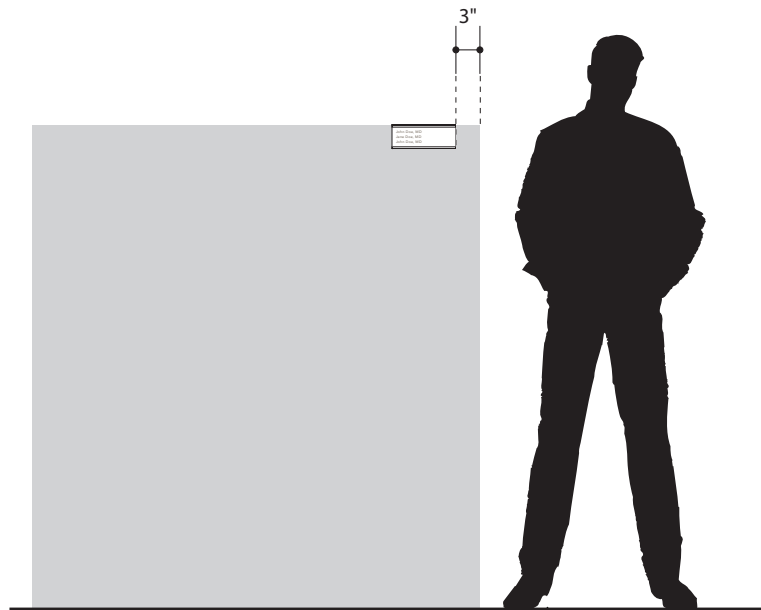
Sheet: 84

OFFICE ID
TYPICAL ELEVATION - 2F



1 TYPICAL ELEVATION - ID.08a
Scale: 1/2" = 1'-0"

OFFICE ID
TYPICAL ELEVATION - 2F



2 TYPICAL ELEVATION - ID.08b
Scale: 1/2" = 1'-0"

Prepared By:



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Approval:

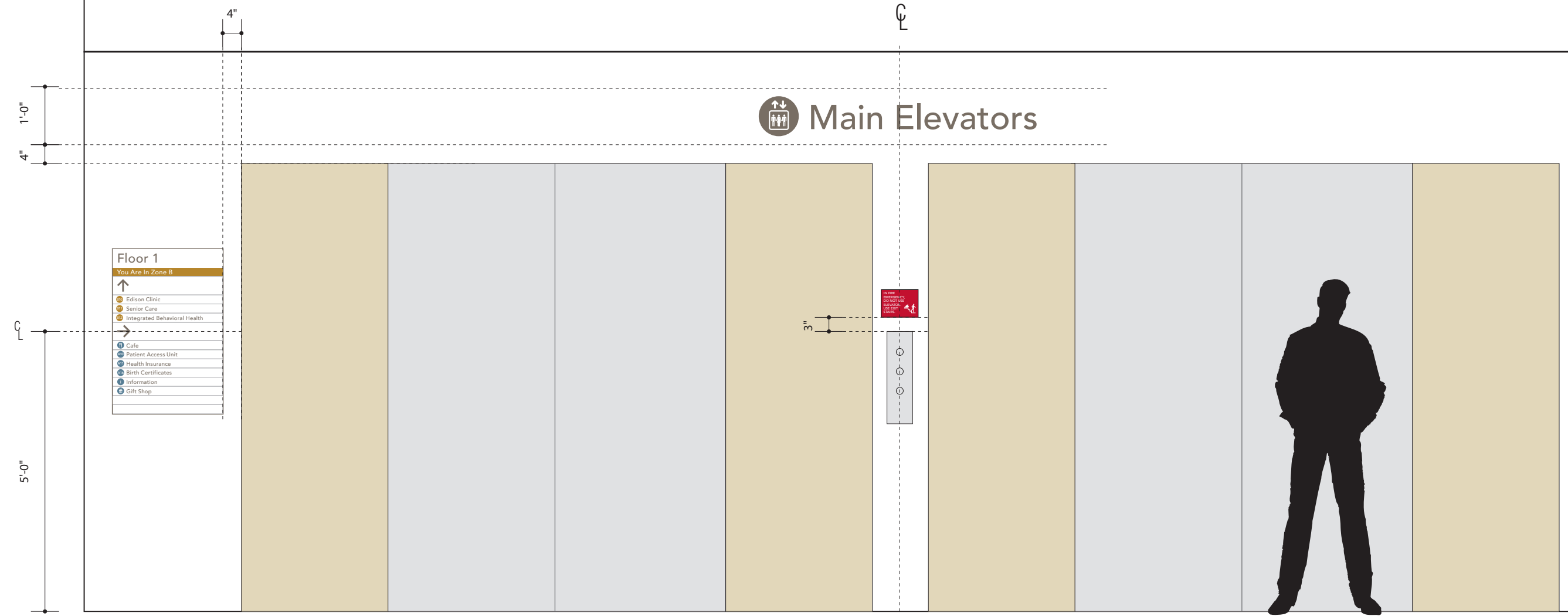
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|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:
Identification Elevations

Sheet: **85**

ELEVATOR LOBBY
TYPICAL ELEVATION - 2G

SIGN TYPES:
ID.01
DIR.03
REG.17



*Final color of icons & letters to be determined prior to fabrication based on final wall paint colors provided by architect

1

TYPICAL ELEVATION - ELEVATOR LOBBY
Scale: 1/2" = 1'-0"

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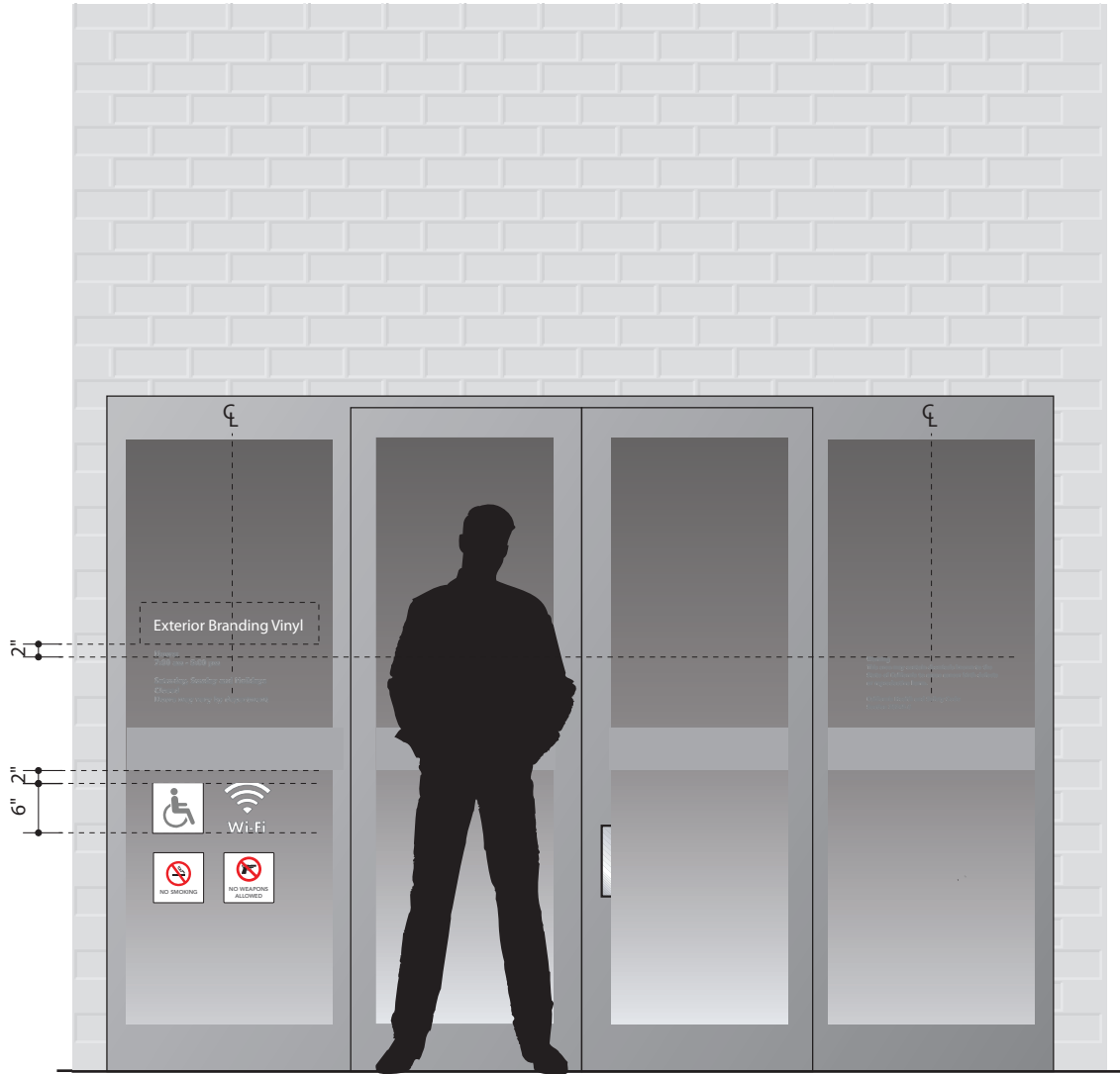
Approval:

| | |
|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:
Identification Elevations

Sheet: **86**

BUILDING ENTRY
TYPICAL ELEVATION - 3A



1

TYPICAL ELEVATION - REG.01

Scale: 1/2" = 1'-0"

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Approval:

Program Number:

24-311

Drawn By:

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Original Issue:

10.21.2024

Scale:

As Noted

Title:

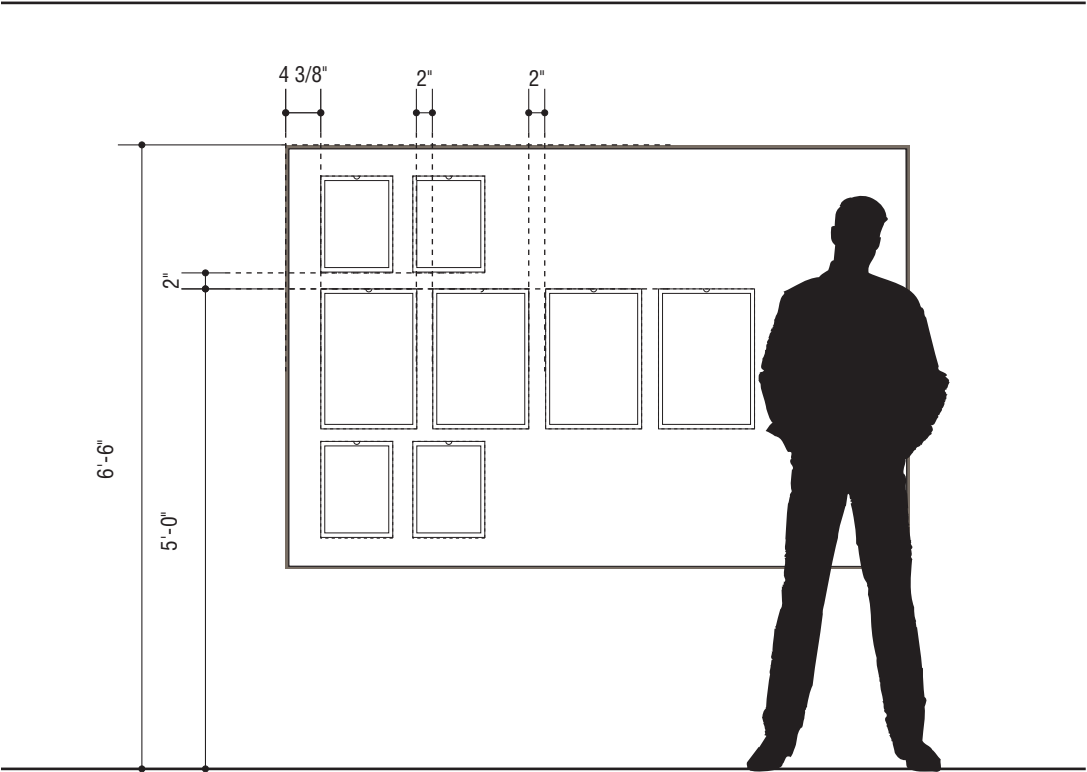
Regulatory Elevations

Sheet:

87

MANDATED POSTINGS HOLDERS
TYPICAL ELEVATION - 3B

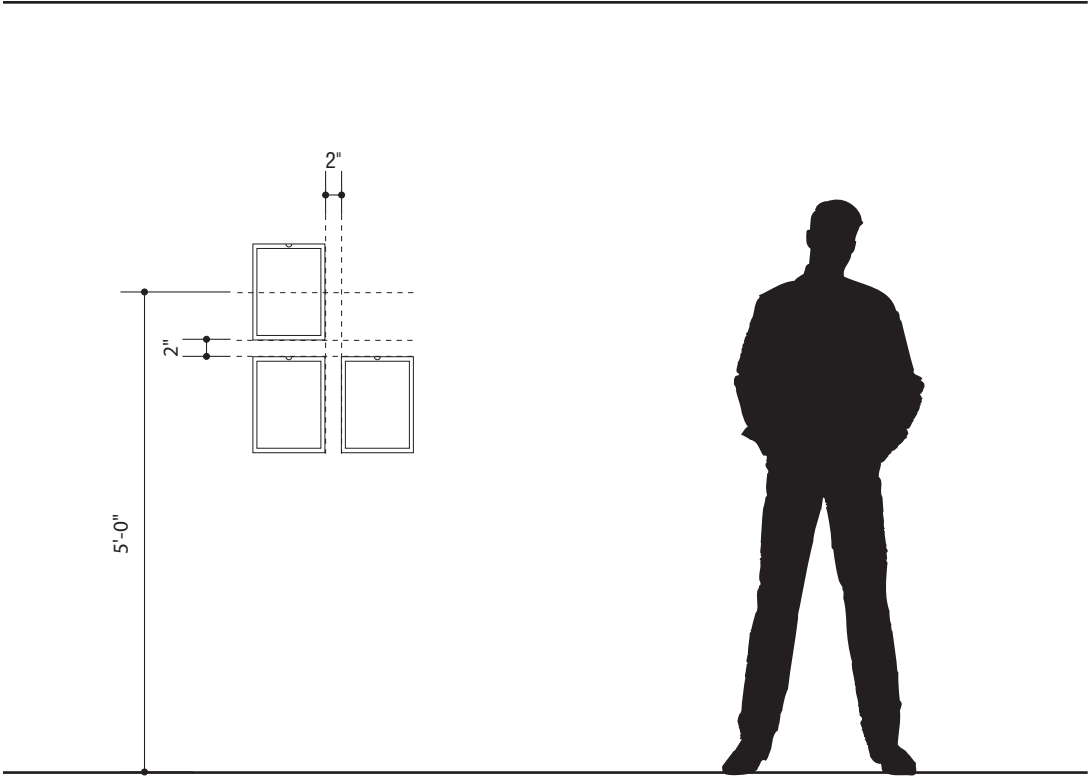
SIGN TYPES:
REG.02
REG.03
REG.04



1 TYPICAL ELEVATION - MANDATED POSTINGS HOLDERS
Scale: 1/2" = 1'-0"

MANDATED POSTINGS HOLDERS
TYPICAL ELEVATION - 3C

SIGN TYPES:
REG.03



2 TYPICAL ELEVATION - MANDATED POSTINGS HOLDERS
Scale: 1/2" = 1'-0"

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Approval:

Program Number:
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Original Issue:
10.21.2024

Scale:
As Noted

Title:

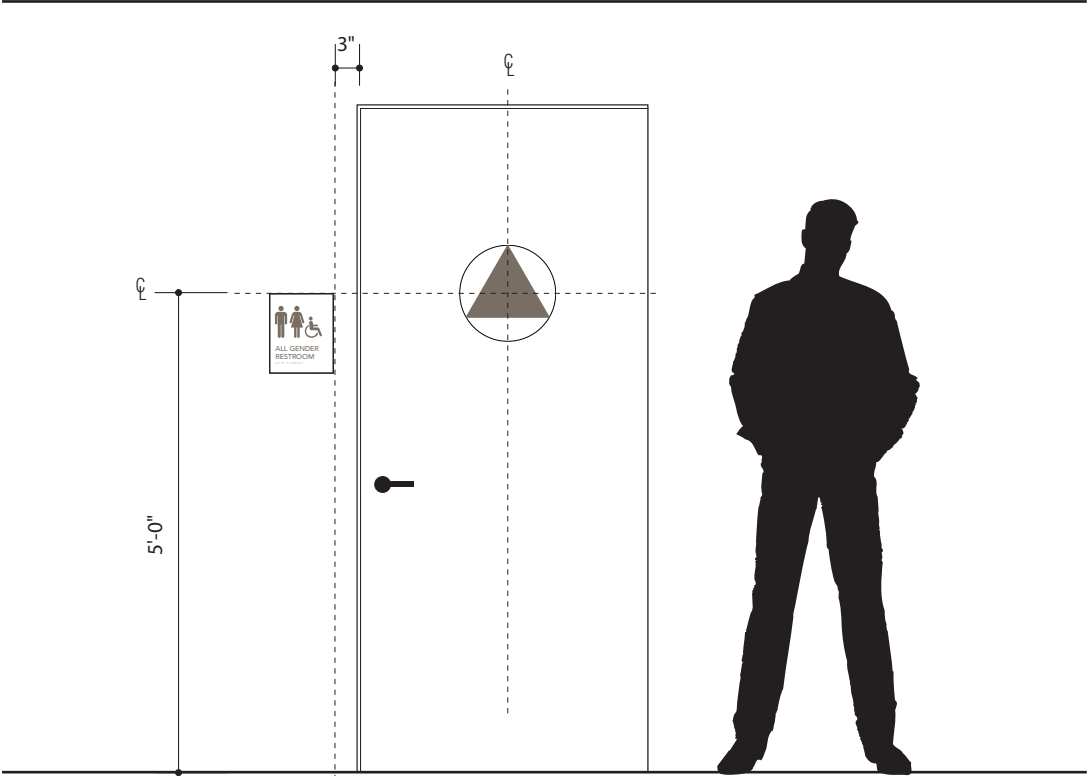
Regulatory Elevations

Sheet:

88

RESTROOM DOOR
TYPICAL ELEVATION - 3D

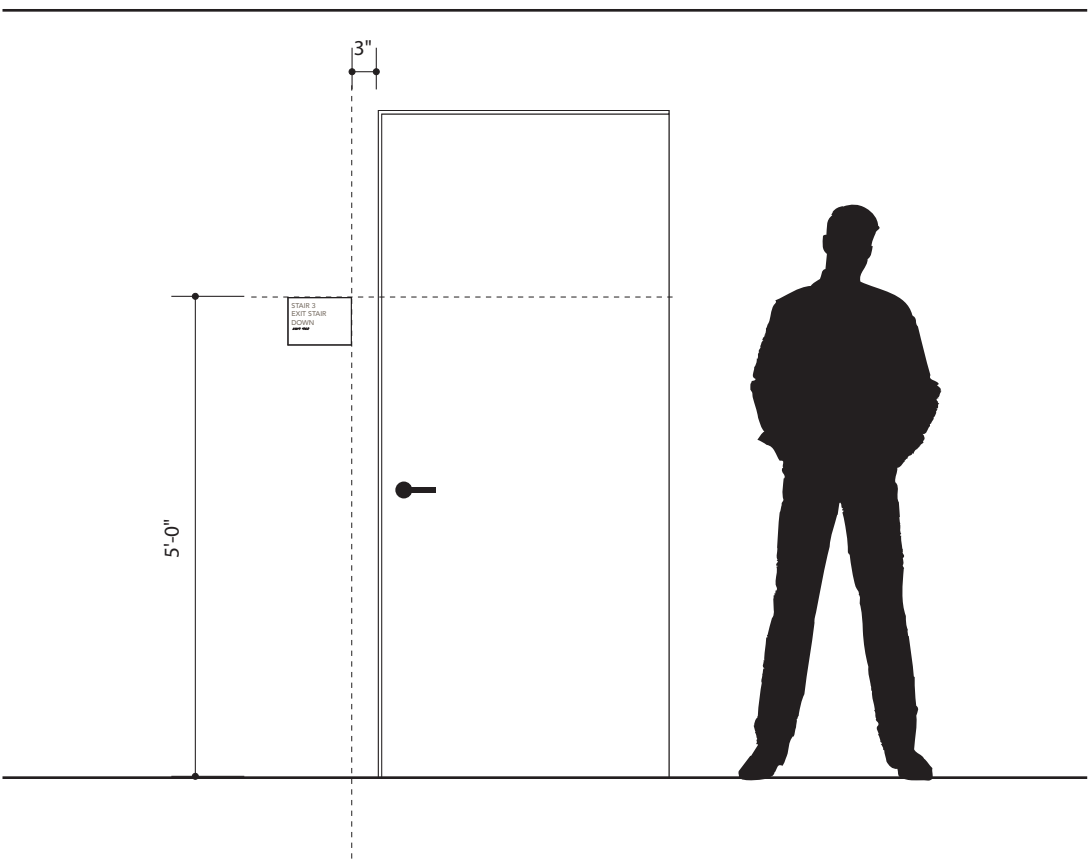
SIGN TYPES:
REG.05
REG.06
REG.07
REG.08
REG.09
REG.10



*Door sign must contrast with door finish
Door color to be determined prior to fabrication

1 TYPICAL ELEVATION - REG.05 & REG.06
Scale: 1/2" = 1'-0"

STAIR ID
TYPICAL ELEVATION - 3E



2 TYPICAL ELEVATION - REG.11
Scale: 1/2" = 1'-0"

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As Noted

Title:

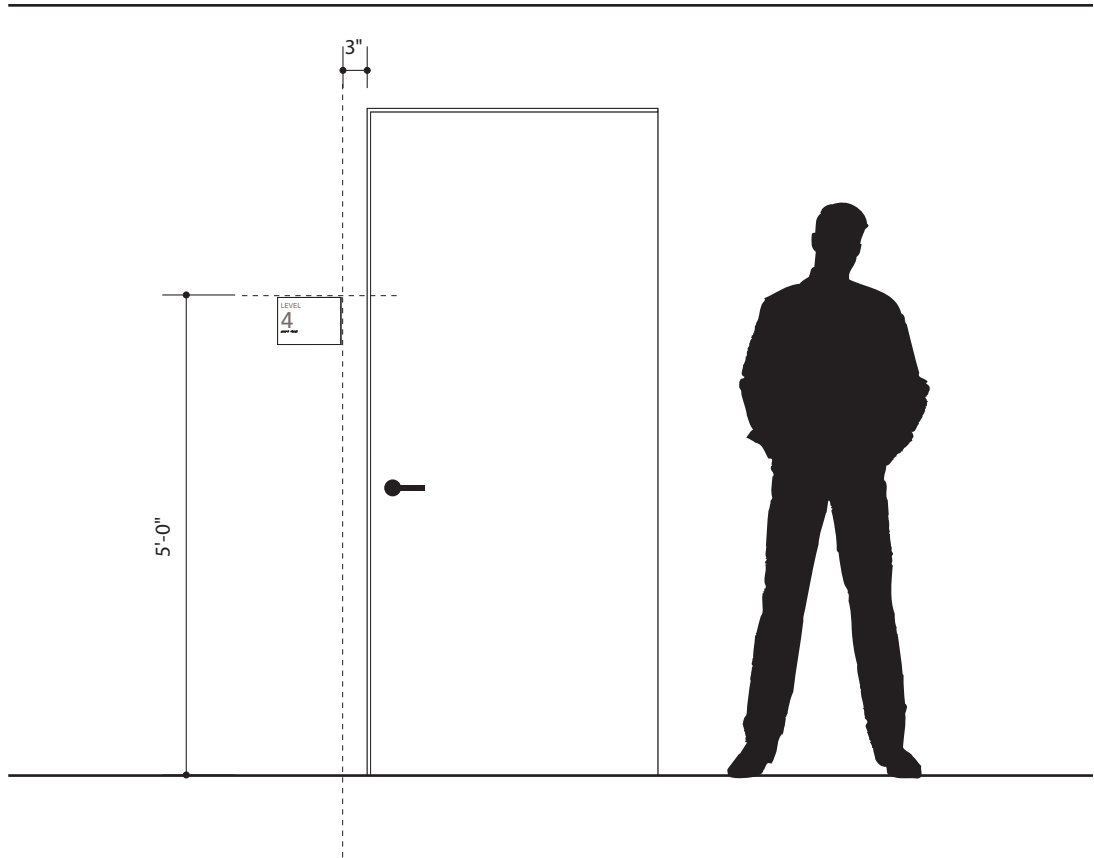
Regulatory Elevations

Sheet:

89

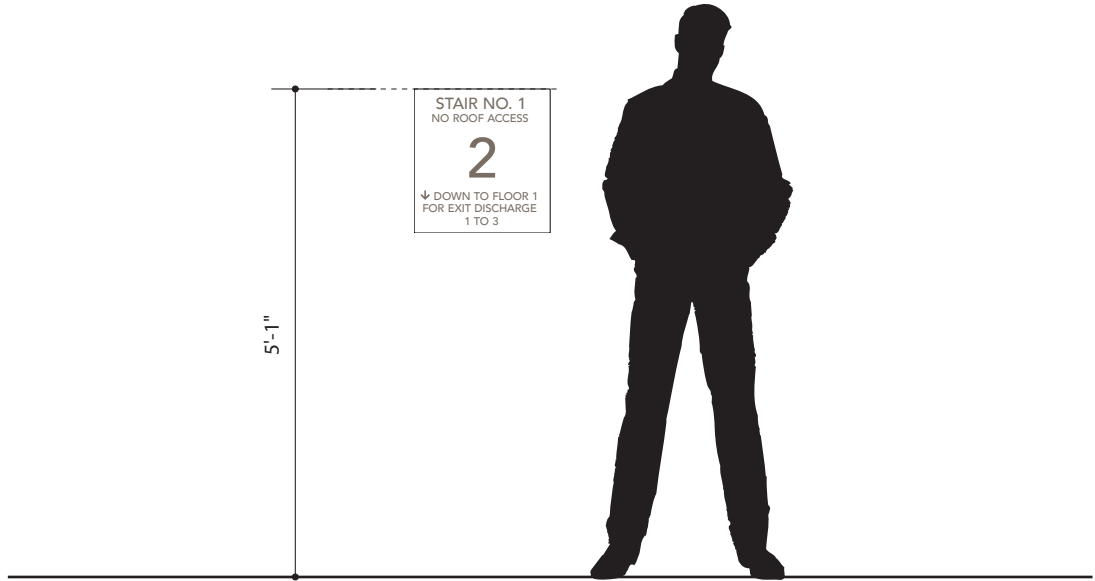
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STAIR LEVEL ID
TYPICAL ELEVATION - 3F



1 TYPICAL ELEVATION - REG.12
Scale: 1/2" = 1'-0"

STAIR FIRE DEPARTMENT ID
TYPICAL ELEVATION - 3G



2 TYPICAL ELEVATION - REG.13
Scale: 1/2" = 1'-0"

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Scale:
As Noted

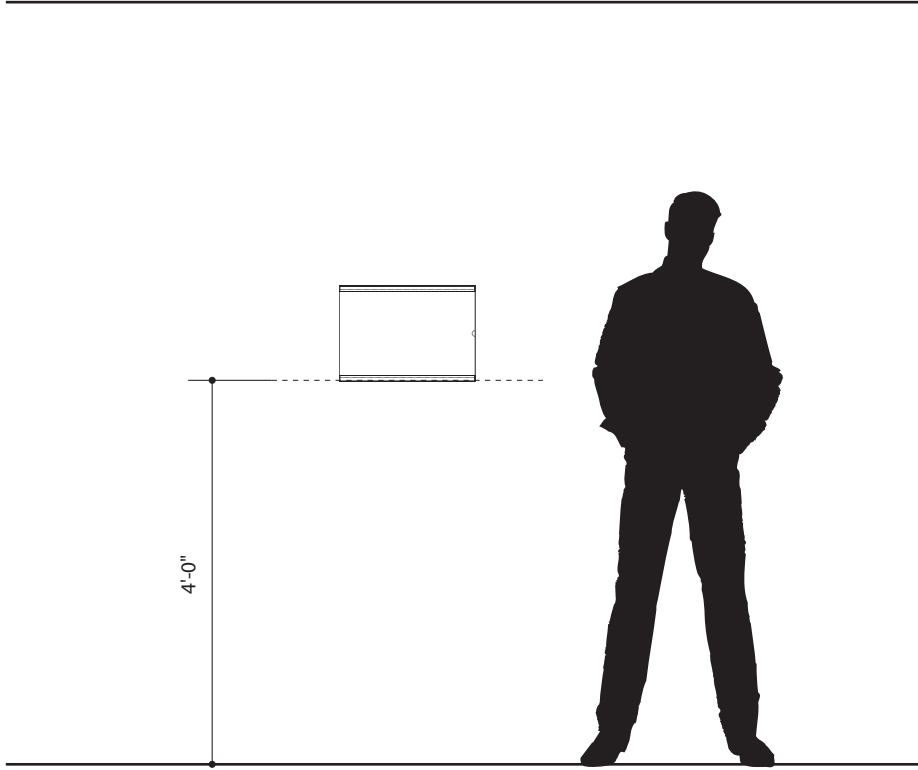
Title:

Regulatory Elevations

Sheet:

90

EVACUATION MAP HOLDER
TYPICAL ELEVATION - 3H

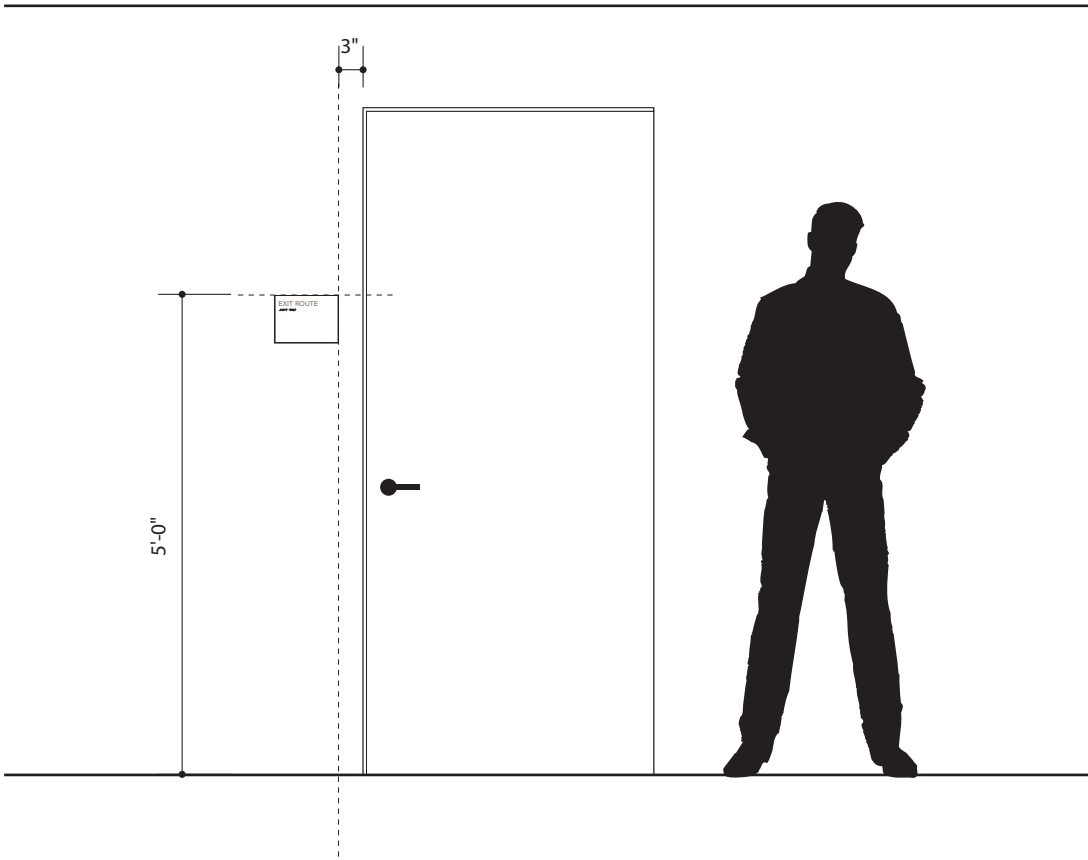


1

TYPICAL ELEVATION - REG.14

Scale: 1/2" = 1'-0"

EGRESS ROUTE
TYPICAL ELEVATION - 3I



2

TYPICAL ELEVATION - REG.15

Scale: 1/2" = 1'-0"

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Original Issue:

10.21.2024

Scale:

As Noted

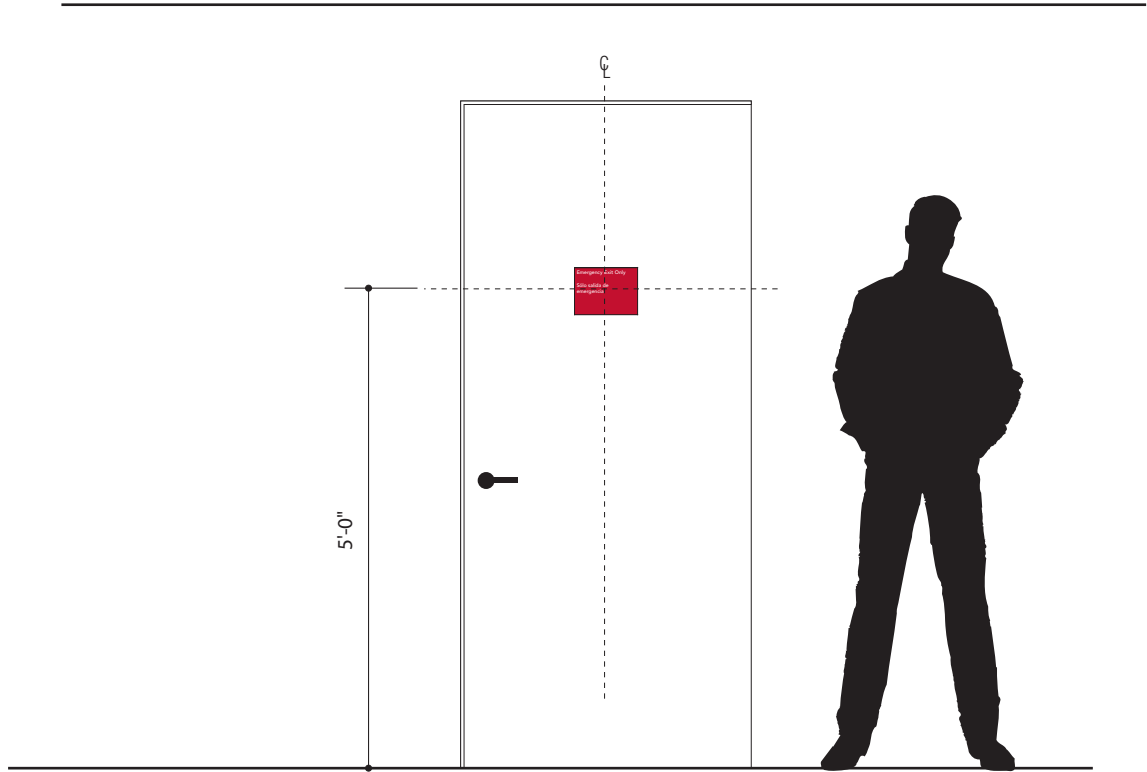
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Regulatory Elevations

Sheet:

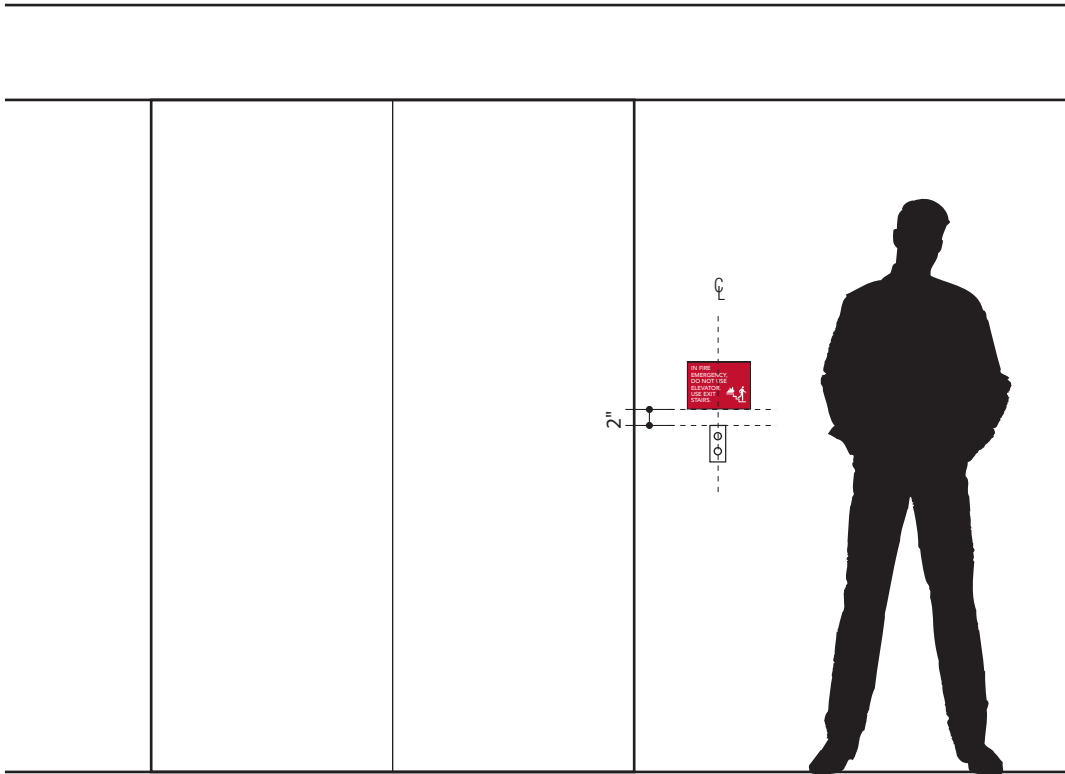
91

EMERGENCY EXIT
TYPICAL ELEVATION - 3J



1 TYPICAL ELEVATION - REG.16
Scale: 1/2" = 1'-0"

IN CASE OF FIRE
TYPICAL ELEVATION - 3K



2 TYPICAL ELEVATION - REG.17
Scale: 1/2" = 1'-0"

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24-311

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Original Issue:
10.21.2024

Scale:
As Noted

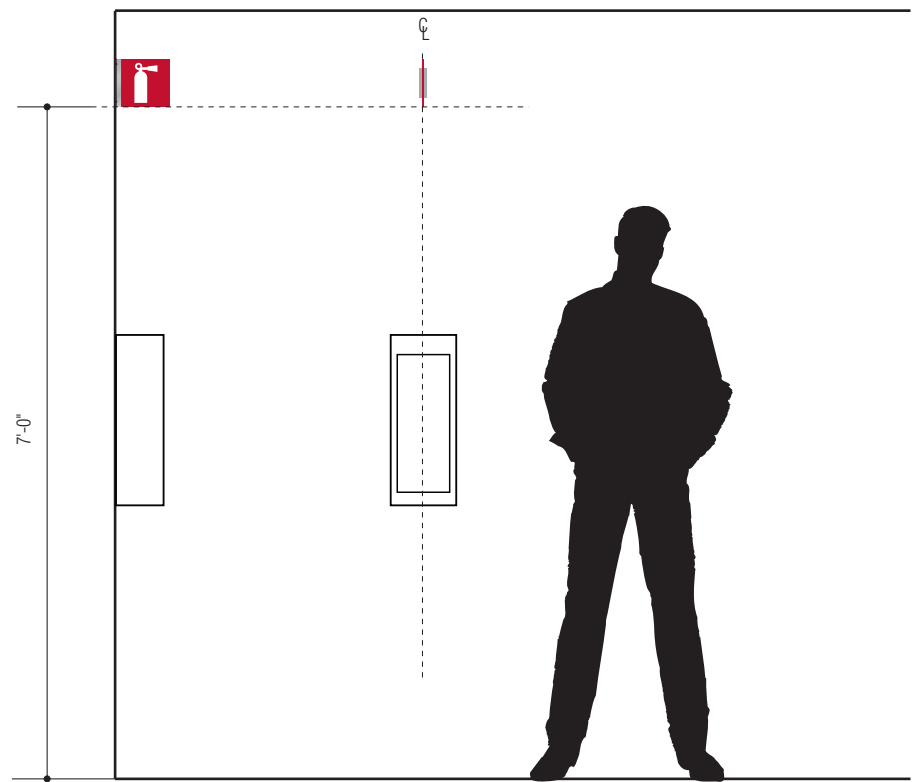
Title:

Regulatory Elevations

Sheet:

92

FIRE EXTINGUISHER FLAG
TYPICAL ELEVATION - 3L

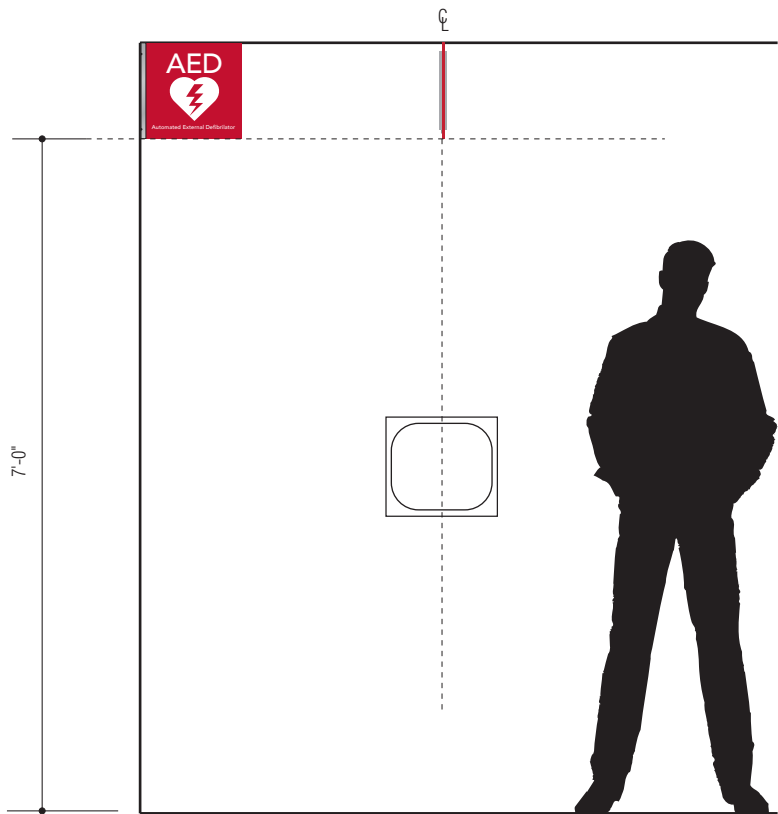


1

TYPICAL ELEVATION - REG.18

Scale: 1/2" = 1'-0"

AED FLAG
TYPICAL ELEVATION - 3M



2

TYPICAL ELEVATION - REG.19

Scale: 1/2" = 1'-0"

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10.21.2024

Scale:

As Noted

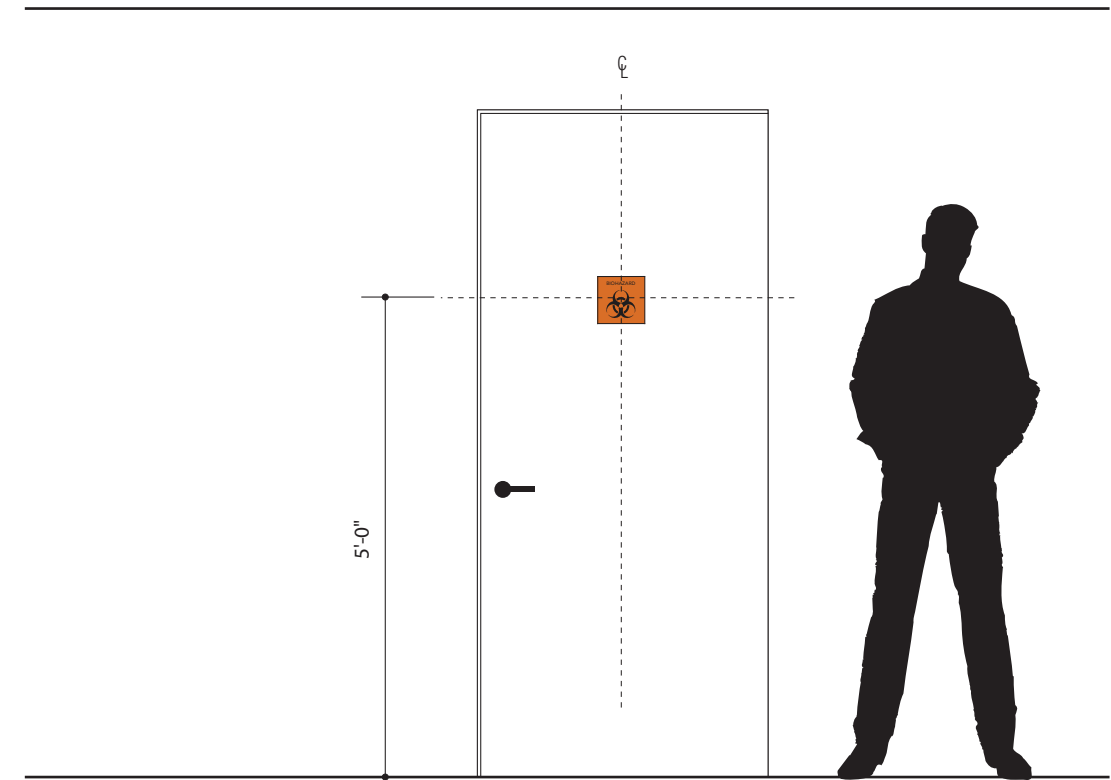
Title:

Regulatory Elevations

Sheet:

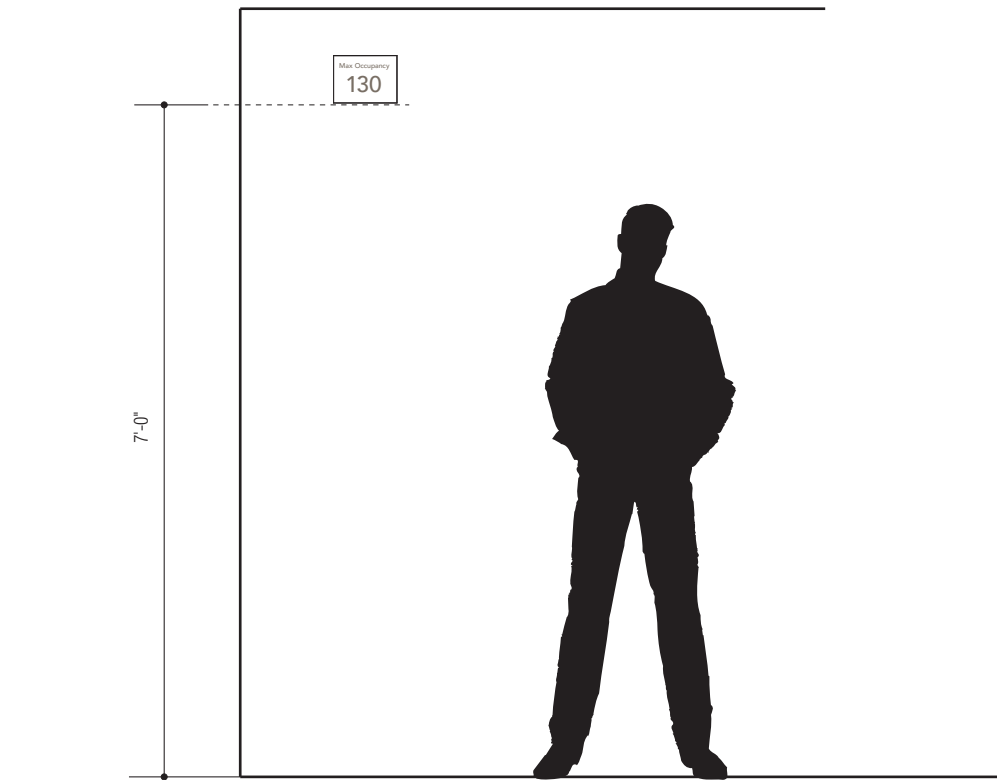
93

REGULATORY PLAQUE
TYPICAL ELEVATION - 3N



1 TYPICAL ELEVATION - REG.20
Scale: 1/2" = 1'-0"

MAX. OCCUPANCY
TYPICAL ELEVATION - 3O



2 TYPICAL ELEVATION - REG.21
Scale: 1/2" = 1'-0"

Prepared By:



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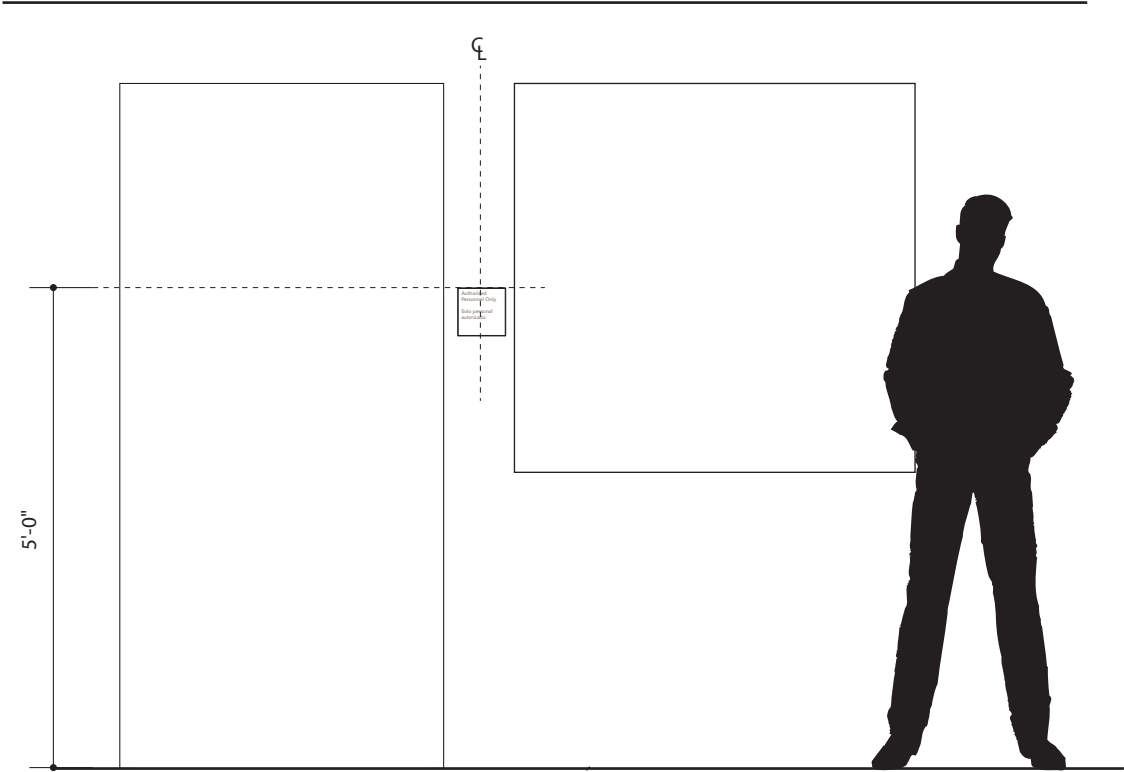
Title:

Regulatory Elevations

Sheet:

94

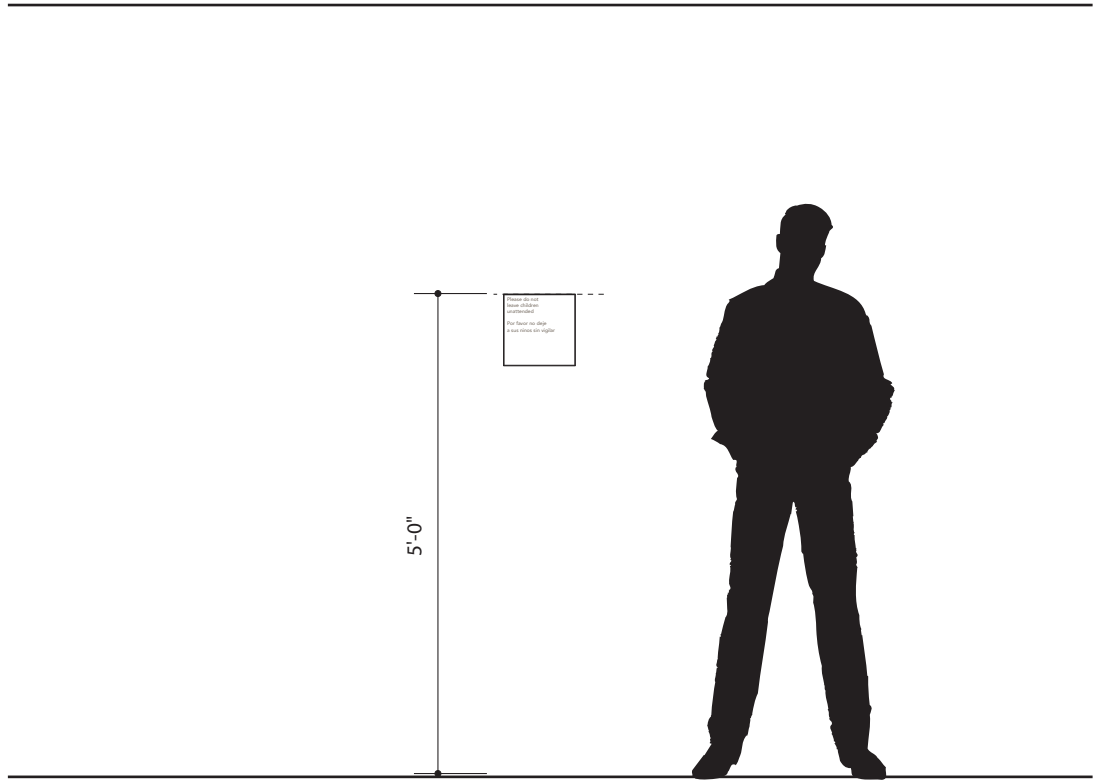
6" INFO PLAQUE
TYPICAL ELEVATION - 4A



* In cases were there is limited horizontal space and the ideal 3" from walls edge is not available center informational sign within available wall space

1 TYPICAL ELEVATION - INF.01
Scale: 1/2" = 1'-0"

9" INFO PLAQUE
TYPICAL ELEVATION - 4B



2 TYPICAL ELEVATION - INF.02
Scale: 1/2" = 1'-0"

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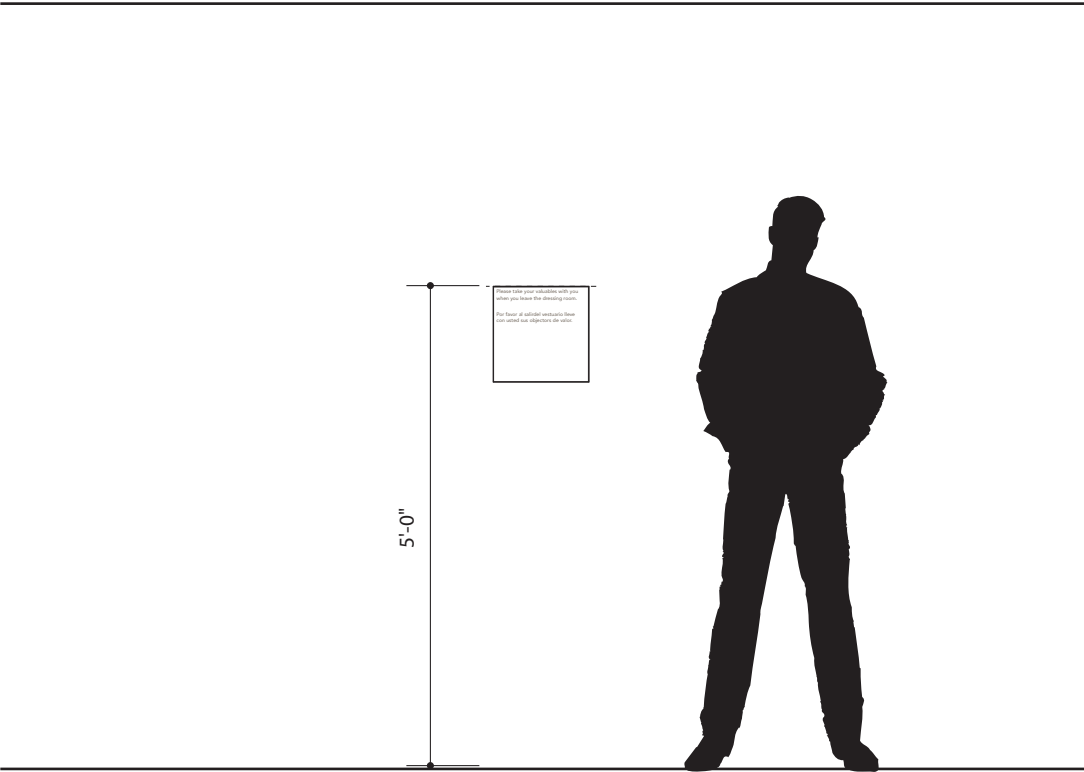
Approval:

| | |
|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 10.21.2024 | As Noted |

Title:
Informational Elevations

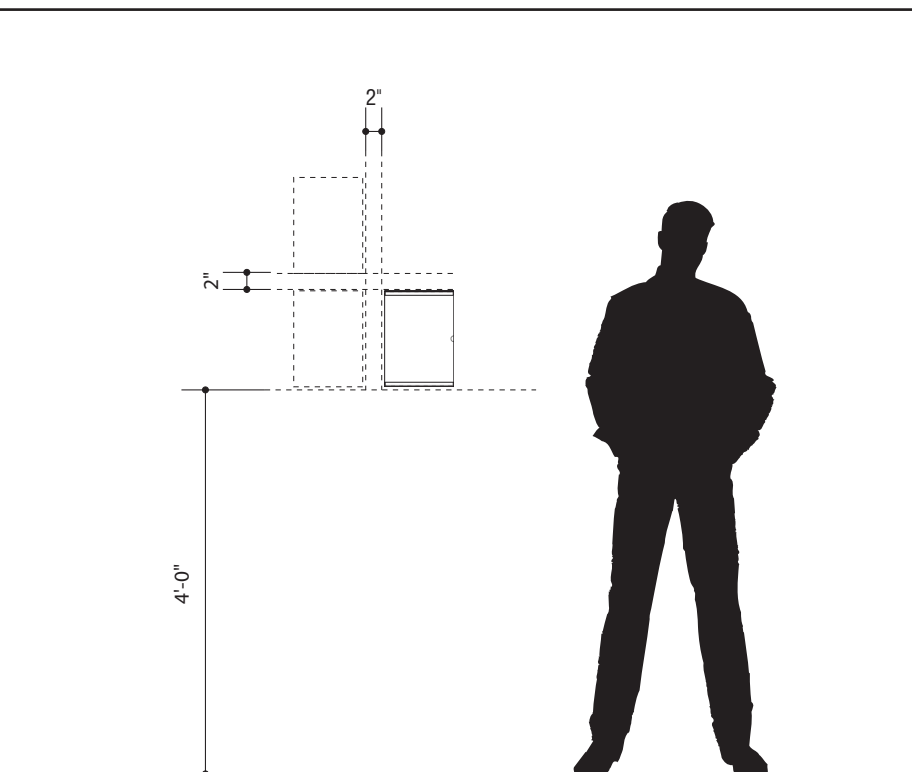
Sheet: 95

12" INFO PLAQUE
TYPICAL ELEVATION - 4C



1 TYPICAL ELEVATION - INF.03
Scale: 1/2" = 1'-0"

INSERT HOLDER
TYPICAL ELEVATION - 4D



2 TYPICAL ELEVATION - INF.04
Scale: 1/2" = 1'-0"

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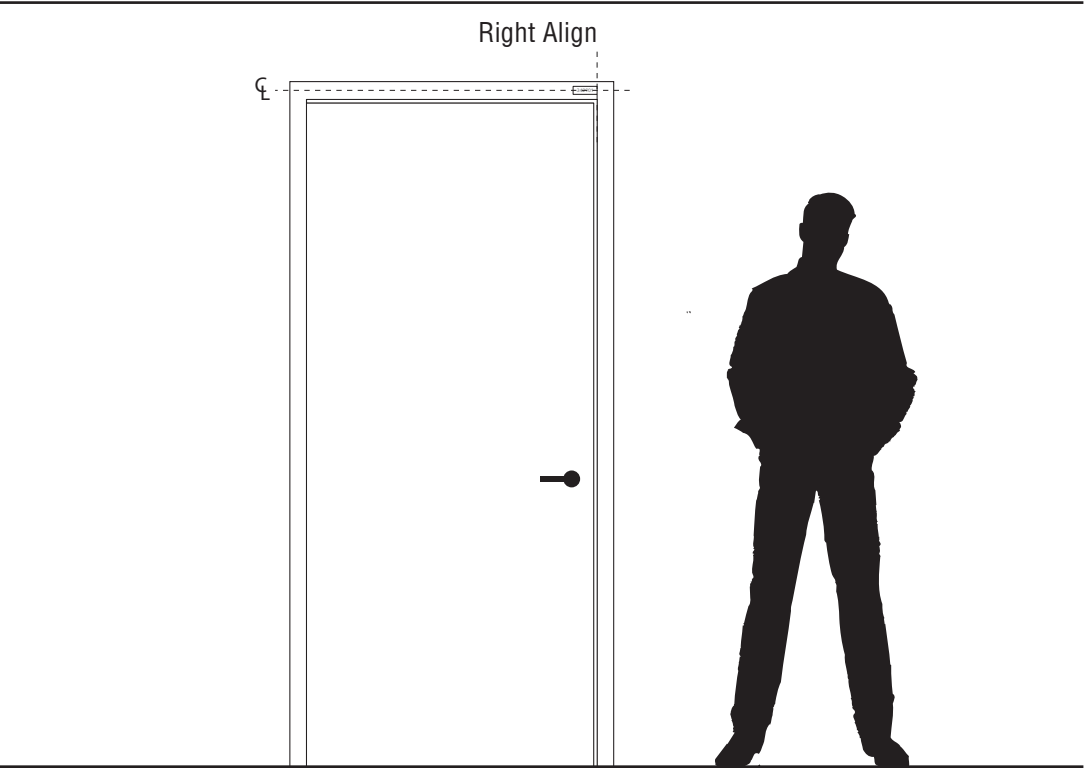
Title:

Informational Elevations

Sheet:

96

ARCHITECTURAL ROOM NUMBER
TYPICAL ELEVATION - 4E



1

TYPICAL ELEVATION - INF.06

Scale: 1/2" = 1'-0"

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Scale:

As Noted

Title:

Informational Elevations

Sheet:

97

SECTION 5 | Signage Message Schedule

Total Sign Count:

| TYPE | DESCRIPTION | QTY |
|-----------|--|------|
| OR.01 | Building Directory with Map | 1 |
| OR.02 | Elevator Directory | 6 |
| DIR.01 | 8' Overhead Directional | 12 |
| DIR.02 | 4' Overhead Directional | 1 |
| DIR.03 | 24" Strip Directional | 11 |
| DIR.04 | 18" Strip Directional | 1 |
| WF.01 | Department Overhead ID | 14 |
| WF.02 | Department Flag | 4 |
| WF.03 | Department Dimensional Letterset | 7 |
| WF.04 | Department Plaque | 13 |
| WF.05 | Department Plaque with Hours | 9 |
| INF.01 | Info Plaque - 6"x6" | 24 |
| INF.02 | Info Plaque - 9"x9" | 11 |
| INF.03 | Info Plaque - 12"x12" | 1 |
| INF.04 | Insert Holder | 149 |
| INF.06 | Architectural Room Number | 198 |
| ID.01 | Amenity Dimensional Letterset | 5 |
| ID.03 | Amenity Flag | 21 |
| ID.05 | Tactile Room ID | 167 |
| ID.06 | Tactile Room ID with Slider | 24 |
| ID.07 | Exam Room ID | 113 |
| ID.08a | Office ID | 25 |
| REG.01 | Entrance Vinyl | 2 |
| REG.02 | Licensing Postings | 1 |
| REG.03 | Licensing Posting Insert Holder - 8.5x11 | 4 |
| REG.04 | Licensing Posting Insert Holder - 11x17 | 6 |
| REG.05 | Restroom Door - All Gender | 14 |
| REG.06 | Restroom Wall - All Gender | 14 |
| REG.07 | Restroom Door - Women | 5 |
| REG.08 | Restroom Wall - Women | 5 |
| REG.09 | Restroom Door - Men | 5 |
| REG.10 | Restroom Wall - Men | 5 |
| REG.11 | Stair ID | 18 |
| REG.12 | Stair Level ID | 3 |
| REG.13 | Stair Fire Department | 4 |
| REG.14 | Evacuation Map Holder | 38 |
| REG.15 | Egress | 56 |
| REG.16 | Emergency Exit Only | 8 |
| REG.17 | In Case Of Fire | 1 |
| REG.18 | Fire Extinguisher Flag | 25 |
| REG.20 | Regulatory Graphic Plaque | 24 |
| SUB-TOTAL | | 1055 |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|---------|--------|--------|---|---|
| Floor 1 | 001 | ID.05 | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 | 002 | ID.05 | ELECTRICAL ROOM (Braille) | |
| Floor 1 | 003 | ID.05 | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 | 004 | DIR.01 | [Side A] (MAIN ELEVATOR ICON) Main Elevators [Side B] (MAIN ELEVATOR ICON) Main Elevators | |
| Floor 1 | 004 | INF.06 | 1SH073 | |
| Floor 1 | 005 | ID.05 | ELECTRICAL CONTROL PANEL (Braille) | |
| Floor 1 | 006 | REG.18 | FEC Flag | |
| Floor 1 | 007 | INF.02 | B | |
| Floor 1 | 008 | INF.02 | A | |
| Floor 1 | 010 | INF.06 | 1SH068 | |
| Floor 1 | 011 | ID.06 | SHOWER (Braille) | |
| Floor 1 | 012 | INF.06 | 1SN159 | |
| Floor 1 | 013 | ID.05 | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 | 014 | INF.04 | [Insert Holder] | |
| Floor 1 | 015 | INF.04 | [Insert Holder] | |
| Floor 1 | 016 | INF.04 | [Insert Holder] | |
| Floor 1 | 017 | REG.18 | FEC Flag | |
| Floor 1 | 018 | INF.04 | [Insert Holder] | |
| Floor 1 | 019 | INF.04 | [Insert Holder] | |
| Floor 1 | 020 | INF.04 | [Insert Holder] | |
| Floor 1 | 021 | ID.08a | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 | 022 | OR.02 | <See Art> | |
| Floor 1 | 022 | WF.05 | (LABORATORY ICON) LABORATORY (Braille) (SPANISH TRANSLATION) Hours: Mon-Fri 9am-8pm Saturday 10am-8pm Sunday 10am-3pm | |
| Floor 1 | 023 | INF.04 | [Insert Holder] | |
| Floor 1 | 024 | WF.01 | Consultation Consulta | |
| Floor 1 | 025 | INF.02 | 4 | |
| Floor 1 | 026 | INF.02 | 3 | |
| Floor 1 | 027 | INF.02 | 2 | |
| Floor 1 | 028 | DIR.01 | [Side A] (UA) (PHARMACY ICON) Pharmacy (LABORATORY ICON) Laboratory (RA) Zone (E) [Side B] (UA) Zones (A) (B) (C) | |
| Floor 1 | 028 | INF.02 | 1 | |
| Floor 1 | 029 | DIR.03 | FLOOR 1 You are in Zone E (UA) (E10) Skilled Nursing Rooms 101-132 (E01) Rehabilitation Respiratory Pain Management (E03) Nutritionist (E20) Medical & Surgical Rooms 201 -232 (E30) Acute Psychiatric Services 301 -332 (ZONE E ELEVATOR ICON) Zone E Elevators (CAFE ICON) Cafe | |
| Floor 1 | 029 | WF.01 | Prescription Pick-Up | |
| Floor 1 | 030 | WF.01 | Prescription Drop Off | |
| Floor 1 | 033 | INF.06 | TBD | CONFIRM: No architectural number found on existing frame or plans. Confirmation required – does this door/room have an assigned architectural number? |
| Floor 1 | 034 | DIR.01 | [Side A] (UA) (ZONE E ELEVATOR ICON) (E10) Skilled Nursing Rooms 101-132 [Side B] (UA) Zones (A) (B) (C) (D) | |
| Floor 1 | 035 | REG.11 | STAIR 32 EXIT STAIR DOWN (Braille) | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|---------|--------|--------|--|-------|
| | | | Emergency Exit Only | |
| Floor 1 | 036 | REG.16 | Sólo salida de emergencia | |
| Floor 1 | 037 | INF.06 | 15N161 | |
| Floor 1 | 038 | ID.03 | [STAIRS ICON] | |
| Floor 1 | 039 | REG.14 | [Evac Map insert holder] | |
| Floor 1 | 040 | INF.06 | 15N164 | |
| Floor 1 | 041 | ID.05 | HOUSEKEEPING (Braille) | |
| Floor 1 | 042 | INF.06 | 15N157 | |
| Floor 1 | 043 | ID.07 | EXAM ROOM 108 (Braille) | |
| Floor 1 | 044 | INF.04 | [Insert Holder] | |
| Floor 1 | 045 | INF.04 | [Insert Holder] | |
| Floor 1 | 046 | INF.01 | NO EXIT NO HAY SALIDA | |
| Floor 1 | 047 | DIR.03 | Floor 1 You Are In Zone E (Up Arrow) (CAFE ICON) Zone E Cafe (E03) Nutritionist (E01) Pain Management (E01) Rehabilitation (E01) Respiratory (E10) Skilled Nursing Rooms 101-132 Elevators Up to: (E20) Medical/Surgical Rooms 201-234 (E30) Acute Psychiatric Rooms 301-332 | |
| Floor 1 | 048 | DIR.03 | Floor 1 You Are In Zone E (Left Arrow) (CAFE ICON) Zone E Cafe (E03) Nutritionist (E01) Pain Management (E01) Rehabilitation (E01) Respiratory (E10) Skilled Nursing Rooms 101-132 Elevators Up to: (E20) Medical/Surgical Rooms 201-234 (E30) Acute Psychiatric Rooms 301-332 (Right Arrow) (LABORATORY ICON) Laboratory (PHARMACY ICON) Pharmacy | |
| Floor 1 | 049 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 | 050 | WF.01 | (LABORATORY ICON) Laboratory | |
| Floor 1 | 051 | INF.01 | NO EXIT NO HAY SALIDA | |
| Floor 1 | 052 | ID.05 | GIFT SHOP (Braille) | |
| Floor 1 | 053 | INF.06 | 1GS001 | |
| Floor 1 | 054 | DIR.03 | Floor 1 You Are in Zone E (Left Arrow) (E10) Skilled Nursing Rooms 101 - 132 (PHARMACY ICON) Pharmacy (LABORATORY ICON) Laboratory | |
| Floor 1 | 057 | ID.07 | EXAM ROOM 109 (Braille) | |
| Floor 1 | 058 | INF.04 | [Insert Holder] | |
| Floor 1 | 059 | INF.04 | [Insert Holder] | |
| Floor 1 | 060 | INF.06 | 15N156 | |
| Floor 1 | 061 | INF.06 | 15N153 | |
| Floor 1 | 062 | ID.07 | EXAM ROOM 107 (Braille) | |
| Floor 1 | 063 | INF.04 | [Insert Holder] | |
| Floor 1 | 064 | INF.04 | [Insert Holder] | |
| Floor 1 | 065 | INF.01 | NO EXIT NO HAY SALIDA | |
| Floor 1 | 066 | INF.01 | NO EXIT NO HAY SALIDA | |
| Floor 1 | 067 | INF.01 | NO EXIT NO HAY SALIDA | |
| Floor 1 | 068 | ID.01 | Welcome to San Mateo Medical Center | |
| Floor 1 | 069 | DIR.03 | FLOOR 1 You are in Zone C (UA) (C10) Imaging (C11) Keller Center (EMERGENCY ICON) Emergency (C12) Psychiatric Emergency Services | |
| Floor 1 | 070 | REG.15 | EXIT ROUTE (Braille) | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|---------|--------|--------|---|-------|
| | | | (C10) (Braille) IMAGING (Braille) (SPANISH TRANSLATION) Hours: Mon-Fri 9am-8pm Saturday 10am-8pm Sunday 10am-3pm | |
| Floor 1 | 071 | WF.05 | | |
| Floor 1 | 072 | WF.01 | (C10) Imaging | |
| Floor 1 | 073 | OR.01 | [See Artwork] | |
| Floor 1 | 078 | INF.06 | 1IR001 | |
| Floor 1 | 079 | INF.06 | 1SH0011 | |
| Floor 1 | 080 | REG.03 | (Charity Care) (Breast Cancer) (Prostate Cancer) | |
| Floor 1 | 081 | REG.04 | (Notice of Language Assistance) (Consumer Notice: Medical Board) (Consumer Notice: Medical Board & Physicians Assistant) (Patient Rights) (Non Discrimination Notice) | |
| Floor 1 | 083 | REG.18 | FEC Flag | |
| Floor 1 | 084 | ID.07 | EXAM ROOM 106 (Braille) | |
| Floor 1 | 085 | INF.06 | 1SN151 | |
| Floor 1 | 086 | INF.04 | [Insert Holder] | |
| Floor 1 | 087 | INF.04 | [Insert Holder] | |
| Floor 1 | 088 | ID.05 | STORAGE ROOM (Braille) | |
| Floor 1 | 089 | INF.06 | 1SN119 | |
| Floor 1 | 090 | ID.07 | EXAM ROOM 105 (Braille) | |
| Floor 1 | 091 | INF.04 | [Insert Holder] | |
| Floor 1 | 092 | INF.04 | [Insert Holder] | |
| Floor 1 | 093 | INF.06 | 1SN147 | |
| Floor 1 | 094 | INF.06 | 1SN145 | |
| Floor 1 | 095 | INF.01 | NO EXIT NO HAY SALIDA | |
| Floor 1 | 096 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 | 097 | REG.18 | FEC Flag | |
| Floor 1 | 098 | ID.05 | MECHANICAL ROOM (Braille) | |
| Floor 1 | 099 | REG.15 | EXIT (Braille) | |
| Floor 1 | 100 | REG.15 | EXIT (Braille) | |
| Floor 1 | 101 | REG.01 | No Smoking California Law (Proposition 65) requires the posting of the following warning: This area may contain chemicals known to the State of California to cause cancer, birth defects or other reproductive harm. California Health and Safety Code: sec. 25249.6 | |
| Floor 1 | 102 | ID.03 | (TELEPHONE ICON) | |
| Floor 1 | 104 | INF.06 | 1ME005 | |
| Floor 1 | 105 | INF.06 | 1SN152 | |
| Floor 1 | 106 | ID.05 | DAY ROOM (Braille) | |
| Floor 1 | 107 | INF.06 | 1SN141 | |
| Floor 1 | 108 | ID.07 | EXAM ROOM 104 (Braille) | |
| Floor 1 | 109 | INF.04 | [Insert Holder] | |
| Floor 1 | 110 | INF.04 | [Insert Holder] | |
| Floor 1 | 111 | ID.07 | EXAM ROOM 104 (Braille) | |
| Floor 1 | 112 | INF.06 | 1SN137 | |
| Floor 1 | 113 | ID.07 | EXAM ROOM 103 (Braille) | |
| Floor 1 | 114 | INF.04 | [Insert Holder] | |
| Floor 1 | 115 | INF.04 | [Insert Holder] | |
| Floor 1 | 116 | ID.08a | WORKSTATION (Braille) | |
| Floor 1 | 117 | INF.06 | 1SN154 | |
| Floor 1 | 118 | ID.05 | CONSULTATION ROOM (Braille) | |
| Floor 1 | 119 | INF.06 | 1SN131 | |
| Floor 1 | 120 | INF.01 | NO EXIT NO HAY SALIDA | |
| Floor 1 | 121 | REG.18 | FEC Flag | |
| Floor 1 | 122 | INF.06 | 1SH070 | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|---------|--------|--------|--|---|
| | | | ENVIRONMENTAL SERVICES (Braille) | |
| Floor 1 | 123 | ID.05 | | |
| Floor 1 | 124 | ID.03 | (FEMALE, MALE, ISA ICON) | |
| Floor 1 | 125 | REG.09 | (MALE ICON) MEN | |
| Floor 1 | 126 | REG.10 | (MALE & ISA ICONS) MEN (Braille) | |
| Floor 1 | 127 | REG.08 | (FEMALE & ISA ICONS) WOMEN (Braille) | |
| Floor 1 | 128 | REG.07 | (FEMALE ICON) WOMEN | |
| Floor 1 | 129 | REG.18 | FEC Flag | |
| Floor 1 | 130 | INF.06 | 1SH038 | |
| Floor 1 | 131 | INF.06 | 1SH039 | |
| Floor 1 | 132 | INF.06 | TBD | CONFIRM: No architectural number found on existing frame or plans. Confirmation required – does this stair have an assigned architectural number? |
| Floor 1 | 133 | ID.03 | (STAIRS ICON) | |
| Floor 1 | 134 | REG.11 | STAIR 27 (Braille) | |
| Floor 1 | 135 | OR.02 | [See Artwork] | |
| | | | IN FIRE EMERGENCY, DO NOT USE ELEVATOR. USE EXIT STAIRS. | |
| Floor 1 | 136 | REG.17 | | |
| Floor 1 | 137 | ID.01 | (B) Elevators | |
| | | | FLOOR 1 You are in Zone B (UA) (B10) Edison Clinic (B11) Senior Care Clinic | |
| Floor 1 | 138 | DIR.03 | | |
| Floor 1 | 139 | WF.01 | (B10) Edison Clinic Express Care | CONFIRM: Express Care is not listed on approved master destination list. SMMC to advise if "Express Care" should be listed on this sign. |
| Floor 1 | 144 | ID.07 | EXAM ROOM 103 (Braille) | |
| Floor 1 | 145 | INF.06 | 1SN135 | |
| Floor 1 | 146 | REG.14 | [Evac Map insert holder] | |
| Floor 1 | 147 | REG.18 | FEC Flag | |
| | | | MEDICATION ROOM AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 | 148 | ID.07 | | |
| Floor 1 | 149 | INF.06 | 1SN172 | |
| Floor 1 | 150 | INF.06 | 1SN174 | |
| | | | NOURISHMENT AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 | 151 | ID.07 | | |
| Floor 1 | 152 | INF.06 | 1SN178 | |
| | | | EXAM ROOM 114 (Braille) | |
| Floor 1 | 153 | ID.07 | | |
| | | | EXAM ROOM 114 (Braille) | |
| Floor 1 | 154 | ID.07 | | |
| Floor 1 | 155 | INF.06 | 1SN182 | |
| Floor 1 | 156 | INF.04 | [Insert Holder] | |
| Floor 1 | 157 | INF.04 | [Insert Holder] | |
| | | | (Men/Women/ISA Icon) | |
| | | | ALL GENDER RESTROOM (Braille) | |
| Floor 1 | 158 | REG.06 | | |
| Floor 1 | 159 | REG.05 | [Circle/Triangle] | |
| Floor 1 | 160 | INF.06 | 1SN191 | |
| Floor 1 | 161 | INF.06 | 1SN026 | |
| | | | STAFF LOUNGE (Braille) | |
| Floor 1 | 162 | ID.05 | | |
| Floor 1 | 163 | INF.06 | 1SN185 | |
| | | | DAY ROOM (Braille) | |
| Floor 1 | 164 | ID.05 | | |
| Floor 1 | 165 | INF.06 | 1SN184 | |
| | | | EXAM ROOM 113 (Braille) | |
| Floor 1 | 166 | ID.07 | | |
| Floor 1 | 167 | INF.04 | [Insert Holder] | |
| Floor 1 | 168 | INF.04 | [Insert Holder] | |
| Floor 1 | 169 | REG.18 | FEC Flag | |
| Floor 1 | 170 | INF.04 | [Insert Holder] | |
| Floor 1 | 171 | INF.04 | [Insert Holder] | |
| Floor 1 | 172 | INF.06 | 1SN162 | |
| | | | EXAM ROOM 102 (Braille) | |
| Floor 1 | 173 | ID.07 | | |
| Floor 1 | 174 | INF.04 | [Insert Holder] | |
| Floor 1 | 175 | INF.04 | [Insert Holder] | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|---------|--------|--------|---|-------|
| Floor 1 | 176 | REG.20 | [Biohazard Icon] | |
| Floor 1 | 177 | INF.06 | 15N146 | |
| Floor 1 | 178 | ID.05 | SOILED UTILITY (Braille) | |
| Floor 1 | 179 | INF.06 | 15N144 | |
| Floor 1 | 180 | ID.05 | CLEAN UTILITY (Braille) | |
| Floor 1 | 181 | INF.06 | 15N195 | |
| Floor 1 | 182 | ID.07 | EXAM ROOM E101 (Braille) | |
| Floor 1 | 183 | INF.04 | [Insert Holder] | |
| Floor 1 | 184 | INF.04 | [Insert Holder] | |
| Floor 1 | 185 | ID.05 | ELECTRICAL ROOM (Braille) | |
| Floor 1 | 186 | INF.06 | 15N024 | |
| Floor 1 | 187 | INF.06 | 15N142 | |
| Floor 1 | 188 | ID.07 | EXAM ROOM 115 (Braille) | |
| Floor 1 | 189 | INF.04 | [Insert Holder] | |
| Floor 1 | 190 | INF.04 | [Insert Holder] | |
| Floor 1 | 191 | REG.18 | FEC Flag | |
| Floor 1 | 192 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 | 193 | REG.11 | STAIR 33 EXIT STAIR DOWN (Braille) | |
| Floor 1 | 194 | REG.14 | [Evac Map insert holder] | |
| Floor 1 | 195 | INF.06 | 15N009 | |
| Floor 1 | 196 | ID.08a | OFFICE (Braille) | |
| Floor 1 | 197 | ID.08a | OFFICE (Braille) | |
| Floor 1 | 198 | INF.06 | 15N016 | |
| Floor 1 | 199 | INF.06 | 15N008 | |
| Floor 1 | 200 | ID.05 | CONFERENCE ROOM (Braille) | |
| Floor 1 | 201 | INF.06 | 15N175 | |
| Floor 1 | 202 | ID.05 | STORAGE (Braille) | |
| Floor 1 | 203 | INF.06 | 15N007 | |
| Floor 1 | 204 | ID.05 | TEL/DATA (Braille) | |
| Floor 1 | 205 | ID.08a | OFFICE (Braille) | |
| Floor 1 | 206 | INF.06 | 15N020 | |
| Floor 1 | 207 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 | 208 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 | 209 | INF.06 | 15N018 | |
| Floor 1 | 210 | ID.08a | OFFICE (Braille) | |
| Floor 1 | 211 | ID.08a | OFFICE (Braille) | |
| Floor 1 | 212 | INF.06 | 15N011 | |
| Floor 1 | 213 | ID.03 | (TELEPHONE ICON) | |
| Floor 1 | 214 | ID.03 | (DRINKING FOUNTAIN ICON) | |
| Floor 1 | 215 | WF.02 | (C11) | |
| Floor 1 | 216 | WF.05 | (C11) (Braille) KELLER CENTER (Braille) Hours: TBD | |
| Floor 1 | 217 | ID.07 | EMERGENCY DEPARTMENT STAFF (Braille) | |
| Floor 1 | 218 | INF.06 | 1ER005 | |
| Floor 1 | 219 | REG.15 | EXIT (Braille) | |
| Floor 1 | 220 | REG.14 | [Evac Map Insert Holder] | |
| Floor 1 | 221 | WF.05 | (B10) (Braille) EDISON CLINIC (Braille) Hours: TBD | |
| Floor 1 | 222 | ID.07 | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 | 227 | INF.06 | 1PS052 | |
| Floor 1 | 228 | INF.06 | 1PA081 | |
| Floor 1 | 229 | INF.06 | 1RC054 | |
| Floor 1 | 230 | INF.06 | 1PC036 | |
| Floor 1 | 231 | REG.03 | (Charity Care) | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|---------|--------|--------|--|-------|
| | | | (B11) (Braille) SENIOR CARE CLINIC (Braille) (SPANISH TRANSLATION) Hours: Mon-Fri 9am-8pm Saturday 10am-8pm Sunday 10am-3pm | |
| Floor 1 | 232 | WF.05 | | |
| Floor 1 | 233 | WF.01 | (B11) Senior Care Clinic | |
| | | | [Side A] (UA) (C11) (EMERGENCY ICON) (C12) [Side B] (UA) Zones (A) (B) (D) (E) | |
| Floor 1 | 234 | DIR.01 | | |
| Floor 1 | 235 | INF.04 | [Insert Holder] | |
| Floor 1 | 237 | INF.06 | 1SN188 | |
| Floor 1 | 238 | ID.07 | EXAM ROOM 113 (Braille) | |
| Floor 1 | 239 | INF.06 | 1SN190 | |
| Floor 1 | 240 | ID.07 | EXAM ROOM 112 (Braille) | |
| Floor 1 | 241 | INF.04 | [Insert Holder] | |
| Floor 1 | 242 | INF.04 | [Insert Holder] | |
| Floor 1 | 243 | INF.06 | 1SN189 | |
| Floor 1 | 244 | ID.07 | EXAM ROOM 110 (Braille) | |
| Floor 1 | 245 | ID.07 | EXAM ROOM 111 (Braille) | |
| Floor 1 | 246 | INF.04 | [Insert Holder] | |
| Floor 1 | 247 | INF.04 | [Insert Holder] | |
| Floor 1 | 248 | INF.06 | 1SN194 | |
| Floor 1 | 249 | INF.06 | 1SN193 | |
| Floor 1 | 250 | ID.05 | STORAGE (Braille) | |
| Floor 1 | 251 | REG.14 | [Evac Map insert holder] | |
| | | | STAIR 31 EXIT STAIR DOWN (Braille) | |
| Floor 1 | 252 | REG.11 | | |
| Floor 1 | 253 | INF.06 | 1SN199 | |
| Floor 1 | 254 | ID.03 | (STAIRS ICON) | |
| Floor 1 | 255 | ID.06 | SHOWER (Braille) | |
| Floor 1 | 256 | ID.06 | SHOWER (Braille) | |
| Floor 1 | 257 | INF.06 | 1SN201 | |
| Floor 1 | 258 | INF.06 | 1SN201 | |
| Floor 1 | 259 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 | 260 | ID.07 | EXAM ROOM 116 (Braille) | |
| Floor 1 | 261 | INF.06 | 1SN138 | |
| Floor 1 | 262 | INF.04 | [Insert Holder] | |
| Floor 1 | 263 | INF.04 | [Insert Holder] | |
| Floor 1 | 264 | INF.06 | 1SN021 | |
| Floor 1 | 265 | ID.05 | STORAGE ROOM (Braille) | |
| Floor 1 | 266 | ID.07 | REHABILITATION THERAPY (Braille) | |
| Floor 1 | 267 | INF.06 | 1SN036 | |
| Floor 1 | 268 | ID.07 | REHABILITATION THERAPY (Braille) | |
| Floor 1 | 269 | INF.06 | 1SN036 | |
| Floor 1 | 270 | ID.05 | STORAGE ROOM (Braille) | |
| Floor 1 | 271 | INF.06 | 1SN027 | |
| Floor 1 | 272 | ID.07 | EXAM ROOM 117 (Braille) | |
| Floor 1 | 273 | INF.06 | 1SN038 | |
| Floor 1 | 274 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 | 275 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 | 276 | REG.18 | FEC Flag | |
| | | | REHABILITATION DEPARTMENT E01 (Braille) | |
| Floor 1 | 277 | ID.07 | | |
| Floor 1 | 278 | INF.06 | 1SN042 | |
| Floor 1 | 279 | INF.06 | 1SN015 | |
| Floor 1 | 280 | ID.05 | ELECTRICAL ROOM (Braille) | |
| Floor 1 | 281 | INF.04 | [Insert Holder] | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|---------|--------|--------|---|-------|
| | | | REHABILITATION DEPARTMENT (Braille) | |
| Floor 1 | 282 | ID.05 | | |
| Floor 1 | 283 | INF.06 | 15N044 | |
| Floor 1 | 284 | INF.06 | 15N095 | |
| | | | EXAM ROOM 132 (Braille) | |
| Floor 1 | 285 | ID.07 | | |
| Floor 1 | 286 | ID.05 | SOILED UTILITY (Braille) | |
| Floor 1 | 287 | INF.06 | 15N046 | |
| Floor 1 | 288 | REG.20 | [Biohazard Icon] | |
| Floor 1 | 289 | INF.04 | [Insert Holder] | |
| Floor 1 | 290 | INF.04 | [Insert Holder] | |
| | | | EXAM ROOM 131 (Braille) | |
| Floor 1 | 291 | ID.07 | | |
| Floor 1 | 292 | INF.06 | 15N062 | |
| Floor 1 | 293 | INF.06 | 15N035 | |
| Floor 1 | 294 | INF.06 | 15N037 | |
| | | | EXAM ROOM 130 (Braille) | |
| Floor 1 | 295 | ID.07 | | |
| | | | EXAM ROOM 130 (Braille) | |
| Floor 1 | 296 | ID.07 | | |
| Floor 1 | 297 | INF.04 | [Insert Holder] | |
| Floor 1 | 298 | INF.04 | [Insert Holder] | |
| | | | EXAM ROOM 129 (Braille) | |
| Floor 1 | 299 | ID.07 | | |
| Floor 1 | 300 | INF.06 | 15N041 | |
| Floor 1 | 301 | INF.06 | 15N045 | |
| | | | EXAM ROOM 129 (Braille) | |
| Floor 1 | 302 | ID.07 | | |
| Floor 1 | 303 | INF.06 | 15N047 | |
| | | | EXAM ROOM 128 (Braille) | |
| Floor 1 | 304 | ID.07 | | |
| Floor 1 | 305 | INF.04 | [Insert Holder] | |
| Floor 1 | 306 | INF.04 | [Insert Holder] | |
| | | | EXAM ROOM 127 (Braille) | |
| Floor 1 | 307 | ID.07 | | |
| Floor 1 | 308 | INF.06 | 15N051 | |
| Floor 1 | 309 | INF.06 | 15N053 | |
| | | | EXAM ROOM 126 (Braille) | |
| Floor 1 | 310 | ID.07 | | |
| Floor 1 | 311 | INF.04 | [Insert Holder] | |
| Floor 1 | 312 | INF.04 | [Insert Holder] | |
| | | | EXAM ROOM 125 (Braille) | |
| Floor 1 | 313 | ID.07 | | |
| Floor 1 | 314 | INF.06 | 15N057 | |
| | | | STAIR 29 EXIT STAIR DOWN (Braille) | |
| Floor 1 | 315 | REG.11 | | |
| Floor 1 | 316 | ID.03 | (STAIRS ICON) | |
| Floor 1 | 317 | INF.06 | 15N061 | |
| | | | Emergency Exit Only | |
| Floor 1 | 318 | REG.16 | Sólo salida de emergencia | |
| | | | Emergency Exit Only | |
| Floor 1 | 319 | REG.16 | Sólo salida de emergencia | |
| Floor 1 | 320 | REG.14 | [Evac Map insert holder] | |
| | | | HOUSEKEEPING (Braille) | |
| Floor 1 | 321 | ID.05 | | |
| Floor 1 | 322 | INF.06 | 15N056 | |
| Floor 1 | 323 | INF.06 | 15N056 | |
| | | | EXAM ROOM 124 (Braille) | |
| Floor 1 | 324 | ID.07 | | |
| Floor 1 | 325 | INF.04 | [Insert Holder] | |
| Floor 1 | 326 | INF.06 | 15N019 | |
| | | | TUB ROOM (Braille) | |
| Floor 1 | 327 | ID.05 | | |
| Floor 1 | 328 | REG.18 | FEC Flag | |
| | | | DAY ROOM (Braille) | |
| Floor 1 | 329 | ID.05 | | |
| Floor 1 | 330 | INF.06 | 15N085 | |
| | | | WORK ROOM (Braille) | |
| Floor 1 | 331 | ID.08a | | |
| Floor 1 | 332 | INF.06 | 15N014 | |
| | | | CONSULTATION ROOM (Braille) | |
| Floor 1 | 333 | ID.05 | | |
| Floor 1 | 334 | INF.06 | 15N031 | |

SAN MATEO MEDICAL CENTER – 90% CD
Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|---------|--------|--------|--|-------|
| Floor 1 | 335 | ID.07 | MEDICATION ROOM AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 | 336 | INF.06 | 15N072 | |
| Floor 1 | 337 | INF.06 | 15N078 | |
| Floor 1 | 338 | ID.05 | MAIL ROOM (Braille) | |
| Floor 1 | 339 | REG.04 | [Insert holder] | |
| Floor 1 | 340 | REG.04 | [Insert holder] | |
| Floor 1 | 341 | INF.06 | 15N078 | |
| Floor 1 | 342 | ID.07 | ISOLATION ROOM 119 (Braille) | |
| Floor 1 | 343 | ID.07 | ISOLATION ROOM 119 (Braille) | |
| Floor 1 | 344 | INF.06 | 15N082 | |
| Floor 1 | 345 | INF.04 | [Insert Holder] | |
| Floor 1 | 346 | INF.04 | [Insert Holder] | |
| Floor 1 | 347 | ID.07 | EXAM ROOM 120 (Braille) | |
| Floor 1 | 348 | INF.06 | 15N084 | |
| Floor 1 | 349 | INF.06 | 15N088 | |
| Floor 1 | 350 | ID.07 | EXAM ROOM 120 (Braille) | |
| Floor 1 | 351 | INF.06 | 15N090 | |
| Floor 1 | 352 | ID.07 | EXAM ROOM 121 (Braille) | |
| Floor 1 | 353 | INF.04 | [Insert Holder] | |
| Floor 1 | 354 | INF.04 | [Insert Holder] | |
| Floor 1 | 355 | ID.07 | EXAM ROOM 122 (Braille) | |
| Floor 1 | 356 | INF.06 | 15N094 | |
| Floor 1 | 357 | ID.06 | SHOWER (Braille) | |
| Floor 1 | 358 | INF.06 | 15N102 | |
| Floor 1 | 359 | INF.06 | 15N01 | |
| Floor 1 | 360 | ID.06 | SHOWER (Braille) | |
| Floor 1 | 361 | REG.11 | STAIR 30 EXIT STAIR DOWN (Braille) | |
| Floor 1 | 362 | INF.06 | 15N099 | |
| Floor 1 | 363 | REG.16 | Emergency Exit Only Sólo salida de emergencia | |
| Floor 1 | 364 | ID.03 | (STAIRS ICON) | |
| Floor 1 | 365 | REG.14 | [Evac Map insert holder] | |
| Floor 1 | 366 | ID.07 | QUALITY MANAGEMENT STORAGE (Braille) | |
| Floor 1 | 367 | INF.06 | 15N093 | |
| Floor 1 | 368 | INF.06 | 15N089 | |
| Floor 1 | 369 | ID.07 | EDUCATION CLASSROOM 123 (Braille) | |
| Floor 1 | 370 | INF.04 | [Insert Holder] | |
| Floor 1 | 371 | ID.05 | STAFF LOUNGE (Braille) | |
| Floor 1 | 372 | INF.06 | 15N013 | |
| Floor 1 | 373 | INF.06 | 15N064 | |
| Floor 1 | 374 | REG.05 | [Circle/Triangle] (Men/Women/ISA Icon) | |
| Floor 1 | 375 | REG.06 | ALL GENDER RESTROOM (Braille) | |
| Floor 1 | 376 | ID.05 | DAY ROOM (Braille) | |
| Floor 1 | 377 | INF.06 | 15N085 (Men/Women/ISA Icon) | |
| Floor 1 | 378 | REG.06 | ALL GENDER RESTROOM (Braille) | |
| Floor 1 | 379 | REG.05 | [Circle/Triangle] | |
| Floor 1 | 380 | INF.06 | 15N003 | |
| Floor 1 | 381 | REG.14 | [Evac Map insert holder] | |
| Floor 1 | 382 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 | 383 | REG.15 | EXIT ROUTE (Braille) | |

SAN MATEO MEDICAL CENTER – 90% CD
Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|---------|--------|--------|--|---|
| Floor 1 | 384 | WF.05 | (B11) SENIOR CARE CLINIC (Braille) Hours TBD | OPEN ITEM: "Ron Robinson Senior Care Center" is not listed on approved master destination list. SMMC to confirm if verbiage/name should be either: "Ron Robinson Senior Care Center" or "Senior Care Clinic" |
| Floor 1 | 385 | REG.15 | EXIT (Braille) | |
| Floor 1 | 386 | WF.01 | (B11) Senior Care Clinic | OPEN ITEM: "Ron Robinson Senior Care Center" is not listed on approved master destination list. SMMC to confirm if verbiage/name should be either: "Ron Robinson Senior Care Center" or "Senior Care Clinic" |
| Floor 1 | 387 | REG.18 | FEC Flag | |
| Floor 1 | 388 | ID.03 | (DRINKING FOUNTAIN ICON) | |
| Floor 1 | 389 | REG.14 | [Evac Map insert holder] | |
| Floor 1 | 390 | REG.11 | STAIR 25 EXIT ROUTE (Braille) | |
| Floor 1 | 391 | ID.07 | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 | 396 | DIR.01 | [Side A] (RA) (ZONE E ELEVATOR ICON) (UA)(E10) Skilled Nursing Rooms 101-132 [Side B] (LA) (ZONE E ELEVATOR ICON) (UA) Zones (A) (B) (C) (D) | |
| Floor 1 | 397 | WF.03 | (E10) Skilled Nursing Rooms 101-132 | |
| Floor 1 | 398 | WF.02 | (EMERGENCY ICON) | |
| Floor 1 | 399 | DIR.03 | FLOOR 1 You are in Zone C (LA) (C10) Imaging (C11) Keller Center (EMERGENCY ICON) Emergency | |
| Floor 1 | 400 | WF.04 | (EMERGENCY ICON) EMERGENCY (Braille) (SPANISH TRANSLATION) | |
| Floor 1 | 401 | WF.03 | (C12) Psychiatric Emergency Services | |
| Floor 1 | 402 | WF.04 | (C12) (Braille) PSYCHIATRIC EMERGENCY SERVICES (Braille) (SPANISH TRANSLATION) | |
| Floor 1 | 403 | ID.05 | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 | 404 | ID.05 | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 | 405 | INF.04 | [Insert Holder] | |
| Floor 1 | 406 | INF.04 | [Insert Holder] | |
| Floor 1 | 407 | REG.04 | (Notice of Language Assistance) (EMTALA) (Payers Rights) (Consumer Notice: Medical Board) (Consumer Notice: Medical Board & Physicians Assistant) (Patient Rights) (Non Discrimination Notice) (Human Trafficking) | |
| Floor 1 | 408 | REG.03 | (Charity Care) | |
| Floor 1 | 409 | REG.04 | (Notice of Language Assistance) (Consumer Notice: Medical Board) (Consumer Notice: Medical Board & Physicians Assistant) (Patient Rights) (Non Discrimination Notice) | |
| Floor 1 | 410 | REG.01 | HOURS 7:00 am - 5:00 pm Saturday, Sunday, Holidays Closed Hours may vary by department (ISA ICON) (WIFI ICON) (NO SMOKING) (NO WEAPONS ALLOWED) | |
| Floor 1 | 411 | WF.04 | (E10) (Braille) SKILLED NURSING ROOMS 117-132 (Braille) (SPANISH TRANSLATION) | |
| Floor 1 | 412 | WF.03 | (E10) Skilled Nursing Rooms 101-116 | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|---------------|--------|--------|--|--|
| Floor 1 | 413 | WF.04 | (E10) (Braille) SKILLED NURSING ROOMS 101-116 (Braille) (SPANISH TRANSLATION) | |
| Floor 1 | 414 | INF.04 | [Insert Holder] | |
| Floor 1 | 415 | INF.04 | [Insert Holder] | |
| Floor 1 | 416 | INF.04 | [Insert Holder] | |
| Floor 1 | 417 | WF.03 | (E10) Skilled Nursing Rooms 117-132 | |
| Floor 1 | 418 | DIR.01 | <TBD> | |
| Floor 1 – CUP | 001 | ID.05 | EVS (Braille) | |
| Floor 1 – CUP | 002 | ID.05 | PNEUMATIC TUBE SYSTEM (Braille) | |
| Floor 1 – CUP | 003 | ID.05 | STORAGE (Braille) | |
| Floor 1 – CUP | 004 | ID.05 | CLEAN LINEN (Braille) | |
| Floor 1 – CUP | 005 | ID.05 | CLEAN LINEN STORAGE (Braille) | |
| Floor 1 – CUP | 006 | ID.05 | FACILITIES (Braille) | |
| Floor 1 – CUP | 007 | ID.05 | DISTRIBUTION (Braille) | |
| Floor 1 – CUP | 008 | ID.05 | SHIPPING & RECEIVING (Braille) | |
| Floor 1 – CUP | 009 | ID.05 | STAFF LOUNGE (Braille) | Clean sign face and replace in proper ADA-compliant position. |
| Floor 1 – CUP | 011 | ID.05 | SECURE STAGING (Braille) | |
| Floor 1 – CUP | 012 | ID.05 | SECURE STAGING (Braille) | |
| Floor 1 – CUP | 013 | ID.05 | SHIPPING & RECEIVING (Braille) | Ensure that sign is exterior grade. |
| Floor 1 – CUP | 014 | ID.08a | OFFICE (Braille) | |
| Floor 1 – CUP | 015 | ID.05 | DISTRIBUTION (Braille) | Relocate shelving or sign to be ADA-compliant |
| Floor 1 – CUP | 016 | ID.05 | SHIPPING & RECEIVING (Braille) | Reposition signs so that all tactile portions of the signs are between 48" & 60". |
| Floor 1 – CUP | 017 | ID.05 | FACILITIES (Braille) | Ensure that signs are exterior grade, if external. Reposition to correct ADA-compliant position. |
| Floor 1 – CUP | 018 | ID.05 | AUTHORIZED PERSONNEL ONLY (Braille) | Ensure that signs are exterior grade, if external. Reposition to correct ADA-compliant position. |
| Floor 1 – CUP | 019 | ID.05 | AUTHORIZED PERSONNEL ONLY (Braille) | SOILED LINEN STORAGE (Braille) |
| Floor 1 – CUP | 020 | ID.05 | CART STORAGE (Braille) | |
| Floor 1 – CUP | 021 | ID.05 | SOILED BIOHAZARD (Braille) | |
| Floor 1 – CUP | 022 | ID.05 | CLEAN BIOHAZARD (Braille) | |
| Floor 1 – CUP | 023 | ID.05 | CLEAN LINEN (Braille) | |
| Floor 1 – CUP | 024 | ID.05 | MAINFRAME (Braille) | |
| Floor 1 – CUP | 025 | ID.05 | PBX EQUIPMENT (Braille) | |
| Floor 1 – CUP | 026 | ID.05 | LAUNDRY (Braille) | |
| Floor 1 – CUP | 027 | ID.05 | PBX (Braille) | |
| Floor 1 – CUP | 028 | ID.05 | PBX EQUIPMENT (Braille) | |
| Floor 1 – CUP | 029 | ID.05 | MAINFRAME (Braille) | |
| Floor 1 – CUP | 030 | ID.05 | ELECTRICAL (Braille) | |
| Floor 1 – CUP | 031 | ID.05 | ELECTRICAL (Braille) | |
| Floor 1 – CUP | 032 | ID.05 | SWITCHGEAR (Braille) | |
| Floor 1 – CUP | 033 | ID.05 | PBX EQUIPMENT (Braille) | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|---------------|--------|--------|-------------------------------------|--|
| | | | PBX EQUIPMENT (Braille) | |
| Floor 1 – CUP | 034 | ID.05 | STORAGE (Braille) | |
| Floor 1 – CUP | 035 | ID.05 | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 – CUP | 036 | ID.05 | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 – CUP | 037 | ID.05 | CO-GENERATORS (Braille) | |
| Floor 1 – CUP | 038 | ID.05 | CO-GENERATORS (Braille) | |
| Floor 1 – CUP | 039 | ID.05 | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 – CUP | 040 | ID.05 | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 – CUP | 041 | ID.05 | ELECTRICAL (Braille) | |
| Floor 1 – CUP | 042 | ID.05 | ELECTRICAL (Braille) | |
| Floor 1 – CUP | 043 | ID.05 | BOILER (Braille) | Reposition sign if possible to ensure ADA-compliance. |
| Floor 1 – CUP | 044 | ID.05 | BOILER CONTROL ROOM (Braille) | Reposition sign if possible to ensure ADA-compliance. |
| Floor 1 – CUP | 045 | ID.05 | CHILLER (Braille) | |
| Floor 1 – CUP | 046 | ID.05 | BOILER CONTROL ROOM (Braille) | Reposition sign if possible to ensure ADA-compliance. If exterior, ensure that sign is exterior grade. |
| Floor 1 – CUP | 047 | ID.05 | MEDICAL GAS (Braille) | Reposition sign if possible to ensure ADA-compliance. If exterior, ensure that sign is exterior grade. |
| Floor 1 – CUP | 048 | ID.05 | BOILER (Braille) | Reposition sign if possible to ensure ADA-compliance. |
| Floor 1 – CUP | 049 | ID.05 | GAS TANK STORAGE (Braille) | Reposition sign if possible to ensure ADA-compliance. |
| Floor 1 – CUP | 050 | ID.05 | BOILER CONTROL ROOM (Braille) | Reposition sign if possible to ensure ADA-compliance. Remove/replace other sign as needed. |
| Floor 1 – CUP | 051 | ID.05 | BOILER CONTROL ROOM (Braille) | Clean sign face and replace in proper ADA-compliant position. |
| Floor 1 – CUP | 052 | ID.05 | GAS TANK STORAGE (Braille) | |
| Floor 1 – CUP | 053 | ID.05 | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 1 – CUP | 054 | ID.05 | BULK OXYGEN (Braille) | |
| Floor 1 – CUP | 055 | ID.05 | (FEMALE, MALE, ISA ICONS) | |
| Floor 1 – CUP | 056 | REG.05 | ALL GENDER RESTROOM (Braille) | |
| Floor 1 – CUP | 057 | REG.06 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 058 | REG.15 | STAIRS (Braille) | |
| Floor 1 – CUP | 059 | REG.14 | STAIRS (Braille) | |
| Floor 1 – CUP | 060 | REG.11 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 061 | REG.11 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 062 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 063 | REG.14 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 064 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 065 | REG.14 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 066 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 067 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 068 | REG.14 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 069 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 070 | REG.14 | BIOHAZARD (BIOHAZARD ICON) | |
| Floor 1 – CUP | 071 | REG.20 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 072 | REG.15 | | |

SAN MATEO MEDICAL CENTER – 90% CD
Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|--------------------|--------|--------|--|-------|
| Floor 1 – CUP | 073 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 074 | REG.20 | DANGER HIGH VOLTAGE KEEP OUT | |
| Floor 1 – CUP | 075 | REG.20 | FIRE CONTROL PANEL | |
| Floor 1 – CUP | 076 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 077 | REG.20 | DANGER HIGH VOLTAGE KEEP OUT | |
| Floor 1 – CUP | 078 | REG.20 | DANGER HIGH VOLTAGE KEEP OUT | |
| Floor 1 – CUP | 079 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 080 | REG.14 | | |
| Floor 1 – CUP | 081 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 082 | REG.14 | | |
| Floor 1 – CUP | 083 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 084 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 085 | REG.14 | | |
| Floor 1 – CUP | 086 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 087 | REG.20 | DANGER HIGH VOLTAGE KEEP OUT | |
| Floor 1 – CUP | 088 | REG.20 | HAZARDOUS MATERIALS DIAMOND) (BLUE) 0 (RED) 0 (YELLOW) 0 (WHITE) 0 | |
| Floor 1 – CUP | 089 | REG.20 | HAZARDOUS MATERIALS DIAMOND) (BLUE) 0 (RED) 0 (YELLOW) 0 (WHITE) 0 | |
| Floor 1 – CUP | 090 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 091 | REG.14 | | |
| Floor 1 – CUP | 092 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 093 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 094 | REG.14 | | |
| Floor 1 – CUP | 095 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 1 – CUP | 096 | REG.14 | | |
| Floor 1 – CUP | 097 | REG.20 | FIRE CONTROL PANEL | |
| Floor 1 – CUP | 098 | REG.20 | CAUTION HIGH STEAM PRESSURE | |
| Floor 1 – CUP | 099 | REG.20 | BIOHAZARD (BIOHAZARD ICON) | |
| Floor 1 – CUP | 100 | REG.20 | BIOHAZARD (BIOHAZARD ICON) | |
| Floor 1 – CUP | 101 | REG.20 | (EYE WASH ICON) | |
| Floor 1 – CUP | 102 | REG.20 | FIRE CONTROL PANEL | |
| Floor 1 – CUP | 103 | REG.20 | (EYE WASH ICON) | |
| Floor 1 – CUP | 104 | REG.20 | FIRE CONTROL PANEL | |
| Floor 1 – CUP | 105 | REG.20 | DANGER HIGH VOLTAGE KEEP OUT | |
| Floor 1 – CUP | 106 | REG.20 | CAUTION HIGH STEAM PRESSURE | |
| Floor 1 – CUP | 107 | REG.14 | | |
| Floor 1 – CUP | 109 | REG.14 | | |
| Floor 1 – CUP | 113 | REG.18 | | |
| Floor 1 – CUP | 127 | ID.05 | | |
| Floor 2 – Hospital | 001 | OR.02 | (see artwork) | |
| Floor 2 – Hospital | 002 | DIR.01 | [Side A] (RA) (ELEVATOR ICON) Main Elevators [Side B] (LA) (ELEVATOR ICON) Main Elevators | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|--------------------|--------|--------|---|-------|
| Floor 2 – Hospital | 003 | DIR.03 | FLOOR 2 You are in Zone B (UA) (B20) Surgical Specialty Clinic (B22) Medical Specialty Clinic | |
| Floor 2 – Hospital | 005 | WF.01 | (Side A) (B20) Surgical Specialty Clinic (Side B) (B20) Surgical Specialty Clinic | |
| Floor 2 – Hospital | 006 | WF.05 | (B20) (Braille) SURGICAL SPECIALTY CLINIC (Braille) (SPANISH TRANSLATION) Hours: Mon-Fri 9am-8pm Saturday 10am-8pm Sunday 10am-3pm | |
| Floor 2 – Hospital | 007 | WF.01 | (B22) Medical Specialty Clinic | |
| Floor 2 – Hospital | 008 | WF.05 | (B22) (Braille) MEDICAL SPECIALTY CLINIC (Braille) (SPANISH TRANSLATION) Hours: Mon-Fri 9am-8pm Saturday 10am-8pm Sunday 10am-3pm | |
| Floor 2 – Hospital | 009 | DIR.01 | (Side A) (UA) Zone (D) & Zone (E) (Side B) (UA) (MAIN ELEVATOR ICON) Main Elevators | |
| Floor 2 – Hospital | 010 | DIR.03 | FLOOR 2 You are in Zone C (RA) (MEDITATION ICON) Meditation Room (C21) Intensive Care | |
| Floor 2 – Hospital | 012 | WF.02 | (MEDITATION ICON) | |
| Floor 2 – Hospital | 013 | WF.04 | (MEDIATION ICON) MEDITATION ROOM (Braille) (SPANISH TRANSLATION) (Add vinyl backer if mounted to sidelight/glass) | |
| Floor 2 – Hospital | 014 | DIR.01 | (C21) Intensive Care | |
| Floor 2 – Hospital | 015 | WF.04 | (C21) (Braille) INTENSIVE CARE (Braille) (SPANISH TRANSLATION) | |
| Floor 2 – Hospital | 016 | WF.02 | (C21) | |
| Floor 2 – Hospital | 017 | DIR.03 | FLOOR 2 You are in Zone E (UA) (E20) Medical/Surgical Rooms 201 -232 (ELEVATOR ICON) Nursing Tower Elevators (E01) Rehabilitation Respiratory Pain Management (E03) Nutritionist (E10) Skilled Nursing Rooms 101-132 (E30) Acute Psychiatric Services 301 -332 (CAFE ICON) Cafe | |
| Floor 2 – Hospital | 018 | DIR.01 | (Side A) (UA) (E20) Medical/Surgical Rooms 201-232 (Side B) (UA) (MAIN ELEVATOR ICON) Main Elevators | |
| Floor 2 – Hospital | 025 | WF.05 | (D20) (Braille) SURGERY ENDOSCOPY & INFUSION (Braille) (SPANISH TRANSLATION) Hours: Mon-Fri 9am-8pm Saturday 10am-8pm Sunday 10am-3pm | |
| Floor 2 – Hospital | 026 | WF.01 | (D20) Surgery, Endoscopy & Infusion | |
| Floor 2 – Hospital | 027 | DIR.03 | FLOOR 2 You are in Zone A (RA) (A20) Board Room (A21) Patient Experience Volunteers (A22) Classrooms (A23) Materials Management & EVS | |
| Floor 2 – Hospital | 028 | ID.01 | (MAIN ELEVATORS ICON) Main Elevators | |
| Floor 2 – Hospital | 029 | INF.01 | AUTHORIZED PERSONNEL ONLY | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|--------------------|--------|--------|---|-------|
| Floor 2 – Hospital | 030 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 031 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 032 | ID.03 | (STAIRS ICON) | |
| Floor 2 – Hospital | 033 | ID.05 | NUTRITION COUNSELING (Braille) | |
| Floor 2 – Hospital | 034 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 035 | ID.06 | CONFERENCE ROOM (Braille) Slider [In Use] | |
| Floor 2 – Hospital | 036 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 037 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 038 | ID.05 | STORAGE (Braille) | |
| Floor 2 – Hospital | 039 | ID.05 | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 2 – Hospital | 040 | ID.06 | CONFERENCE ROOM (Braille) Slider [In Use] | |
| Floor 2 – Hospital | 041 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 042 | ID.05 | ELECTRICAL (Braille) | |
| Floor 2 – Hospital | 043 | ID.05 | TELECOM (Braille) | |
| Floor 2 – Hospital | 044 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 045 | ID.08a | OFFICE (Braille) | |
| Floor 2 – Hospital | 046 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 047 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 048 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 049 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 050 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 051 | ID.05 | ELECTRICAL (Braille) | |
| Floor 2 – Hospital | 052 | ID.05 | CLEAN UP/ TRASH HOLD (Braille) | |
| Floor 2 – Hospital | 053 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 054 | ID.05 | DECONTAMINATION (Braille) | |
| Floor 2 – Hospital | 055 | ID.05 | MECHANICAL (Braille) | |
| Floor 2 – Hospital | 056 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 066 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 067 | INF.01 | AUTHORIZED PERSONNEL ONLY | |
| Floor 2 – Hospital | 068 | ID.03 | (FEMALE, MALE, ISA ICON) | |
| Floor 2 – Hospital | 069 | INF.02 | (TBD) | |
| Floor 2 – Hospital | 070 | INF.04 | | |
| Floor 2 – Hospital | 071 | INF.02 | (TBD) | |
| Floor 2 – Hospital | 072 | INF.04 | | |
| Floor 2 – Hospital | 073 | INF.04 | | |
| Floor 2 – Hospital | 074 | INF.04 | | |
| Floor 2 – Hospital | 075 | INF.04 | | |
| Floor 2 – Hospital | 080 | INF.04 | | |
| Floor 2 – Hospital | 081 | INF.04 | | |
| Floor 2 – Hospital | 082 | INF.04 | | |
| Floor 2 – Hospital | 083 | REG.14 | | |
| Floor 2 – Hospital | 084 | REG.15 | EXIT ROUTE (Braille) | |

SAN MATEO MEDICAL CENTER – 90% CD
Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|----------------------------|--------|--------|--|-------|
| Floor 2 – Hospital | 085 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 2 – Hospital | 086 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 2 – Hospital | 087 | REG.11 | STAIR 25 EXIT STAIR DOWN (Braille) | |
| Floor 2 – Hospital | 088 | REG.14 | | |
| Floor 2 – Hospital | 089 | REG.02 | (Licensing Posting) | |
| Floor 2 – Hospital | 090 | REG.04 | (Notice of Language Assistance) (EMTALA) (Payers Rights) (Consumer Notice: Medical Board) (Consumer Notice: Medical Board & Physicians Assistant) (Patient Rights) (Non Discrimination Notice) (Human Trafficking) | |
| Floor 2 – Hospital | 091 | REG.03 | (Charity Care) | |
| Floor 2 – Hospital | 097 | REG.11 | STAIR (TBD) EXIT STAIR DOWN (Braille) | |
| Floor 2 – Hospital | 098 | REG.14 | | |
| Floor 2 – Hospital | 099 | REG.09 | (MALE ICON) MEN | |
| Floor 2 – Hospital | 100 | REG.10 | (MALE & ISA ICONS) MEN (Braille) | |
| Floor 2 – Hospital | 101 | REG.08 | (FEMALE & ISA ICONS) WOMEN (Braille) | |
| Floor 2 – Hospital | 102 | REG.07 | (FEMALE ICON) WOMEN | |
| Floor 2 – Hospital | 119 | ID.05 | | |
| Floor 2 – Hospital | 120 | ID.05 | (Room name TBD) (Number TBD) (Braille) | |
| Floor 2 – Hospital | 121 | ID.03 | (STAIR ICON) | |
| Floor 2 – Hospital | 122 | ID.05 | FAMILY WAIT (Number TBD) (Braille) | |
| Floor 2 – Hospital | 123 | ID.05 | FAMILY WAIT (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 019 | OR.02 | (see artwork) | |
| Floor 2 – Nursing Tower | 020 | DIR.01 | (Side A) (RA) (ZONE E ELEVATOR ICON) Zone E Elevators (Side B) (LA) (ZONE E ELEVATOR ICON) Zone E Elevators | |
| Floor 2 – Nursing Tower | 021 | WF.04 | (E20) (Braille) MEDICAL/SURGICAL ROOMS 217-232 (Braille) (SPANISH TRANSLATION) | |
| Floor 2 – Nursing Tower | 022 | WF.03 | (E20) Medical/Surgical Rooms 217-232 | |
| Floor 2 – Nursing Tower | 023 | WF.04 | (E20) (Braille) MEDICAL/SURGICAL ROOMS 201-216 (Braille) (SPANISH TRANSLATION) | |
| Floor 2 – Nursing Tower | 024 | WF.03 | (E20) Medical/Surgical Rooms 201-216 | |
| Floor 2 – Nursing Tower | 059 | ID.08a | OFFICE (Braille) | |
| Floor 2 – Nursing Tower | 061 | ID.01 | (ZONE E ELEVATOR ICON) Zone E Elevators | |
| Floor 2 – Nursing Tower | 062 | ID.05 | BUILDING EQUIPMENT (Braille) | |
| Floor 2 – Nursing Tower | 063 | ID.03 | (FEMALE, MALE, ISA ICON) | |
| Floor 2 – Nursing Tower | 064 | ID.08a | STORAGE ROOM (Braille) | |
| Floor 2 – Nursing Tower | 065 | ID.05 | TUB ROOM (Braille) | |
| Floor 2 – Nursing Tower | 076 | INF.04 | | |
| Floor 2 – Nursing Tower | 077 | INF.04 | | |
| Floor 2 – Nursing Tower | 079 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 092 | REG.14 | [Evac Map insert holder] | |
| Floor 2 – Nursing Tower | 093 | REG.05 | (Circle/Triangle) | |
| Floor 2 – Nursing Tower | 094 | REG.06 | (Men/Women/ISA Icon) ALL GENDER RESTROOM (Braille) | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|-------------------------|--------|--------|---|-------|
| Floor 2 – Nursing Tower | 095 | REG.14 | [Evac Map insert holder] | |
| Floor 2 – Nursing Tower | 096 | REG.11 | STAIR 33 EXIT STAIR DOWN (Braille) | |
| Floor 2 – Nursing Tower | 119 | ID.06 | SHOWER (Braille) | |
| Floor 2 – Nursing Tower | 122 | ID.06 | SHOWER (Braille) | |
| Floor 2 – Nursing Tower | 123 | ID.03 | (STAIRS ICON) | |
| Floor 2 – Nursing Tower | 124 | REG.11 | STAIR 32 EXIT STAIR DOWN (Braille) | |
| Floor 2 – Nursing Tower | 125 | REG.16 | Emergency Exit Only Sólo salida de emergencia | |
| Floor 2 – Nursing Tower | 127 | REG.14 | [Evac Map insert holder] | |
| Floor 2 – Nursing Tower | 130 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 131 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 132 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 133 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 138 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 139 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 140 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 141 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 142 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 144 | REG.18 | FEC Flag | |
| Floor 2 – Nursing Tower | 148 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 149 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 150 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 151 | REG.06 | (Men/Women/ISA icon) ALL GENDER RESTROOM (Braille) | |
| Floor 2 – Nursing Tower | 152 | REG.05 | [Circle/Triangle] | |
| Floor 2 – Nursing Tower | 156 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 157 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 158 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 161 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 162 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 163 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 165 | ID.05 | WORKSTATION (Braille) | |
| Floor 2 – Nursing Tower | 166 | ID.05 | WORKSTATION (Braille) | |
| Floor 2 – Nursing Tower | 169 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 170 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 171 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 172 | ID.05 | HOUSEKEEPING (Braille) | |
| Floor 2 – Nursing Tower | 174 | REG.14 | [Evac Map insert holder] | |
| Floor 2 – Nursing Tower | 175 | REG.18 | FEC Flag | |
| Floor 2 – Nursing Tower | 176 | ID.07 | MEDICATION ROOM AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 2 – Nursing Tower | 179 | ID.07 | NOURISHMENT AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 2 – Nursing Tower | 181 | ID.07 | (Patient Room) (Number TBD) (Braille) | |

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Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|-------------------------|--------|--------|---|-------|
| Floor 2 – Nursing Tower | 182 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 183 | ID.05 | STAFF LOUNGE (Braille) | |
| Floor 2 – Nursing Tower | 185 | REG.06 | (Men/Women/ISA icon) ALL GENDER RESTROOM (Braille) | |
| Floor 2 – Nursing Tower | 186 | REG.05 | (Circle/Triangle) | |
| Floor 2 – Nursing Tower | 188 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 189 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 190 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 193 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 194 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 195 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 197 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 198 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 199 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 200 | REG.18 | FEC Flag | |
| Floor 2 – Nursing Tower | 201 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 202 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 203 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 205 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 207 | REG.14 | [Evac Map insert holder] | |
| Floor 2 – Nursing Tower | 209 | ID.06 | SHOWER (Braille) | |
| Floor 2 – Nursing Tower | 210 | ID.06 | SHOWER (Braille) | |
| Floor 2 – Nursing Tower | 213 | ID.03 | (STAIRS ICON) | |
| Floor 2 – Nursing Tower | 214 | REG.16 | Emergency Exit Only Sólo salida de emergencia | |
| Floor 2 – Nursing Tower | 215 | REG.11 | STAIR 31 EXIT STAIR DOWN (Braille) | |
| Floor 2 – Nursing Tower | 216 | REG.20 | [Biohazard Icon] | |
| Floor 2 – Nursing Tower | 218 | ID.05 | SOILED UTILITY (Braille) | |
| Floor 2 – Nursing Tower | 222 | ID.06 | CONFERENCE ROOM (Braille) | |
| Floor 2 – Nursing Tower | 224 | ID.05 | STORAGE ROOM (Braille) | |
| Floor 2 – Nursing Tower | 226 | ID.08a | CLEAN UTILITY (Braille) | |
| Floor 2 – Nursing Tower | 227 | ID.05 | ELECTRICAL ROOM (Braille) | |
| Floor 2 – Nursing Tower | 230 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 231 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 232 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 234 | REG.20 | NFPA Diamond | |
| Floor 2 – Nursing Tower | 236 | ID.08a | STORAGE ROOM (Braille) | |
| Floor 2 – Nursing Tower | 237 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 2 – Nursing Tower | 238 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 2 – Nursing Tower | 239 | REG.18 | FEC Flag | |
| Floor 2 – Nursing Tower | 240 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 241 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 246 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 247 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 248 | INF.04 | [Insert holder] | |

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| Floor | Number | Type | Message/copy | Notes |
|-------------------------|--------|--------|---|-------|
| Floor 2 – Nursing Tower | 249 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 250 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 253 | INF.04 | | |
| Floor 2 – Nursing Tower | 254 | INF.04 | | |
| Floor 2 – Nursing Tower | 257 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 2 – Nursing Tower | 258 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 2 – Nursing Tower | 259 | REG.18 | FEC Flag | |
| Floor 2 – Nursing Tower | 261 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 262 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 263 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 264 | ID.05 | ELECTRICAL ROOM (Braille) | |
| Floor 2 – Nursing Tower | 266 | ID.05 | STORAGE ROOM (Braille) | |
| Floor 2 – Nursing Tower | 268 | ID.05 | CLEAN UTILITY (Braille) | |
| Floor 2 – Nursing Tower | 270 | ID.05 | SOILED UTILITY (Braille) | |
| Floor 2 – Nursing Tower | 272 | REG.20 | [Biohazard Icon] | |
| Floor 2 – Nursing Tower | 273 | ID.06 | CONFERENCE ROOM (Braille) | |
| Floor 2 – Nursing Tower | 276 | ID.08a | OFFICE (Braille) | |
| Floor 2 – Nursing Tower | 277 | ID.05 | HOUSEKEEPING (Braille) | |
| Floor 2 – Nursing Tower | 279 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 280 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 281 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 283 | REG.14 | [Evac Map insert holder] | |
| Floor 2 – Nursing Tower | 284 | REG.18 | FEC Flag | |
| Floor 2 – Nursing Tower | 285 | ID.07 | MEDICATION ROOM AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 2 – Nursing Tower | 288 | ID.07 | NOURISHMENT AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 2 – Nursing Tower | 290 | ID.07 | ISOLATION (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 291 | ID.07 | ISOLATION (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 293 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 294 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 295 | ID.07 | ISOLATION (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 296 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 297 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 300 | ID.07 | ISOLATION (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 301 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 2 – Nursing Tower | 302 | REG.18 | FEC Flag | |
| Floor 2 – Nursing Tower | 308 | ID.06 | SHOWER (Braille) | |
| Floor 2 – Nursing Tower | 311 | ID.06 | SHOWER (Braille) | |
| Floor 2 – Nursing Tower | 312 | REG.11 | STAIR 30 EXIT STAIR DOWN (Braille) | |
| Floor 2 – Nursing Tower | 313 | ID.03 | (STAIRS ICON) | |
| Floor 2 – Nursing Tower | 315 | REG.16 | Emergency Exit Only Sólo salida de emergencia | |
| Floor 2 – Nursing Tower | 316 | REG.14 | [Evac Map insert holder] | |
| Floor 2 – Nursing Tower | 318 | ID.07 | (Patient Room) (Number TBD) (Braille) | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|-------------------------|--------|--------|--|-------|
| Floor 2 – Nursing Tower | 319 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 321 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 2 – Nursing Tower | 322 | REG.06 | (Men/Women/ISA icon) ALL GENDER RESTROOM (Braille) | |
| Floor 2 – Nursing Tower | 324 | REG.05 | (Circle/Triangle) | |
| Floor 2 – Nursing Tower | 326 | ID.05 | STAFF LOUNGE (Braille) | |
| Floor 2 – Nursing Tower | 327 | ID.05 | WORKSTATION (Braille) | |
| Floor 2 – Nursing Tower | 331 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 332 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 333 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 336 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 337 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 338 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 339 | ID.05 | TBD | |
| Floor 2 – Nursing Tower | 342 | ID.05 | TBD | |
| Floor 2 – Nursing Tower | 343 | REG.06 | (Men/Women/ISA icon) ALL GENDER RESTROOM (Braille) | |
| Floor 2 – Nursing Tower | 345 | REG.05 | (Circle/Triangle) | |
| Floor 2 – Nursing Tower | 346 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 347 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 348 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 350 | ID.05 | STORAGE ROOM (Braille) | |
| Floor 2 – Nursing Tower | 352 | REG.18 | FEC Flag | |
| Floor 2 – Nursing Tower | 354 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 355 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 356 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 357 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 358 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 359 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 361 | ID.06 | SHOWER (Braille) | |
| Floor 2 – Nursing Tower | 363 | ID.06 | SHOWER (Braille) | |
| Floor 2 – Nursing Tower | 365 | ID.03 | (STAIRS ICON) | |
| Floor 2 – Nursing Tower | 366 | REG.11 | STAIR 29 EXIT STAIR DOWN (Braille) Emergency Exit Only | |
| Floor 2 – Nursing Tower | 367 | REG.16 | Sólo salida de emergencia | |
| Floor 2 – Nursing Tower | 368 | REG.14 | [Evac Map insert holder] | |
| Floor 2 – Nursing Tower | 370 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 371 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 372 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 373 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 374 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 375 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 378 | REG.18 | FEC Flag | |

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Signage Message Schedule

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| Floor | Number | Type | Message/copy | Notes |
|-------------------------|--------|--------|--|-------|
| Floor 2 – Nursing Tower | 385 | REG.18 | FEC Flag | |
| Floor 2 – Nursing Tower | 386 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 2 – Nursing Tower | 387 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 2 – Nursing Tower | 389 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 390 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 391 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 392 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 393 | REG.13 | | |
| Floor 2 – Nursing Tower | 394 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 395 | ID.07 | (Patient Room) (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 396 | ID.05 | WORKSTATION (Braille) | |
| Floor 2 – Nursing Tower | 397 | ID.07 | OFFICE (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 398 | ID.05 | STORAGE (Braille) | |
| Floor 2 – Nursing Tower | 399 | ID.05 | OFFICE (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 400 | ID.05 | OFFICE (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 401 | ID.05 | OFFICE (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 402 | ID.05 | OFFICE (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 403 | ID.05 | OFFICE (Number TBD) (Braille) | |
| Floor 2 – Nursing Tower | 404 | ID.05 | OFFICE (Number TBD) (Braille) (add vinyl backer if mounted to sidelight/glass) | |
| Floor 2 – Nursing Tower | 405 | ID.05 | TERRACE (Braille) | |
| Floor 2 – Nursing Tower | 406 | ID.05 | TERRACE (Braille) | |
| Floor 2 – Nursing Tower | 407 | REG.15 | NOT AN EXIT (Braille) | |
| Floor 2 – Nursing Tower | 408 | REG.15 | NOT AN EXIT (Braille) | |
| Floor 2 – Nursing Tower | 409 | REG.15 | NOT AN EXIT (Braille) | |
| Floor 2 – Nursing Tower | 410 | REG.15 | NOT AN EXIT (Braille) (Add vinyl backer if mounted to sidelight/glass) | |
| Floor 2 – Nursing Tower | 411 | ID.05 | TERRACE (Braille) (Add vinyl backer if mounted to sidelight/glass) | |
| Floor 2 – Nursing Tower | 412 | ID.05 | TERRACE (Braille) | |
| Floor 2 – Nursing Tower | 413 | DIR.02 | (Side A) (LA) Zone E Elevators (Side B) (RA) Zone E Elevators | |
| Floor 2 – Nursing Tower | 414 | INF.04 | [Insert holder] | |
| Floor 2 – Nursing Tower | 415 | INF.06 | 2MS161 | |
| Floor 2 – Nursing Tower | 416 | INF.06 | 2MS165 | |
| Floor 2 – Nursing Tower | 417 | INF.06 | 2MS167 | |
| Floor 2 – Nursing Tower | 418 | INF.06 | 2MS164 | |
| Floor 2 – Nursing Tower | 419 | INF.06 | 2MS157 | |
| Floor 2 – Nursing Tower | 420 | INF.06 | 2MS153 | |
| Floor 2 – Nursing Tower | 421 | INF.06 | 2MS160 | |
| Floor 2 – Nursing Tower | 422 | INF.06 | 2MS160 | |
| Floor 2 – Nursing Tower | 423 | INF.06 | 2MS045 | |
| Floor 2 – Nursing Tower | 424 | INF.06 | 2MS133 | |
| Floor 2 – Nursing Tower | 425 | INF.06 | 2MS163 | |

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| Floor | Number | Type | Message/copy | Notes |
|-------------------------|--------|--------|--------------|-------|
| Floor 2 – Nursing Tower | 426 | INF.06 | 2MS163 | |
| Floor 2 – Nursing Tower | 427 | INF.06 | 2MS049 | |
| Floor 2 – Nursing Tower | 428 | INF.06 | 2MS181 | |
| Floor 2 – Nursing Tower | 429 | INF.06 | 2MS177 | |
| Floor 2 – Nursing Tower | 430 | INF.06 | 2MS141 | |
| Floor 2 – Nursing Tower | 431 | INF.06 | 2MS135 | |
| Floor 2 – Nursing Tower | 432 | INF.06 | 2MS179 | |
| Floor 2 – Nursing Tower | 433 | INF.06 | 2MS185 | |
| Floor 2 – Nursing Tower | 434 | INF.06 | 2MS089 | |
| Floor 2 – Nursing Tower | 435 | INF.06 | 2MS093 | |
| Floor 2 – Nursing Tower | 436 | INF.06 | 2MS199 | |
| Floor 2 – Nursing Tower | 437 | INF.06 | 2MS201 | |
| Floor 2 – Nursing Tower | 438 | INF.06 | 2MS202 | |
| Floor 2 – Nursing Tower | 439 | INF.06 | 2MS094 | |
| Floor 2 – Nursing Tower | 440 | INF.06 | 2MS090 | |
| Floor 2 – Nursing Tower | 441 | INF.06 | 2MS188 | |
| Floor 2 – Nursing Tower | 442 | INF.06 | 2MS180 | |
| Floor 2 – Nursing Tower | 443 | INF.06 | 2MS174 | |
| Floor 2 – Nursing Tower | 444 | INF.06 | 2MS172 | |
| Floor 2 – Nursing Tower | 445 | INF.06 | 2MS146 | |
| Floor 2 – Nursing Tower | 446 | INF.06 | 2MS183 | |
| Floor 2 – Nursing Tower | 447 | INF.06 | 2MS009 | |
| Floor 2 – Nursing Tower | 448 | INF.06 | 2MS152 | |
| Floor 2 – Nursing Tower | 449 | INF.06 | 2MS166 | |
| Floor 2 – Nursing Tower | 450 | INF.06 | 2MS144 | |
| Floor 2 – Nursing Tower | 451 | INF.06 | 2MS142 | |
| Floor 2 – Nursing Tower | 452 | INF.06 | 2MS024 | |
| Floor 2 – Nursing Tower | 453 | INF.06 | 2MS025 | |
| Floor 2 – Nursing Tower | 454 | INF.06 | 2MS019 | |
| Floor 2 – Nursing Tower | 455 | INF.06 | 2MS138 | |
| Floor 2 – Nursing Tower | 456 | INF.06 | 2MS134 | |
| Floor 2 – Nursing Tower | 457 | INF.06 | 2MS034 | |
| Floor 2 – Nursing Tower | 458 | INF.06 | 2MS010 | |
| Floor 2 – Nursing Tower | 459 | INF.06 | 2MS028 | |
| Floor 2 – Nursing Tower | 460 | INF.06 | 2MS016 | |
| Floor 2 – Nursing Tower | 461 | INF.06 | 2MS018 | |
| Floor 2 – Nursing Tower | 462 | INF.06 | 2MS011 | |
| Floor 2 – Nursing Tower | 463 | INF.06 | 2MS003 | |
| Floor 2 – Nursing Tower | 464 | INF.06 | 2MS006A | |
| Floor 2 – Nursing Tower | 465 | INF.06 | 2MS006 | |
| Floor 2 – Nursing Tower | 466 | INF.06 | 2MS014 | |
| Floor 2 – Nursing Tower | 467 | INF.06 | 2MS007 | |
| Floor 2 – Nursing Tower | 468 | INF.06 | 2MS038 | |
| Floor 2 – Nursing Tower | 469 | INF.06 | 2MS042 | |
| Floor 2 – Nursing Tower | 470 | INF.06 | 2MS015 | |
| Floor 2 – Nursing Tower | 471 | INF.06 | 2MS066 | |
| Floor 2 – Nursing Tower | 472 | INF.06 | 2MS044 | |
| Floor 2 – Nursing Tower | 473 | INF.06 | 2MS046 | |
| Floor 2 – Nursing Tower | 474 | INF.06 | 2MS013 | |

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| Floor | Number | Type | Message/copy | Notes |
|-------------------------|--------|--------|---|-------|
| Floor 2 – Nursing Tower | 475 | INF.06 | 2MS054 | |
| Floor 2 – Nursing Tower | 476 | INF.06 | 2MS083 | |
| Floor 2 – Nursing Tower | 477 | INF.06 | 2MS035 | |
| Floor 2 – Nursing Tower | 478 | INF.06 | 2MS072 | |
| Floor 2 – Nursing Tower | 479 | INF.06 | 2MS076 | |
| Floor 2 – Nursing Tower | 480 | INF.06 | 2MS076 | |
| Floor 2 – Nursing Tower | 481 | INF.06 | 2MS079 | |
| Floor 2 – Nursing Tower | 482 | INF.06 | 2MS081 | |
| Floor 2 – Nursing Tower | 483 | INF.06 | 2MS190 | |
| Floor 2 – Nursing Tower | 484 | INF.06 | 2MS187 | |
| Floor 2 – Nursing Tower | 485 | INF.06 | 2MS082 | |
| Floor 2 – Nursing Tower | 486 | INF.06 | 2MS102 | |
| Floor 2 – Nursing Tower | 487 | INF.06 | 2MS101 | |
| Floor 2 – Nursing Tower | 488 | INF.06 | 2MS099 | |
| Floor 2 – Nursing Tower | 489 | INF.06 | 2MS077 | |
| Floor 2 – Nursing Tower | 490 | INF.06 | 2MS063 | |
| Floor 2 – Nursing Tower | 491 | INF.06 | 2MS052 | |
| Floor 2 – Nursing Tower | 492 | INF.06 | 2MS063 | |
| Floor 2 – Nursing Tower | 493 | INF.06 | 2MS033 | |
| Floor 2 – Nursing Tower | 494 | INF.06 | 2MS041 | |
| Floor 2 – Nursing Tower | 495 | INF.06 | 2MS049 | |
| Floor 2 – Nursing Tower | 496 | INF.06 | 2MS145 | |
| Floor 2 – Nursing Tower | 497 | INF.06 | 2MS156 | |
| Floor 2 – Nursing Tower | 498 | INF.06 | 2MS060 | |
| Floor 2 – Nursing Tower | 499 | INF.06 | 2MS053 | |
| Floor 2 – Nursing Tower | 500 | INF.06 | 2MS057 | |
| Floor 2 – Nursing Tower | 501 | INF.06 | 2MS064 | |
| Floor 2 – Nursing Tower | 502 | INF.06 | 2MS061 | |
| Floor 2 – Nursing Tower | 503 | INF.06 | 2MS065 | |
| Floor 2 – Nursing Tower | 504 | INF.06 | 2MS067 | |
| Floor 2 – Nursing Tower | 505 | INF.06 | 2MS(TBD) | |
| Floor 3 | 001 | REG.11 | STAIR 30 EXIT STAIR DOWN (Braille) | |
| Floor 3 | 002 | REG.14 | [Evac Map insert holder] | |
| Floor 3 | 003 | REG.13 | STAIR 33 ROOF ACCESS (3) G T HROUGH 3 DOWN TO LOWER LEVELS FOR EXIT DISCHARGE (Down Arrow) | |
| Floor 3 | 004 | REG.12 | LEVEL 3 (Braille) | |
| Floor 3 | 005 | REG.06 | (MALE, FEMALE, ISA ICONS ALL GENDER RESTROOM (Braille) | |
| Floor 3 | 006 | REG.05 | (Circle/Triangle on door) (Color of circle must be contrasting with door color) | |
| Floor 3 | 007 | REG.06 | (MALE, FEMALE, ISA ICONS ALL GENDER RESTROOM (Braille) | |
| Floor 3 | 008 | REG.05 | (Circle/Triangle on door) (Color of circle must be contrasting with door color) | |
| Floor 3 | 009 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 3 | 010 | ID.06 | CONFERENCE ROOM (Braille) | |
| Floor 3 | 011 | ID.06 | CONFERENCE ROOM (Braille) | |

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| Floor | Number | Type | Message/copy | Notes |
|---------|--------|--------|--|-------|
| Floor 3 | 012 | ID.08a | OFFICE (Braille) (Insert) | |
| Floor 3 | 013 | ID.08a | OFFICE (Braille) (Insert) | |
| Floor 3 | 014 | ID.08a | OFFICE (Braille) (Insert) | |
| Floor 3 | 015 | ID.05 | ELECTRICAL ROOM (Braille) | |
| Floor 3 | 016 | REG.18 | (FIRE EXTINGUISHER SYMBOL) | |
| Floor 3 | 017 | ID.05 | ELECTRICAL ROOM (Braille) | |
| Floor 3 | 018 | ID.08a | OFFICE (Braille) | |
| Floor 3 | 019 | ID.08a | OFFICE (Braille) | |
| Floor 3 | 020 | ID.08a | OFFICE (Braille) | |
| Floor 3 | 021 | ID.05 | CLEAN UTILITY (Braille) | |
| Floor 3 | 022 | ID.05 | TELECOM DATA (Braille) | |
| Floor 3 | 023 | ID.05 | STORAGE (Braille) | |
| Floor 3 | 024 | ID.05 | EXAM ROOM (TBD) (Braille) | |
| Floor 3 | 025 | ID.06 | INTERVIEW ROOM (Braille) | |
| Floor 3 | 026 | ID.06 | INTERVIEW ROOM (Braille) | |
| Floor 3 | 027 | ID.05 | PAT VAL (Braille) | |
| Floor 3 | 028 | ID.05 | LAUNDRY ROOM (Braille) | |
| Floor 3 | 029 | REG.10 | (MALE & ISA ICONS) MEN (Braille) | |
| Floor 3 | 030 | REG.09 | (MALE ICON) MEN | |
| Floor 3 | 031 | ID.05 | STORAGE (Braille) | |
| Floor 3 | 032 | ID.07 | SEMIPRIVATE ROOM 301 (Braille) | |
| Floor 3 | 033 | ID.07 | SEMIPRIVATE ROOM 302 (Braille) | |
| Floor 3 | 034 | ID.05 | INTERVIEW ROOM (Braille) | |
| Floor 3 | 035 | ID.05 | INTERVIEW ROOM (Braille) | |
| Floor 3 | 036 | ID.05 | INTERVIEW ROOM (Braille) | |
| Floor 3 | 037 | ID.05 | INTERVIEW ROOM (Braille) | |
| Floor 3 | 038 | ID.07 | SEMIPRIVATE ROOM 303 (Braille) | |
| Floor 3 | 039 | ID.07 | SEMIPRIVATE ROOM 304 (Braille) | |
| Floor 3 | 040 | ID.05 | THERAPY (Braille) | |
| Floor 3 | 041 | ID.05 | THERAPY (Braille) | |
| Floor 3 | 042 | ID.07 | SEMIPRIVATE ROOM 305 (Braille) | |
| Floor 3 | 043 | ID.07 | MED/PSYCH 307 (Braille) | |
| Floor 3 | 044 | ID.06 | SHOWER (Braille) | |
| Floor 3 | 045 | REG.06 | (MAN & WOMAN ISA ICONS) ALL GENDER RESTROOM (Braille) | |
| Floor 3 | 046 | REG.05 | (Circle/Triangle) | |
| Floor 3 | 047 | ID.07 | MED/PSYCH 306 (Braille) | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|---------|--------|--------|---|-------|
| Floor 3 | 048 | ID.07 | MED/PSYCH 307 (Braille) | |
| Floor 3 | 049 | ID.07 | SEMPRIVATE ROOM 308 (Braille) | |
| Floor 3 | 050 | ID.05 | STORAGE (Braille) | |
| Floor 3 | 051 | ID.07 | SEMPRIVATE ROOM 309 (Braille) | |
| Floor 3 | 052 | ID.07 | ISOLATION ROOM 310 (Braille) | |
| Floor 3 | 053 | ID.07 | SECLUSION A (Braille) | |
| Floor 3 | 054 | REG.07 | (FEMALE ICON) WOMEN | |
| Floor 3 | 055 | REG.08 | (FEMALE & ISA ICONS) WOMEN (Braille) | |
| Floor 3 | 056 | ID.06 | TUB ROOM (Braille) | |
| Floor 3 | 057 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 3 | 058 | REG.18 | (FIRE EXTINGUISHER SYMBOL) | |
| Floor 3 | 059 | ID.05 | STAFF LOUNGE (Braille) | |
| Floor 3 | 060 | ID.08a | OFFICE (Braille) (Insert) | |
| Floor 3 | 061 | REG.06 | (MAN & WOMAN ISA ICONS) ALL GENDER RESTROOM (Braille) | |
| Floor 3 | 062 | REG.05 | (Circle/Triangle) | |
| Floor 3 | 063 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 3 | 064 | ID.07 | SECLUSION B (Braille) | |
| Floor 3 | 065 | ID.07 | ISOLATION ROOM 311 (Braille) | |
| Floor 3 | 066 | ID.07 | SEMPRIVATE ROOM 312 (Braille) | |
| Floor 3 | 067 | ID.05 | STORAGE (Braille) | |
| Floor 3 | 068 | ID.07 | SEMPRIVATE ROOM 313 (Braille) | |
| Floor 3 | 069 | ID.05 | INTERVIEW ROOM (Braille) | |
| Floor 3 | 070 | ID.05 | INTERVIEW ROOM (Braille) | |
| Floor 3 | 071 | ID.07 | MED/PSYCH 314 (Braille) | |
| Floor 3 | 072 | ID.07 | MED/PSYCH 315 (Braille) | |
| Floor 3 | 073 | REG.05 | (Circle/Triangle) | |
| Floor 3 | 074 | REG.06 | (MALE & WOMAN ISA ICONS) ALL GENDER RESTROOM (Braille) | |
| Floor 3 | 075 | ID.05 | SHOWER (Braille) | |
| Floor 3 | 076 | ID.07 | MED/PSYCH 306 (Braille) | |
| Floor 3 | 077 | ID.07 | MED/PSYCH 314 (Braille) | |
| Floor 3 | 078 | ID.07 | MED/PSYCH 315 (Braille) | |
| Floor 3 | 079 | ID.05 | INTERVIEW ROOM (Braille) | |
| Floor 3 | 080 | ID.05 | INTERVIEW ROOM (Braille) | |
| Floor 3 | 081 | ID.05 | THERAPY (Braille) | |
| Floor 3 | 082 | ID.05 | THERAPY (Braille) | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|---------|--------|--------|--|-------|
| Floor 3 | 083 | ID.07 | SEMPRIVATE ROOM 316 (Braille) | |
| Floor 3 | 084 | ID.07 | SEMPRIVATE ROOM 317 (Braille) | |
| Floor 3 | 085 | ID.07 | SEMPRIVATE ROOM 318 (Braille) | |
| Floor 3 | 086 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 3 | 087 | ID.07 | SEMPRIVATE ROOM 319 (Braille) | |
| Floor 3 | 088 | ID.07 | SEMPRIVATE ROOM 320 (Braille) | |
| Floor 3 | 089 | ID.05 | STORAGE (Braille) | |
| Floor 3 | 090 | REG.09 | (MALE ICON) MEN | |
| Floor 3 | 091 | REG.10 | (MALE & ISA ICONS) MEN (Braille) | |
| Floor 3 | 092 | REG.07 | (FEMALE ICON) WOMEN | |
| Floor 3 | 093 | REG.08 | (FEMALE & ISA ICONS) WOMEN (Braille) | |
| Floor 3 | 094 | ID.05 | CLOSET (Braille) | |
| Floor 3 | 095 | ID.05 | HOUSEKEEPING (Braille) | |
| Floor 3 | 096 | REG.20 | (Biohazard Icon) | |
| Floor 3 | 097 | ID.05 | SOILED UTILITY (Braille) | |
| Floor 3 | 098 | ID.08a | OFFICE (Braille) | |
| Floor 3 | 099 | ID.08a | OFFICE (Braille) | |
| Floor 3 | 100 | ID.08a | OFFICE (Braille) | |
| Floor 3 | 101 | INF.06 | | |
| Floor 3 | 102 | REG.14 | | |
| Floor 3 | 103 | ID.05 | (MESSAGE TBD) (Braille) | |
| Floor 3 | 104 | ID.05 | (MESSAGE TBD) (Braille) | |
| Floor 3 | 105 | ID.05 | (MESSAGE TBD) (Braille) | |
| Floor 3 | 106 | ID.05 | (MESSAGE TBD) (Braille) | |
| Floor 3 | 107 | WF.01 | (Side A) B32 Pediatric Clinic (Side B) B32 Pediatric Clinic | |
| Floor 3 | 108 | WF.01 | (Side A) B31 OB/GYN Clinic (Side B) B31 OB/GYN Clinic | |
| Floor 3 | 109 | WF.01 | (Side A) B30 Adult Primary Care Clinic Integrated Behavioral Health (Side B) B30 Adult Primary Care Clinic Integrated Behavioral Health | |
| Floor 3 | 110 | WF.04 | B30 ADULT PRIMARY CARE CLINIC INTEGRATED BEHAVIORAL HEALTH (Braille) | |
| Floor 3 | 111 | WF.04 | B31 OB/GYN CLINIC (Braille) | |
| Floor 3 | 112 | WF.04 | B32 PEDIATRIC CLINIC (Braille) | |
| Floor 3 | 113 | ID.01 | (Elevator Icon) Elevators | |
| Floor 3 | 114 | REG.14 | | |
| Floor 3 | 115 | ID.03 | (2-sided sign) (Stairs Icon) | |
| Floor 3 | 116 | REG.14 | | |
| Floor 3 | 117 | REG.15 | STAIR 25 EXIT STAIR DOWN (Braille) | |

SAN MATEO MEDICAL CENTER – 90% CD

Signage Message Schedule

Issue: 1-30-2025

| Floor | Number | Type | Message/copy | Notes |
|---------|--------|--------|--|-------|
| Floor 3 | 118 | REG.13 | STAIR 25 ROOF ACCESS (TBD) (3) G THROUGH 3 DOWN TO LOWER LEVELS FOR EXIT DISCHARGE (Down Arrow) | |
| Floor 3 | 119 | REG.12 | LEVEL 3 (Braille) | |
| Floor 3 | 120 | WF.04 | (MESSAGE TBD) | |
| Floor 3 | 121 | OR.02 | | |
| Floor 3 | 122 | DIR.04 | FLOOR 3 You are in Zone B (UA) 830 Adult Primary Care Clinic 831 OB/GYN Clinic 832 Pediatric Clinic | |
| Floor 3 | 123 | ID.06 | CONFERENCE ROOM (Braille) (In use slider) | |
| Floor 3 | 124 | ID.05 | AUTHORIZED PERSONNEL ONLY (Braille) | |
| Floor 3 | 125 | INF.04 | | |
| Floor 3 | 126 | INF.04 | | |
| Floor 3 | 127 | INF.04 | | |
| Floor 3 | 128 | INF.02 | | |
| Floor 3 | 129 | INF.04 | | |
| Floor 3 | 130 | INF.02 | | |
| Floor 3 | 131 | INF.04 | | |
| Floor 3 | 132 | INF.04 | | |
| Floor 3 | 133 | INF.02 | | |
| Floor 3 | 134 | INF.03 | | |
| Floor 3 | 135 | INF.04 | | |
| Floor 3 | 136 | INF.04 | | |
| Floor 3 | 137 | INF.04 | | |
| Floor 3 | 138 | INF.04 | | |
| Floor 3 | 139 | INF.04 | | |
| Floor 3 | 140 | INF.04 | | |
| Floor 3 | 141 | INF.04 | | |
| Floor 3 | 142 | INF.04 | | |
| Floor 3 | 143 | INF.04 | | |
| Floor 3 | 144 | INF.04 | | |
| Floor 3 | 145 | INF.04 | | |
| Floor 3 | 146 | INF.04 | | |
| Floor 3 | 147 | INF.04 | | |
| Floor 3 | 148 | REG.09 | (Triangle on door) (Must be contrasting with door color) | |
| Floor 3 | 149 | REG.10 | (man symbol)(ISA) MEN (Braille) | |
| Floor 3 | 150 | REG.08 | (Woman symbol)(ISA) WOMEN (Braille) | |
| Floor 3 | 151 | REG.07 | (Circle on door) (Must be contrasting with door color) | |
| Floor 3 | 152 | ID.03 | (Man/Woman symbols) | |
| Floor 3 | 153 | REG.14 | | |
| Floor 3 | 154 | REG.11 | STAIR (TBD) EXIT STAIR DOWN (Braille) | |
| Floor 3 | 155 | ID.03 | (Stair icon) | |
| Floor 3 | 156 | REG.12 | LEVEL 3 (Braille) | |
| Floor 3 | 157 | REG.13 | STAIR XX ROOF ACCESS (TBD) (3) G THROUGH 3 DOWN TO LOWER LEVELS FOR EXIT DISCHARGE (Down Arrow) | |
| Floor 3 | 158 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 3 | 159 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 3 | 160 | REG.15 | EXIT ROUTE (Braille) | |
| Floor 3 | 161 | DIR.01 | (Side A) (RA) (ZONE E ELEVATOR ICON) Zone E Elevators (Side B) (LA) (ZONE E ELEVATOR ICON) Zone E Elevators | |
| Floor 3 | 162 | OR.02 | (see artwork) | |

| Floor | Number | Type | Message/copy | Notes |
|---------|--------|-------|--|-------|
| | | | (E30) (Braille) ACUTE PSYCHIATRIC SERVICES 301-332 (Braille) | |
| Floor 3 | 163 | WF.04 | (SPANISH TRANSLATION) | |
| Floor 3 | 164 | WF.03 | (E30) Acute Psychiatric Services 301-332 | |



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

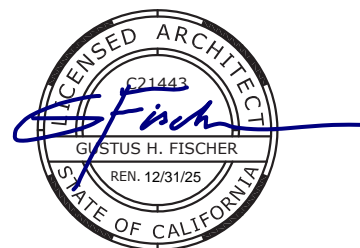
HCAI Submittal for Review:
Wayfinding Signage

March 12, 2025

Program: 24-311

DRAWINGS CHECKED BY:

- | | |
|---|-------|
| <input type="checkbox"/> Program Management | _____ |
| <input type="checkbox"/> Design | _____ |
| <input type="checkbox"/> Production | _____ |
| <input type="checkbox"/> Installation | _____ |



3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Document Overview:

This document presents locations for HCAI-related signs, including:

- 1. Locations of (N) overhead suspended signage.
- 2. Locations of (N) overhead / wall / fascia-mounted signage, where panel sign weight is expected to exceed 20lbs, or expected to trigger HCAI review and documentation.

NOTE:
Where signs are replacing (E) signs, or being mounted to soffits, they are tagged on location plans as follows:

Rmv & Replace (R) = Newly programmed sign REPLACES an existing sign; to be demo'd to make way for new signage.

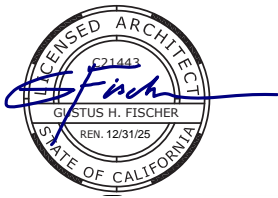
Soffitt Mount = Sign is mounted to soffitt or overhanging wall surface.

Additional Notes / Details:

Unless otherwise noted, ALL signage shown on plan shall be considered NEWLY fabricated and installed signage.

All (N) signage is non-illuminated.

Mounting Height: All signage shall comply w/ CBC 11B-307, Limits of Protruding Objects, and shall be mounted at minimum 80” above finish floor.



Prepared By:



3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

HCAI REVIEW
SIGNAGE DRAWINGS

Do Not Use As Fabrication Drawing

Revisions / Bulletins:

Checked by:

Approval:

| | |
|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 03.12.2025 | N/A |

Title:

Drawing Sheet Title Bold
Subtitle As Required

Sheet:

02

SMMC Sign types expected to potentially require HCAI review, due to weight or attachment method:

Department Overhead ID

C10 Imaging

WF.0148" x 12"

Overhead Directional (8')

← PharmacyLaboratory

↑ Skilled Nursing Rooms 101-132

DIR.0196" x 12"

Overhead Directional (4')

↑ E10 Skilled Nursing Rooms 101-132

DIR.0248" x 12"

Building Directory w/ Map

DIRECTORY

You are in ZONE A

321LL

DIRECTORIO

OR.0160" x 40"

Elevator Directory

DIRECTORY Floor 1

| Department | Zone | Departamento | Zona |
|--|------|---|------|
| Patient Access Unit | A | Unidad de Acceso al Paciente | A |
| Admitting, Billing, Health Information Mgmt. | | Admitiendo, Facturacion, Manejo de Informacion de Salud | |
| Health Insurance | A | Seguro de Salud | A |
| Birth Certificates | A | Certificados de Nacimiento | A |
| Edison Clinic | B | Edison Clinica | B |
| Senior Care | B | Cuidado de Ancianos | B |
| Integrated Behavioral Health | B | Salud Conductual Integrada | B |
| Imaging | C | Imágenes | C |
| Keller Center | C | Keller Center | C |
| Emergency | C | Emergencia | C |
| Psychiatric Emergency | C | Emergencia Psiquiátrica | C |
| Pharmacy | D | Farmacia | D |
| Laboratory | D | Laboratorio | D |
| Long Term Care Rooms 101-132 | E | Cuartos de Cuidado a Largo Plazo 101-132 | E |
| Café | A | Café | A |
| Gift Shop | A | Tienda de Regalos | A |
| Information | A | Informacion | A |

OR.0242" x 48"

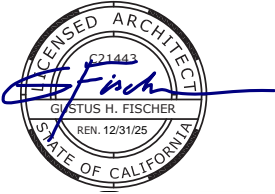
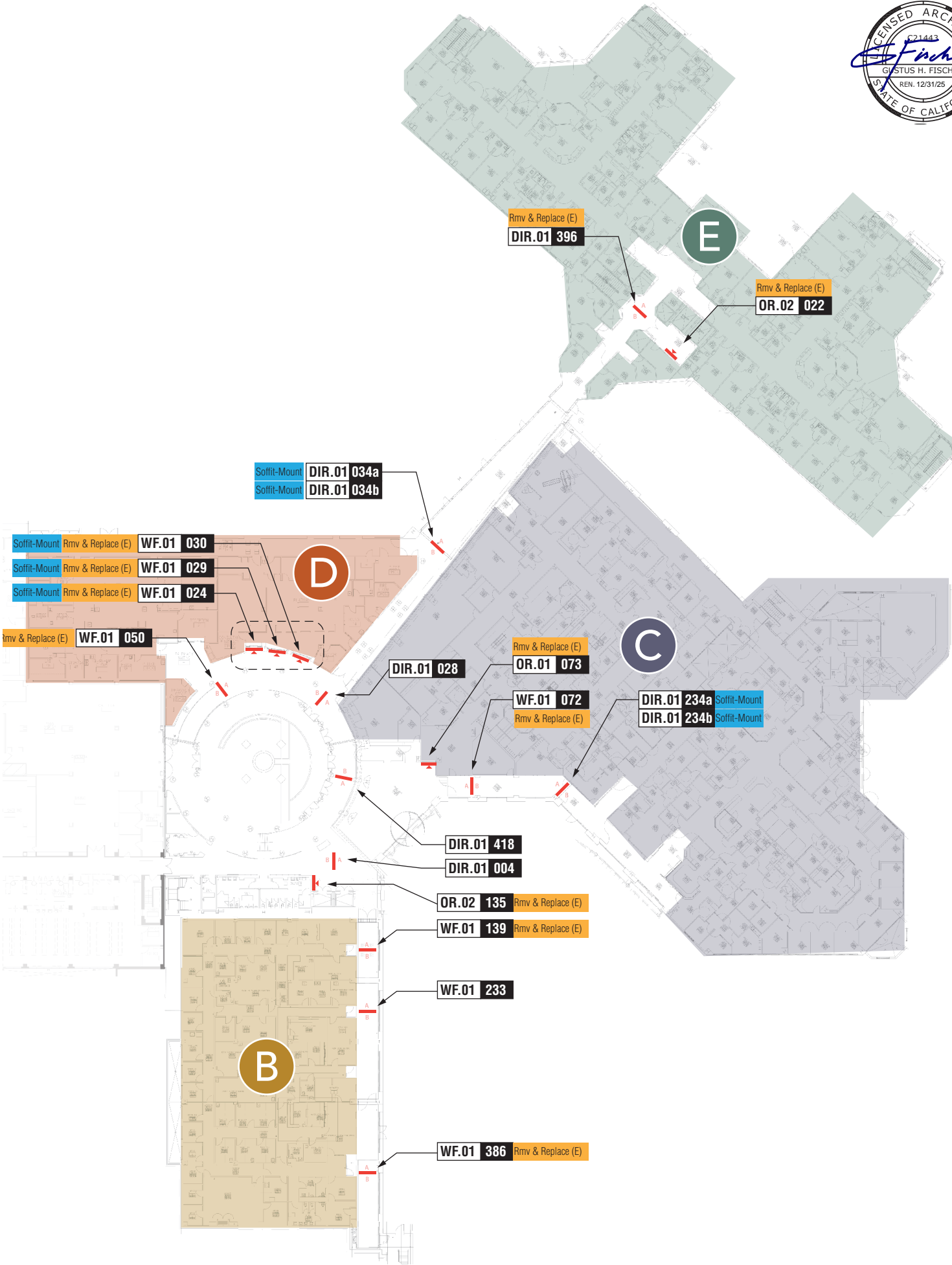
SIGN LOCATION PLANS | Levels 1, 2, & 3

Floor 1

NOTE:
All messages shown are based off October 2024 Draft CD Release, and should be considered TBD pending validation.
Hospital & Nursing Tower Only. Link & Admin areas not considered within scope.
No applicable signage within w/in CUP requires HCAI review.

SIGN SCHEDULE:

| Floor | Location | Sign Type | Description | Message | Notes |
|-------|----------|-----------|--|--|-----------------------------------|
| 1 | | | | | |
| 1 | 004 | DIR.01 | 8' Overhead Directional | Message/copy [Side A] (MAIN ELEVATOR ICON) Main Elevators [Side B] (MAIN ELEVATOR ICON) Main Elevators | (N) Sign Location |
| 1 | 022 | OR.02 | OR.02 - Elevator Directory | Message/copy <See Art> | Rmv & Replace (E) |
| 1 | 024 | WF.01 | Department Overhead ID | Message/copy Consultation Consulta | Rmv & Replace (E) soffit-mount |
| 1 | 028 | DIR.01 | 8" Overhead Directional | Message/copy [Side A] (UA) (PHARMACY ICON) Pharmacy (LABORATORY ICON) Laboratory (RA) Zone (E) [Side B] (UA) Zones (A) (B) (C) | Rmv & Replace (E) |
| 1 | 029 | WF.01 | Department Overhead ID | Message/copy Prescription Pick-Up | Rmv & Replace (E) soffit-mount |
| 1 | 030 | WF.01 | Department Overhead ID | Message/copy Prescription Drop Off | Rmv & Replace (E) soffit-mount |
| 1 | 034 | DIR.01 | 8" Overhead Directional (2 Sign Panels, opposite sides of soffit) | Message/copy [Side A] (UA) (ZONE E ELEVATOR ICON) (E10) Skilled Nursing Rooms 101-132 [Side B] (UA) Zones (A) (B) (C) (D) | (N) Sign Location soffit-mount |
| 1 | 050 | WF.01 | Department Overhead ID | Message/copy (LABORATORY ICON) Laboratory | (N) Sign Location |
| 1 | 072 | WF.01 | Department Overhead ID | Message/copy (C10) Imaging | Rmv & Replace (E) |
| 1 | 073 | OR.01 | OR.01 - Building Directory with Map | Message/copy [See Artwork] | Rmv & Replace (E) |
| 1 | 135 | OR.02 | OR.02 - Elevator Directory | Message/copy [See Artwork] | Rmv & Replace (E) |
| 1 | 139 | WF.01 | Department Overhead ID | Message/copy (B10) Edison Clinic Express Care | Rmv & Replace (E) |
| 1 | 233 | WF.01 | Department Overhead ID | Message/copy (B11) Senior Care Clinic | (N) Sign Location |
| 1 | 234 | DIR.01 | 8" Overhead Directional (2 Sign Panels, opposite sides of soffit) | Message/copy [Side A] (UA) (C11) (EMERGENCY ICON) (C12) [Side B] (UA) Zones (A) (B) (D) (E) | (N) Sign Location soffit-mount |
| 1 | 386 | WF.01 | Department Overhead ID | Message/copy (B11) Senior Care Clinic | Rmv & Replace (E) |
| 1 | 396 | DIR.01 | 8" Overhead Directional | Message/copy [Side A] (RA) (ZONE E ELEVATOR ICON) (E10) Skilled Nursing Rooms 101-132 [Side B] (UA) Zones (A) (B) (C) (D) | Rmv & Replace (E) |
| 1 | 418 | DIR.01 | 8" Overhead Directional | Message/copy <TBD> | (N) Sign Location |



Prepared By:



3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

HCAI REVIEW
SIGNAGE DRAWINGS

Do Not Use As Fabrication Drawing

Revisions / Bulletins:

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Checked by:

Approval:

| | |
|-----------------|-----------|
| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 03.12.2025 | N/A |

Title:

Floor 1
HCAI Review Scoping:
Signage Locations

Sheet:

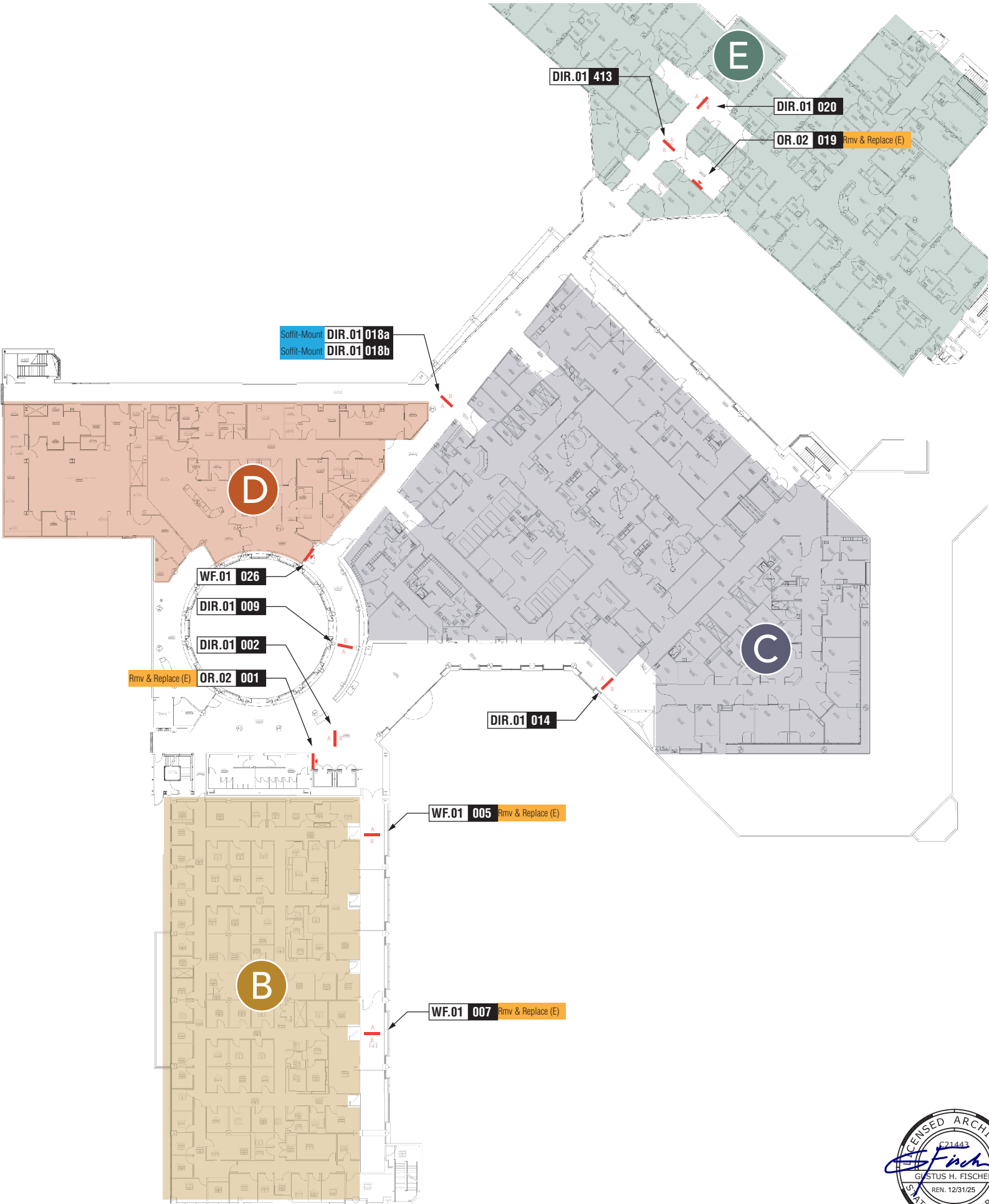
04

Floor 2

NOTE:
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Hospital & Nursing Tower Only. Link & Admin areas not considered within scope.
No applicable signage within w/in CUP requires HCAI review.

SIGN SCHEDULE:

| Floor | Location | Sign Type | Description | Message | Notes |
|-------|----------|-----------|---|--|-----------------------------------|
| 2 | | | | | |
| 2 | 001 | OR.02 | OR.02- Elevator Directory | Message/copy (see artwork) | Rmv & Replace (E) |
| 2 | 002 | DIR.01 | 8' Overhead Directional | Message/copy (Side A) (RA) (ELEVATOR ICON) Main Elevators (Side B) (LA) (ELEVATOR ICON) Main Elevators | (N) Sign Location |
| 2 | 005 | WF.01 | Department Overhead ID | Message/copy (Side A) (B20) Surgical Specialty Clinic (Side B) (B20) Surgical Specialty Clinic | Rmv & Replace (E) |
| 2 | 007 | WF.01 | Department Overhead ID | Message/copy (B22) Medical Specialty Clinic | Rmv & Replace (E) |
| 2 | 009 | DIR.01 | 8' Overhead Directional | Message/copy (Side A) (UA) Zone (D) & Zone (E) (Side B) (UA) (MAIN ELEVATOR ICON) Main Elevators | (N) Sign Location |
| 2 | 014 | DIR.01 | 8' Overhead Directional | Message/copy (C21) Intensive Care | (N) Sign Location |
| 2 | 018 | DIR.01 | 8' Overhead Directional (2 Sign Panels, opposite sides of soffit) | Message/copy (Side A) (UA) (E20) Medical/Surgical Rooms 201-232 (Side B) (UA) (MAIN ELEVATOR ICON) Main Elevators | (N) Sign Location soffit-mount |
| 2 | 026 | WF.01 | Department Overhead ID | Message/copy (D20) Surgery, Endoscopy & Infusion | (N) Sign Location |
| NT_F2 | 019 | OR.02 | OR.02- Elevator Directory | Message/copy (see artwork) | Rmv & Replace (E) |
| NT_F2 | 020 | DIR.01 | 8' Overhead Directional | Message/copy (Side A) (RA) (ZONE E ELEVATOR ICON) Zone E Elevators (Side B) (LA) (ZONE E ELEVATOR ICON) Zone E Elevators | (N) Sign Location |
| NT_F2 | 413 | DIR.02 | 4' Overhead Directional | Message/copy (Side A) (LA) Zone E Elevators (Side B) (RA) Zone E Elevators | (N) Sign Location |



Prepared By:



3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

HCAI REVIEW
SIGNAGE DRAWINGS

Do Not Use As Fabrication Drawing

Revisions / Bulletins:

Checked by:

Approval:

Program Number:

24-311

Drawn By:

CS

Original Issue:

03.12.2025

Scale:

N/A

Title:

Floor 2
HCAI Review Scoping:
Signage Locations

Sheet:

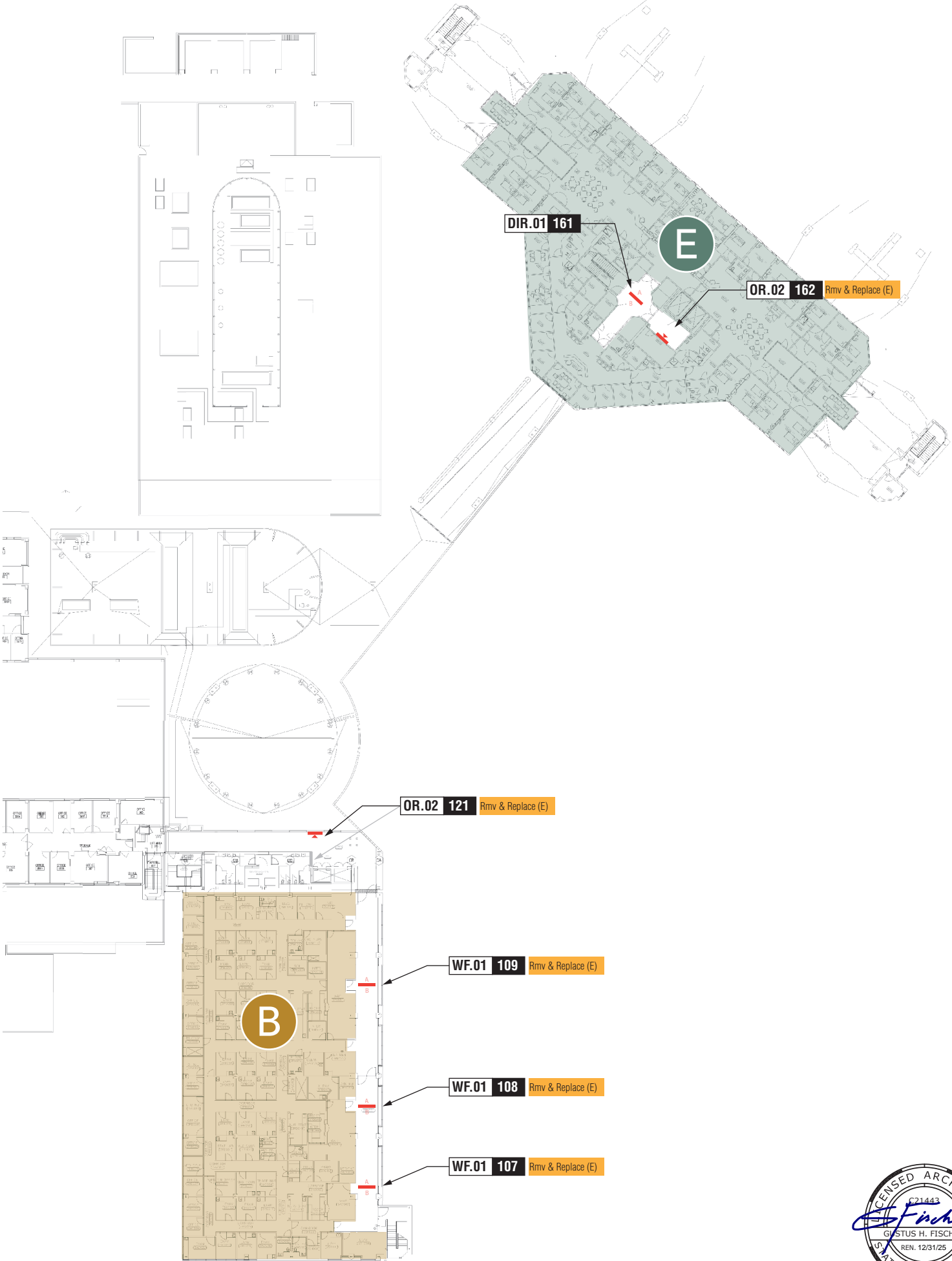
05

Floor 3

NOTE:
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Hospital & Nursing Tower Only. Link & Admin areas not considered within scope.
No applicable signage within w/in CUP requires HCAI review.

SIGN SCHEDULE:

| Floor | Location | Sign Type | Description | Message | Notes |
|-------|----------|-----------|----------------------------|--|-------------------|
| 3 | | | | | |
| 3 | 107 | WF.01 | Department Overhead ID | Message/copy (Side A) B32 Pediatric Clinic (Side B) B32 Pediatric Clinic | Rmv & Replace (E) |
| 3 | 108 | WF.01 | Department Overhead ID | Message/copy (Side A) B31 OB/GYN Clinic (Side B) B31 OB/GYN Clinic | Rmv & Replace (E) |
| 3 | 109 | WF.01 | Department Overhead ID | Message/copy (Side A) B30 Adult Primary Care Clinic Integrated Behavioral Health (Side B) B30 Adult Primary Care Clinic Integrated Behavioral Health | Rmv & Replace (E) |
| 3 | 121 | OR.02 | OR.02 - Elevator Directory | | Rmv & Replace (E) |
| 3 | 161 | DIR.01 | 8' Overhead Directional | Message/copy (Side A) (RA) (ZONE E ELEVATOR ICON) Zone E Elevators (Side B) (LA) (ZONE E ELEVATOR ICON) Zone E Elevators | (N) Sign Location |
| 3 | 162 | OR.02 | OR.02 - Elevator Directory | Message/copy (see artwork) | Rmv & Replace (E) |



Prepared By:



3478 Buskirk Avenue, Suite 265
Pleasant Hill, CA 94523
925-444-2020

gnugroup.com

Program Location:



222 W 39th Ave,
San Mateo, CA 94403

HCAI REVIEW
SIGNAGE DRAWINGS

Do Not Use As Fabrication Drawing

Revisions / Bulletins:

Checked by:

Approval:

Program Number:

24-311

Drawn By:

CS

Original Issue:

03.12.2025

Scale:

N/A

Title:

Floor 3
HCAI Review Scoping:
Signage Locations

Sheet:

06

SIGNAGE DETAILS | Construction Intent & Attachment Details



Mounting

Cable mounted to ceiling,
SEE DETAILS 3/4

Panel

1/4" thk integral acrylic w/ chamfered edges
1" color strip print to match zone color,
tape mount to base sign core

Icon

Direct print to match zone color

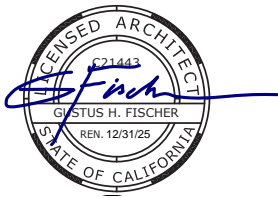
Copy

Direct print letters to match (C2);
(Typeface 2)

Base Sign Core

1/2" thk PVC, painted all
exposed surfaces to match (C1)

1"

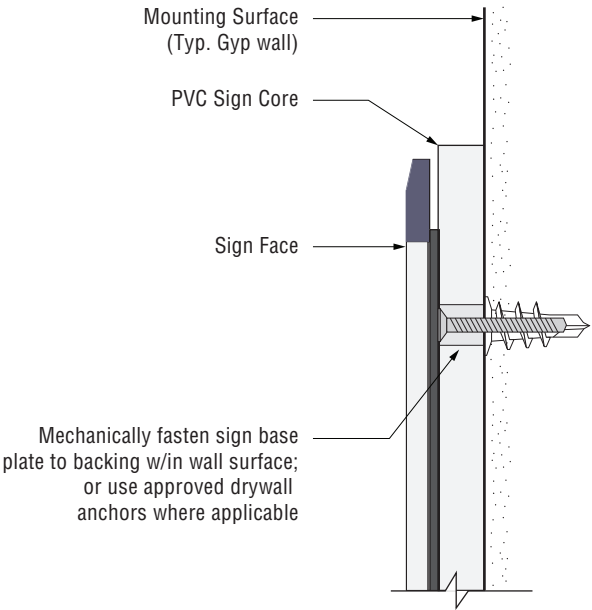


1 FRONT & SIDE VIEW

Scale: 1 1/2"=1'-0"

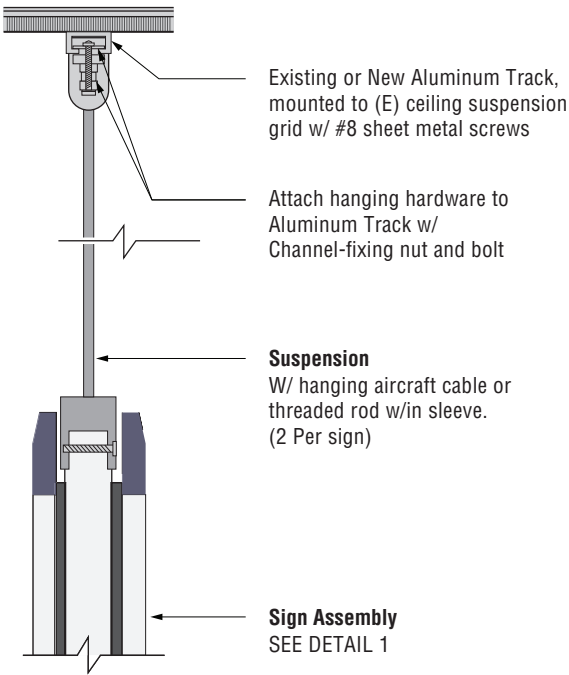
NOTE:

Where signs are programmed/located as
wall or soffit mount, only a single sign face
is required, as shown



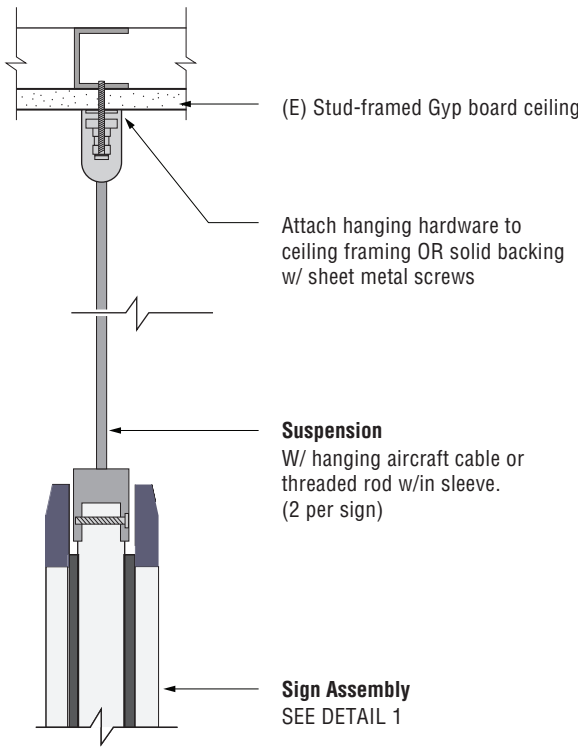
2 SINGLE-SIDED PANEL ATTACHMENT @ SOFFIT/WALL

Scale: NTS



3 TYP ATTACH @ SUSPENDED CEILING

Scale: NTS



4 TYP ATTACHMENT @ GYP CEILING

Scale: NTS

Prepared By:

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925-444-2020

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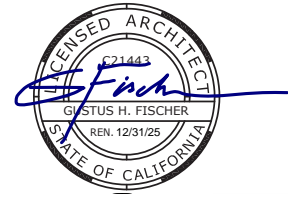
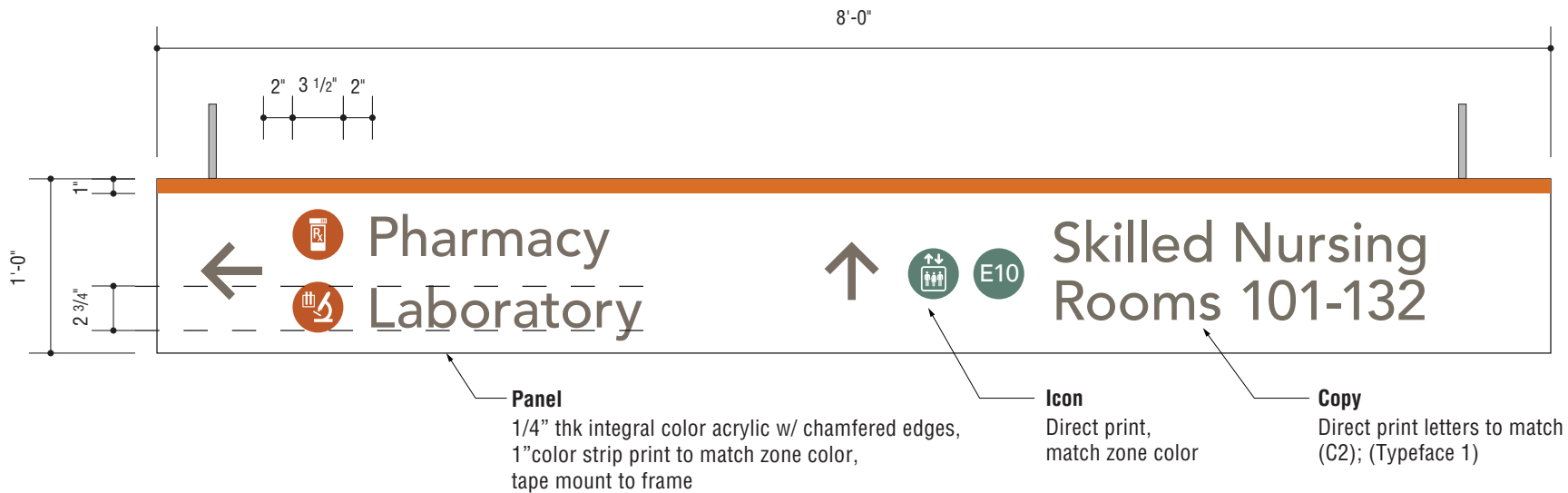
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| Program Number: | Drawn By: |
| 24-311 | CS |
| Original Issue: | Scale: |
| 03.12.2025 | N/A |

Title:

WF.01
Department Overhead ID (4')

Sheet:

08



Mounting
Cable mounted to ceiling,
SEE DETAILS 3/4

Base Sign Frame
1/2" thk PVC to match (C1)

Panel
1/4" thk integral color acrylic w/ chamfered edges,
1" color strip print to match zone color,
tape mount to frame

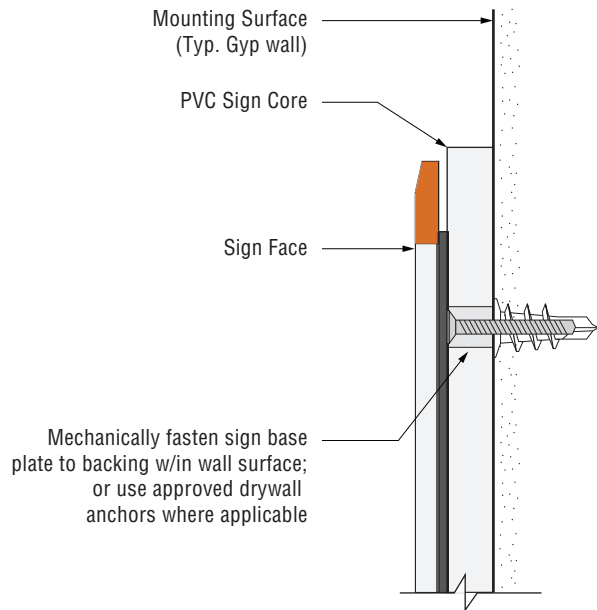
Icon
Direct print,
match zone color

Copy
Direct print letters to match
(C2); (Typeface 1)

1 FRONT VIEW

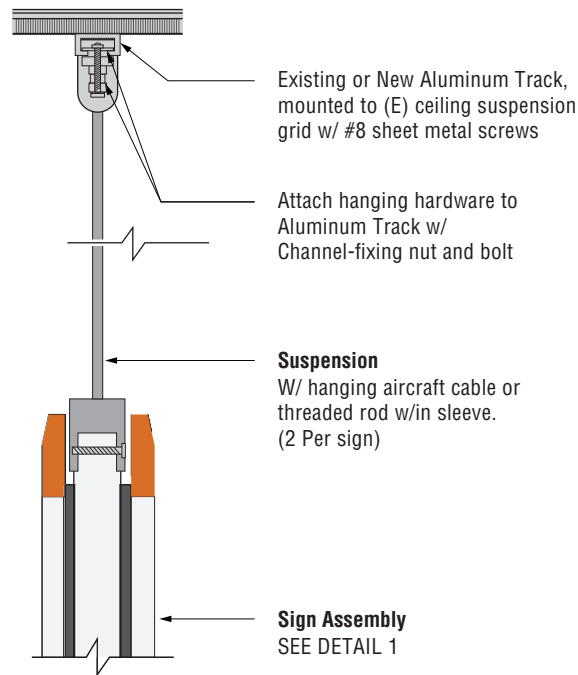
Scale: 1" = 1'-0"

NOTE:
Where signs are programmed/located as
wall or soffit mount, only a single sign face
is required, as shown



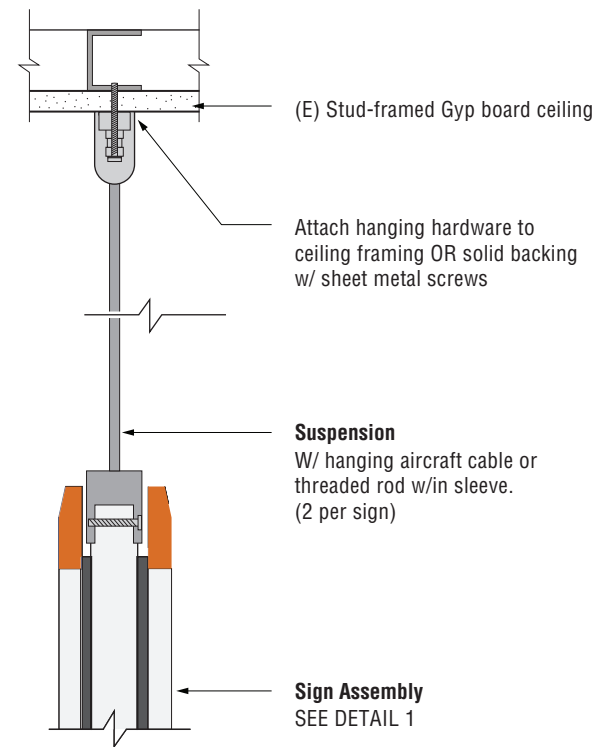
2 SINGLE-SIDED PANEL ATTACHMENT @ SOFFIT/WALL

Scale: NTS



3 TYP ATTACH @ SUSPENDED CEILING

Scale: NTS



4 TYP ATTACHMENT @ GYP CEILING

Scale: NTS

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| 03.12.2025 | N/A |

Title:

DIR.01
Overhead Directional (8')

Sheet:

09



Mounting

Cable mounted to ceiling,
SEE DETAILS 3/4

Panel

1/4" thk integral acrylic w/ chamfered edges
1" color strip print to match zone color,
tape mount to base sign core

Icon

Direct print to match zone color

Copy

Direct print letters to match (C2);
(Typeface 2)

Base Sign Core

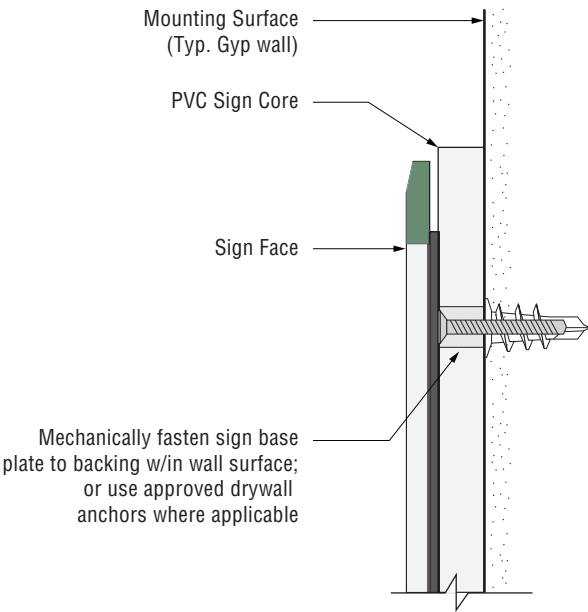
1/2" thk PVC, painted all
exposed surfaces to match (C1)



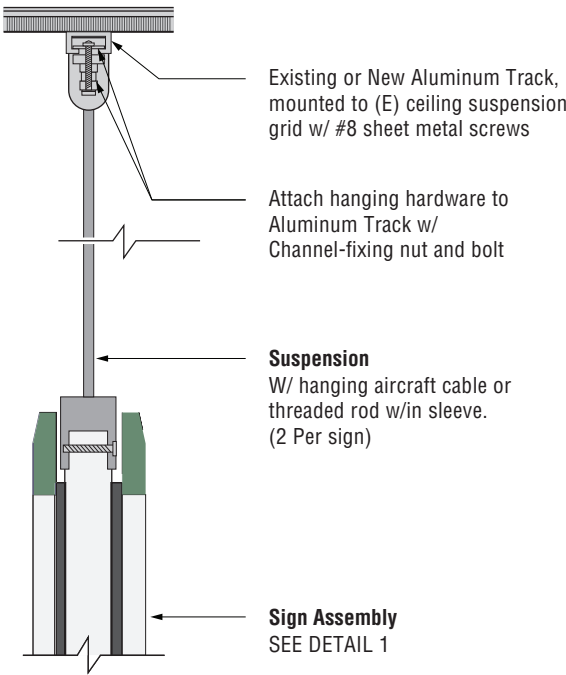
1 FRONT & SIDE VIEW
Scale: 1 1/2" = 1'-0"

NOTE:

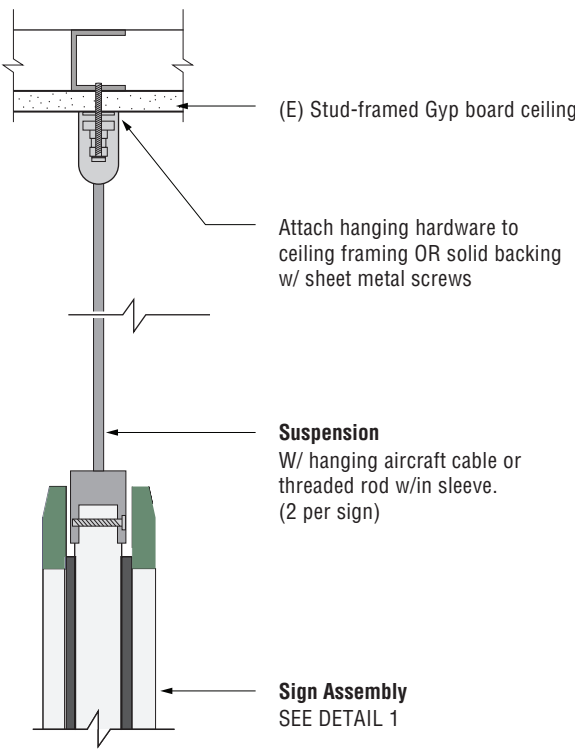
Where signs are programmed/located as
wall or soffit mount, only a single sign face
is required, as shown



2 SINGLE-SIDED PANEL ATTACHMENT @ SOFFIT/WALL
Scale: NTS



3 TYP ATTACH @ SUSPENDED CEILING
Scale: NTS



4 TYP ATTACHMENT @ GYP CEILING
Scale: NTS

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Title:

DIR.02
Overhead Directional (4')

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10



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Drawn By:

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Original Issue:

03.12.2025

Scale:

N/A

Title:

OR.01
Building Directory w/ Map

Sheet:

11

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Frame:
1"x1/2"x1/8"thk aluminum channel

Backer
3/8" thk PVC or Acrylic panel

Directory Strip Reciever
"thin tin" or Steel sheet applied to front of backer panel;
recieves mag tape of Directory Strip

Continuous Aluminum Cleat
Attach to back of sign at 8" o.c.,
w/ #6 screws, TYP, at top and bottom of sign

Continuous Aluminum Cleat
Attach to wall 8" o.c.,
w/ #8 screws and drywall anchors,
TYP, at top and bottom of sign



2

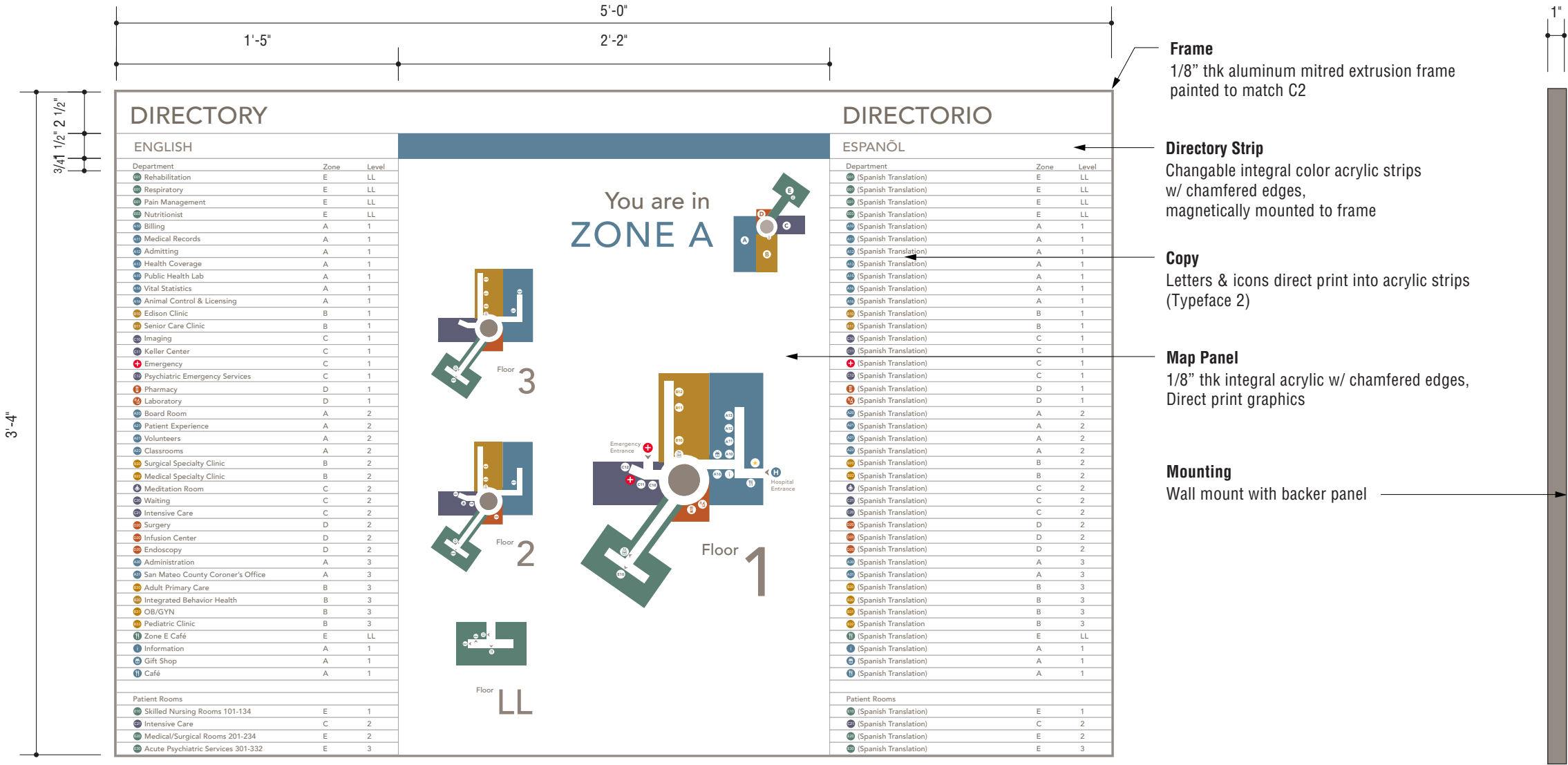
DIRECTORY STRIP DETAIL VIEW

Scale: 3"=1'-0"

3

MOUNTING DETAIL

Scale: N.T.S.



1

FRONT & SIDE VIEW

Scale: 1 1/2" = 1'-0"

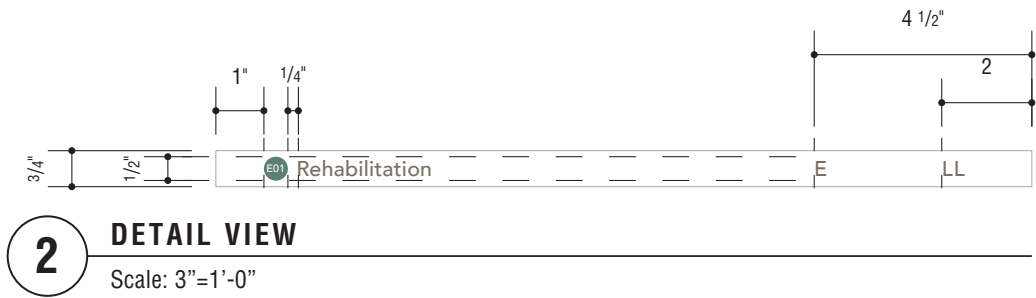
Frame
1/8" thk aluminum mitred extrusion frame
painted to match C2

Directory Strip
Changable integral color acrylic strips
w/ chamfered edges,
magnetically mounted to frame

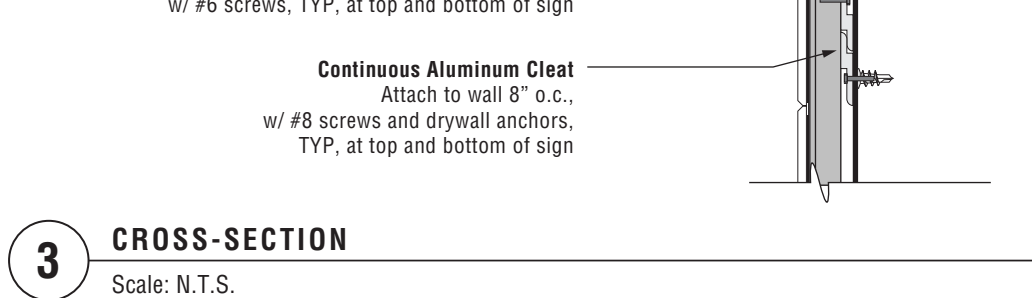
Copy
Letters & icons direct print into acrylic strips
(Typeface 2)

Map Panel
1/8" thk integral acrylic w/ chamfered edges,
Direct print graphics

Mounting
Wall mount with backer panel



2 DETAIL VIEW
Scale: 3"=1'-0"



3 CROSS-SECTION
Scale: N.T.S.



1 FRONT & SIDE VIEW
Scale: 1 1/2" = 1'-0"



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03.12.2025

Scale:

N/A

Title:

OR.02
Elevator Directory (no map)

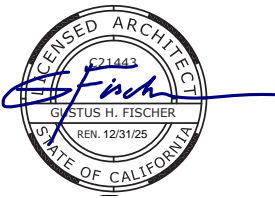
Sheet:

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SIGNAGE LOCATIONS | Photo References

The following pages contain photo references for each sign indicated on location plans. Signs are ordered and labeled by location number.

For reference only. Signs are labeled by programmed location number. See previous pages for location plans



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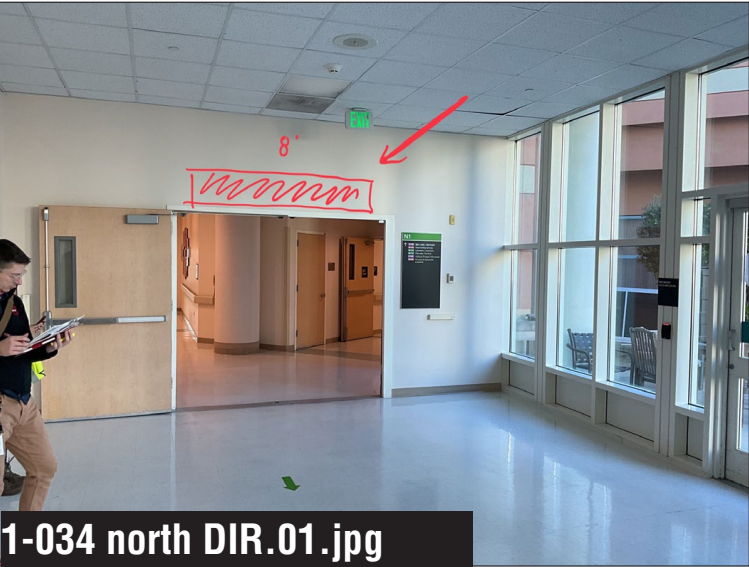
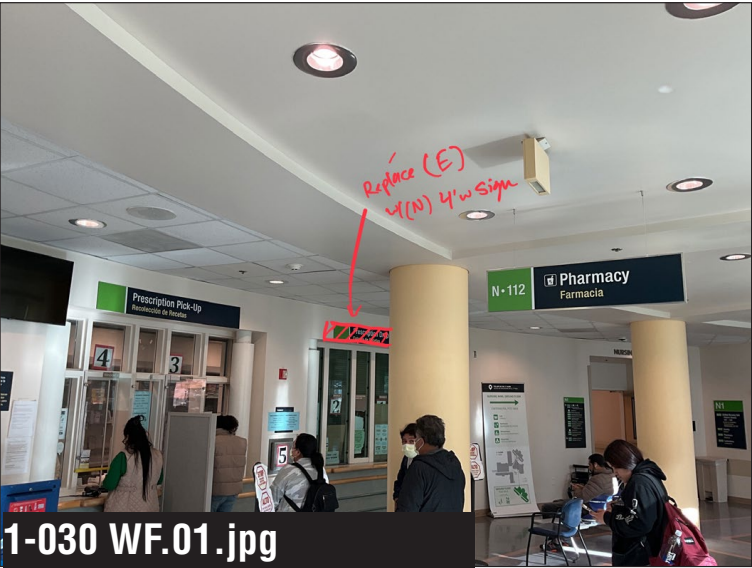
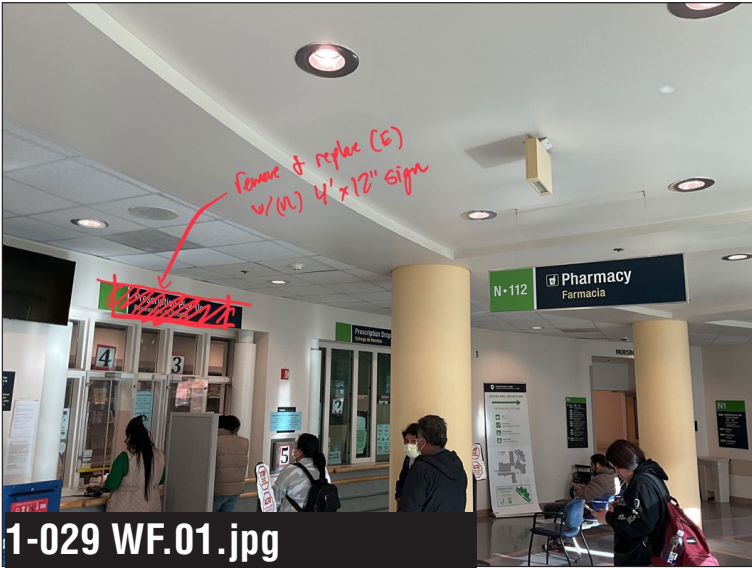
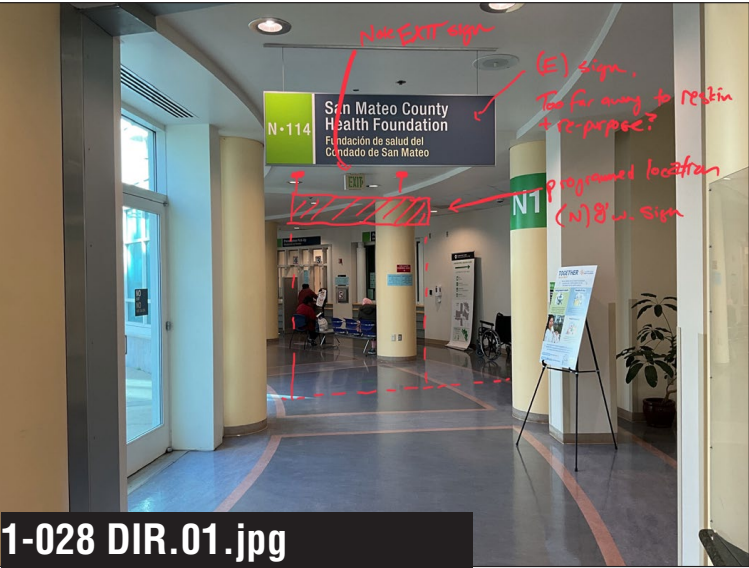
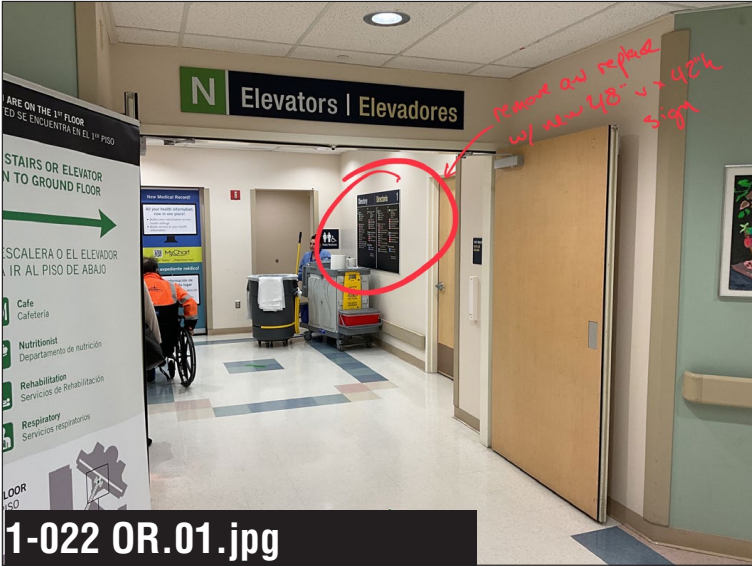
Scale:
N/A

Title:

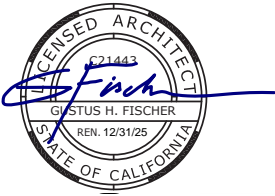
**FLOOR 1
Location Photos**

Sheet:

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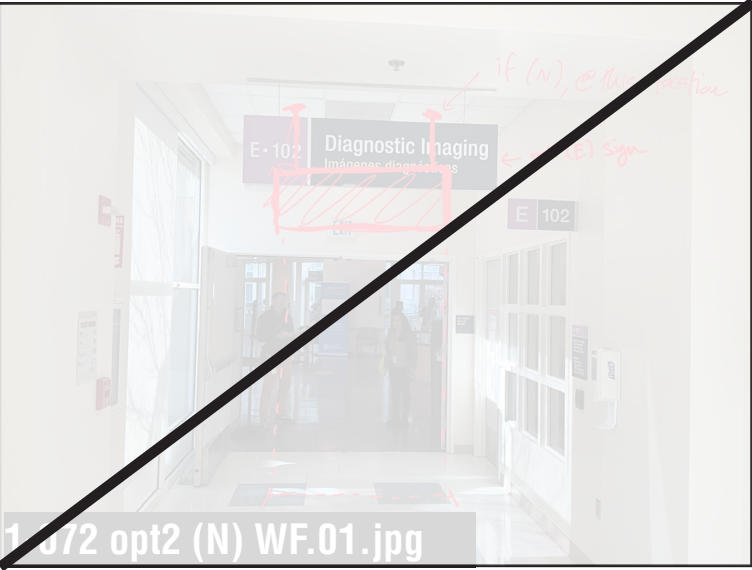
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| 24-311 | CS |
| Original Issue: | Scale: |
| 03.12.2025 | N/A |

Title:

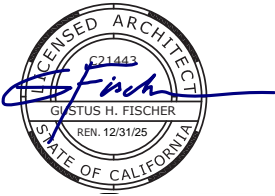
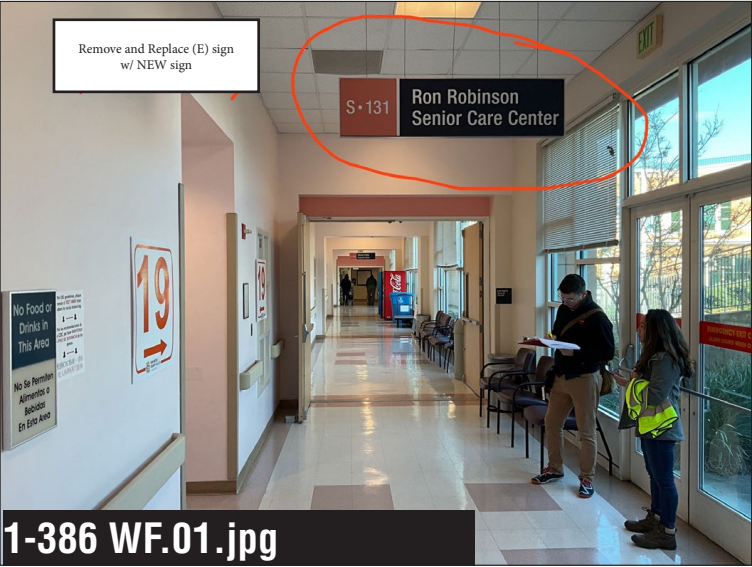
**FLOOR 1
Location Photos**

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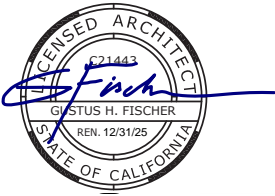
Title:

FLOOR 1
Location Photos

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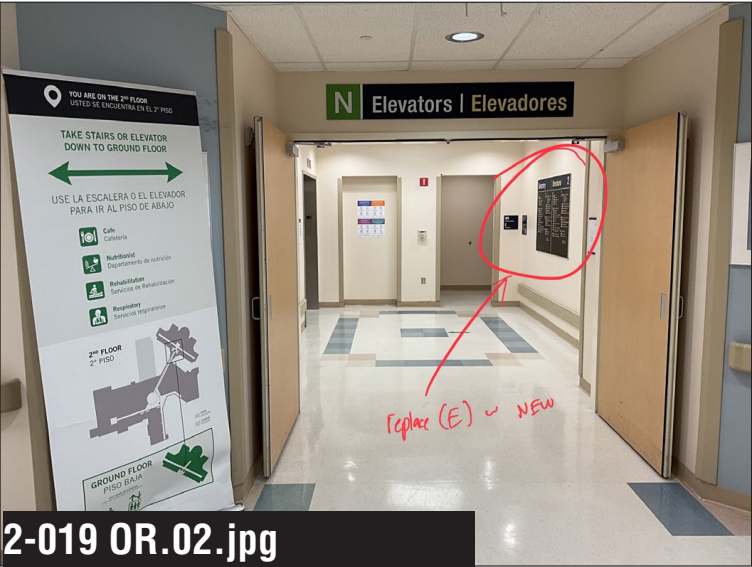
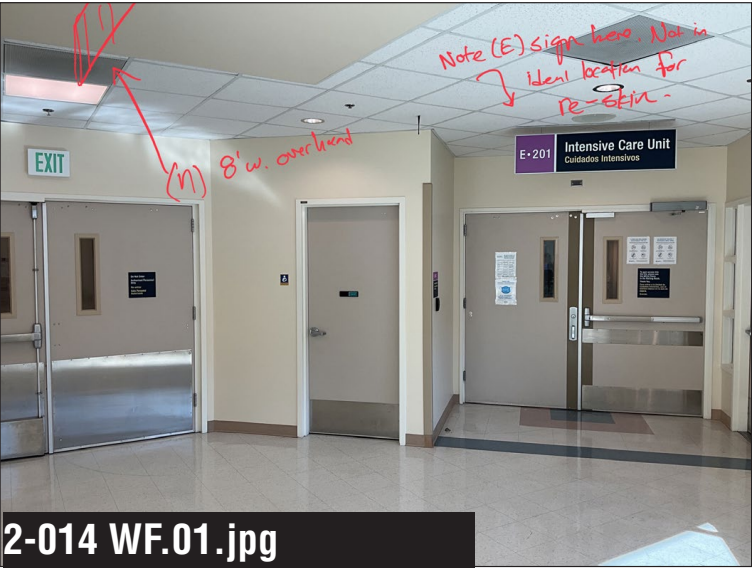
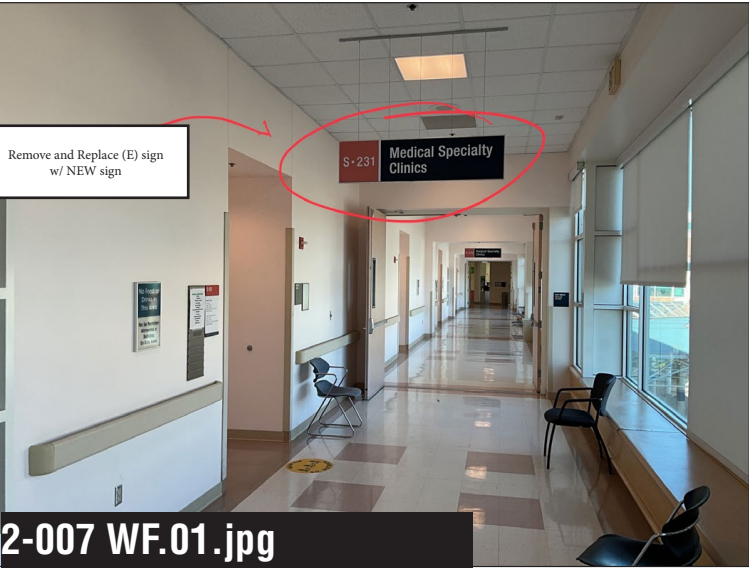
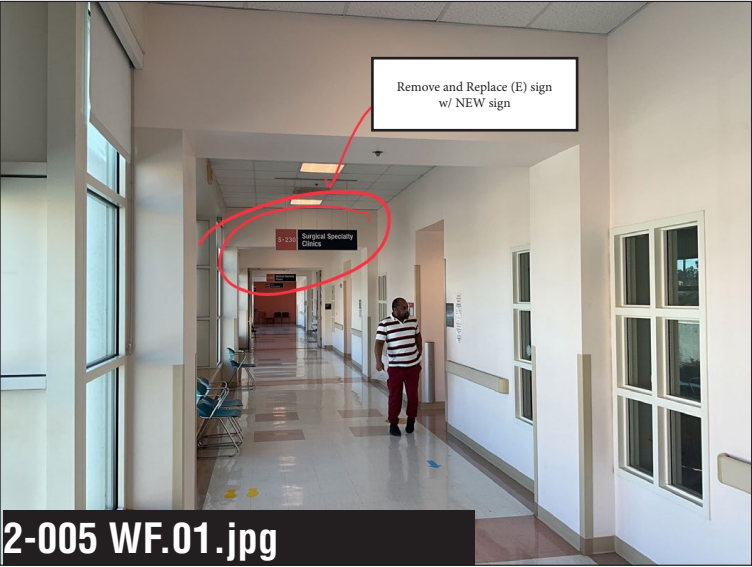
Scale:
N/A

Title:

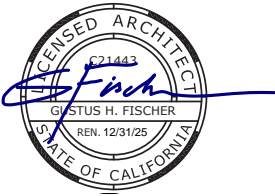
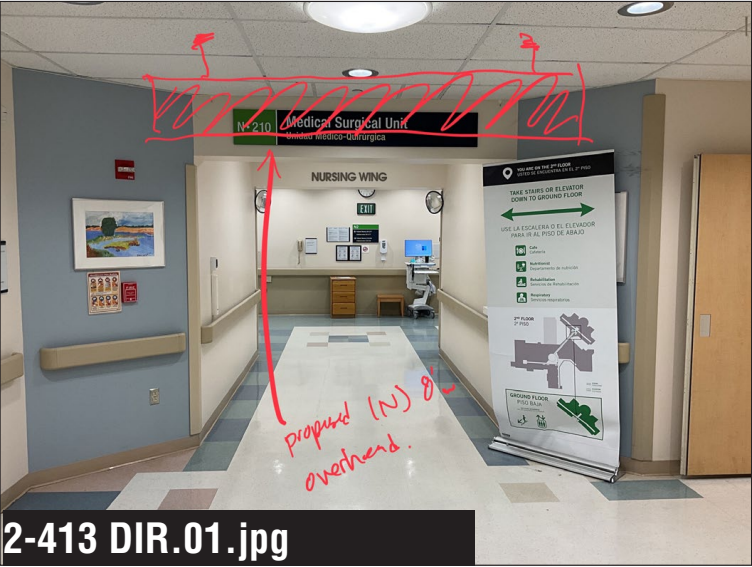
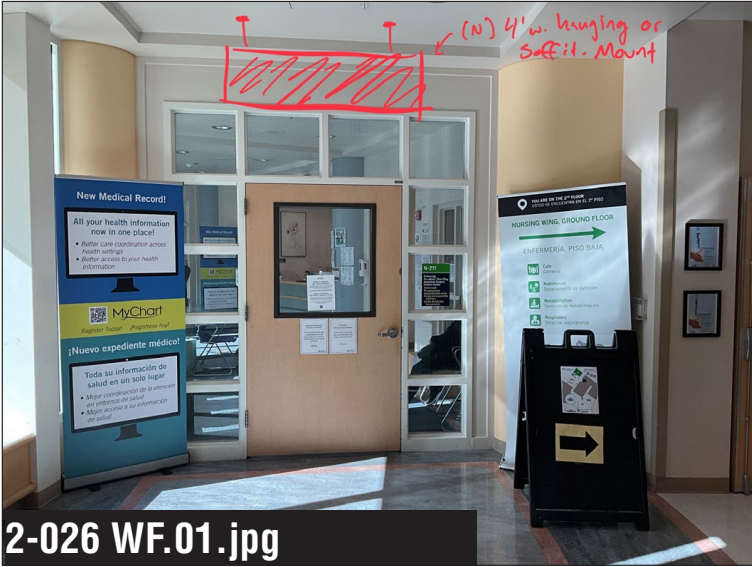
FLOOR 2
Location Photos

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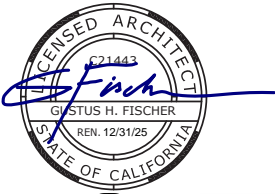
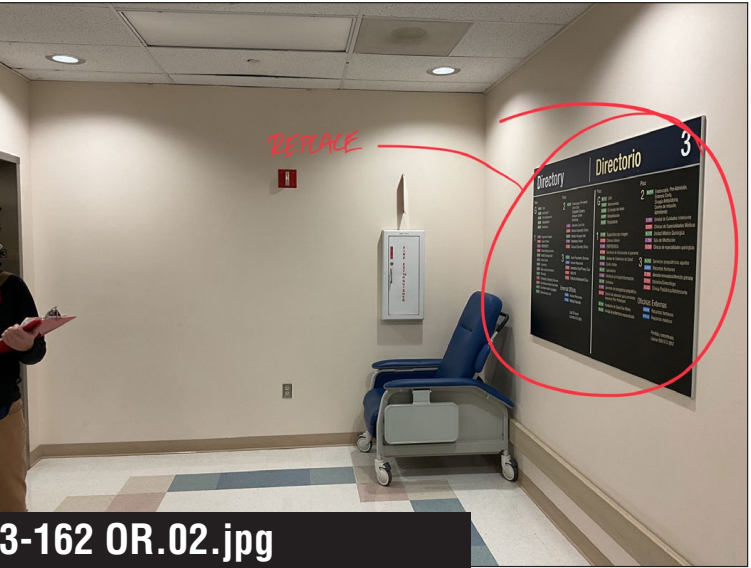
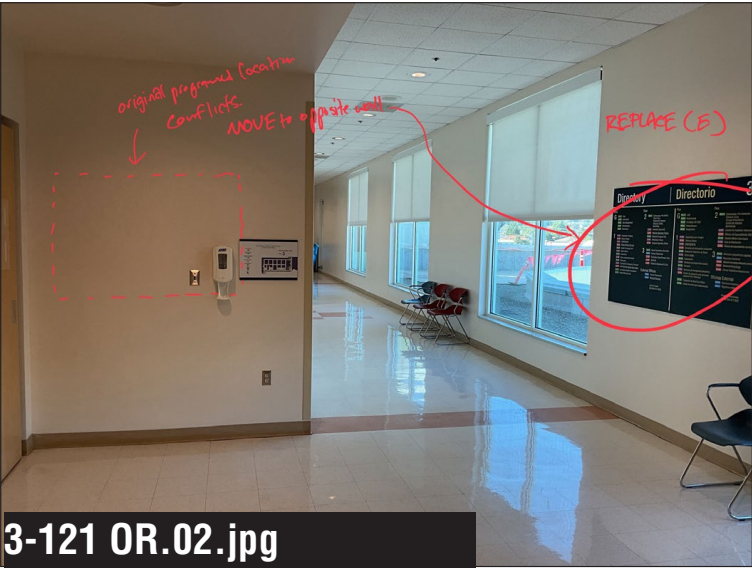
Title:

**FLOOR 2
Location Photos**

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**FLOOR 3
Location Photos**

Sheet:

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