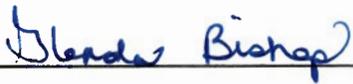


Certificate of Need Application Hospital Projects

Exclude hospital projects for sale, purchase, or lease of a hospital, or skilled nursing beds. Use service-specific addendum, if applicable.

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code [\(WAC\) 246-310-990](#).

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington [\(RCW\) 70.38](#) and [WAC 246-310](#), rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

<p>Signature and Title of Responsible Officer: Glenda Bishop, CEO</p> <p style="text-align: center;"></p> <hr style="width: 80%; margin: 0 auto;"/> <p>Email Address: Glenda.Bishop@quincyhospital.org</p>	<p>Date: February 28, 2023</p> <p>Telephone Number: 509.787.5368</p>										
<p>Legal Name of Applicant: Grant County Public Hospital District No. 2, dba Quincy Valley Medical Center</p> <p>Address of Applicant: 908 Tenth Avenue SW Quincy, WA 98848</p>	<p><input checked="" type="checkbox"/> New hospital-Replacement Hospital</p> <p><input type="checkbox"/> Expansion of existing hospital (identify facility name and license number)</p> <p>Provide a brief project description, including the number of beds and the location: Construction a replacement hospital on existing campus</p> <p>Estimated capital expenditure: \$52,518,445</p>										
<p>Identify the Hospital Planning Area: Grant County Hospital Planning Area</p>											
<p>Identify if this project proposes the addition or expansion of one of the following services:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> NICU Level II</td> <td><input type="checkbox"/> NICU Level III</td> <td><input type="checkbox"/> NICU Level IV</td> <td><input type="checkbox"/> Specialized Pediatric (PICU)</td> <td><input type="checkbox"/> Psychiatric (within acute care hospital)</td> </tr> <tr> <td><input type="checkbox"/> Organ Transplant (identify)</td> <td><input type="checkbox"/> Open Heart Surgery</td> <td><input type="checkbox"/> Elective PCI</td> <td><input type="checkbox"/> PPS-Exempt Rehab (indicate level)</td> <td><input type="checkbox"/> Specialty Burn Services</td> </tr> </table>		<input type="checkbox"/> NICU Level II	<input type="checkbox"/> NICU Level III	<input type="checkbox"/> NICU Level IV	<input type="checkbox"/> Specialized Pediatric (PICU)	<input type="checkbox"/> Psychiatric (within acute care hospital)	<input type="checkbox"/> Organ Transplant (identify)	<input type="checkbox"/> Open Heart Surgery	<input type="checkbox"/> Elective PCI	<input type="checkbox"/> PPS-Exempt Rehab (indicate level)	<input type="checkbox"/> Specialty Burn Services
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**Certificate of Need Application
Hospital Replacement Project**

March 1, 2023

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Section 1 Applicant Description

- 1. Provide the legal name and address of the applicant(s) as defined in WAC 246-310-010(6).**

The legal name of the applicant is Grant County Public Hospital District No 2 (District 2), dba Quincy Valley Medical Center (Quincy Valley).

- 2. Identify the legal structure of the applicant (LLC, PLLC, etc.) and provide the unified business identifier (UBI)**

District 2 is a public hospital district, governed by a publicly elected Board of Commissioners, and organized under RCW 70.44. This statute authorizes the establishment of public hospital districts to own and operate hospitals and other health care facilities and to provide hospital services and other health care services for the residents of such districts and other persons.

Quincy Valley's UBI number is: 135-000-687.

- 3. Provide the name, title, address, telephone number, and email address of the contact person for this application**

The requested information is below:

Glenda Bishop
Superintendent and Chief Executive Officer
Quincy Valley Medical Center
908 Tenth Avenue Southwest
Quincy, WA 98848
Glenda.Bishop@quincyhospital.org
(509)-787-3531

- 4. Provide the name, title, address, telephone number, and email address of the consultant authorized to speak on your behalf related to the screening of this application (if any).**

Jody Carona
Health Facilities Planning & Development
120 1st Avenue West, Suite 100
Seattle, WA 98119
(206) 441-0971
Email: healthfac@healthfacilitiesplanning.com
206-441-0971

- 5. Provide an organizational chart that clearly identifies the business structure of the applicant(s).**

An organizational chart for Quincy Valley is included in Exhibit 1.

Section 2 Facility Description

1. Provide the name and address of the existing facility.

The address of Quincy Valley is:

908 Tenth Avenue Southwest
Quincy, WA 98848

2. Provide the name and address of the proposed facility.

Quincy Valley proposes to replace the current hospital. The replacement will be completed on the current campus. Neither the hospital's name nor address will change.

3. Confirm that the facility will be licensed and certified by Medicare and Medicaid. If this application proposes the expansion of an existing facility, provide the existing identification numbers.

Quincy Valley is currently licensed and certified. The required information is below:

HAC FS: HAC.FS.00000129
Medicare #: 50-1320
Medicaid # :1043109

There will be no change to the identification numbers as a result of the replacement project.

4. Identify the accreditation status of the facility before and after the project.

Quincy Valley is licensed, but not accredited.

5. Is the facility operated under a management agreement? If yes, provide a copy of the management agreement.

No, the hospital is not operated under a management agreement.

6. Provide the following scope of service information:

Quincy Valley Scope of Services

Service	Currently Offered?	Offered Following Project Completion?
Alcohol and Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesia and Recovery	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care – Adult Open-Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care – Pediatric Open-Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care – Adult Elective PCI	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care – Pediatric Elective PCI	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dialysis – Inpatient	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food and Nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging/Radiology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Infant Care/Nursery	<input type="checkbox"/>	<input type="checkbox"/>
Intensive/Critical Care	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Unit(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Neonatal – Level II	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal – Level III	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal – Level IV	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input type="checkbox"/>	<input type="checkbox"/>
Organ Transplant - Adult (list types)	<input type="checkbox"/>	<input type="checkbox"/>
Organ Transplant - Pediatric (list types)	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceutical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing/Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation (indicate level, if applicable) Level	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>

Source: Applicant

Section 3 Project Description

- 1. Provide a detailed description of the proposed project. If it is a phased project, describe each phase separately. For existing facilities, this should include a discussion of existing services and how these would or would not change as a result of the project.**

This application proposes the replacement of the current hospital. Quincy Valley is a 10-bed critical access hospital (CAH) located in Quincy, in the Southwestern most portion of Grant County. The District was formed in 1950, and the Hospital opened in 1959. While minor additions and remodels have occurred over the years, Quincy Valley still operates in the original more than 60-year-old hospital.

Study and analysis that began in about 2019 confirmed that the current hospital building had reached the end of its useful life, and that structural, electrical, mechanical, and plumbing systems and other infrastructure are outdated. Studies also concluded that due to age, continued code compliance into the future and the ability to provide efficient care will become more challenging. In response to the findings, and in partnership with the Port of Quincy, the District began exploring the feasibility of a replacement hospital.

Located in a very young, diverse, and rapidly growing community, in the Spring of 2022, the publicly elected board of commissioners voted to place a bond issue on the ballot asking District residents to fund 100% of the cost of the replacement hospital. While the replacement hospital will not increase in number of beds, it will provide much needed expansion space for existing essential services such as the emergency department, surgical services and imaging. The measure passed by a margin exceeding 64%.

This CN application seeks approval for the project approved by the voters. The cost is estimated to be \$52 million, and will be completed in a single phase.

Key elements of the replacement project include:

- Quincy Valley remains a CAH, but licensed beds will decrease from 10 to 8. There will be no change in Medicare or Medicaid provider numbers.
- No addition of tertiary or other CN reviewable services.
- The existing hospital will close and will likely be demolished once the replacement hospital opens.

Construction of the new hospital is estimated to begin by September 2023. Construction is expected to take approximately 16 months and anticipated opening is expected in March of 2025.

- 2. If your project involves the addition or expansion of a tertiary service, confirm you included the applicable addendum for that service. Tertiary services are outlined under WAC 246-310-020(1)(d)(i).**

This project does not involve the addition of any new tertiary service.

- 3. Provide a breakdown of the beds, by type, before and after the project. If the project will be phased, include columns detailing each phase.**

Quincy Valley is licensed for 10 beds; all of which are currently set up and available. The new replacement hospital will be built to include 8 beds. All of the beds are currently and will continue to be general medical beds.

- 4. Indicate if any of the beds listed above are not currently set-up, as well as the reason the beds are not set up.**

All 10 beds are currently set up and available should they be needed.

- 5. With the understanding that the review of a Certificate of Need application typically takes six to nine months, provide an estimated timeline for project implementation, below. For phased projects, adjust the table to include each phase.**

The requested information is in Table 1.

**Table 1
Proposed Timeline for Replacement Hospital**

Event	Anticipated Month/Year
Anticipated CN	August 2023
Design Complete	August 2023
Construction Commenced	September 2023
Construction Completed	January 2025
Facility Prepared for Survey	February 2025
Facility Licensed – Project Complete WAC 246-310-010(47)	March 2025

Source: Applicant

6. Provide a general description of the types of patients to be served as a result of this project.

In addition to a 24/7 Emergency Department, primary care and outpatient services, Quincy Valley provides general medical inpatient care. The most common reasons for hospitalization at Quincy Valley include general medical and gastroenterology conditions such as nutritional and metabolic disorders, disorders of the pancreas, esophagitis, respiratory infections, pneumonia, septicemia and kidney and urinary tract infections.

5. Provide a copy of the letter of intent that was already submitted according to WAC 246-310-080.

A copy of the letter of intent is included as Exhibit 2.

6. Provide single-line drawings (to scale) of the facility, both before and after project completion. For additions or changes to existing hospitals, only provide drawings of those floor(s) affected by this project.

Single line drawings of the replacement hospital are included as Exhibit 3.

7. Provide the gross square footage of the hospital, with and without the project.

Quincy Valley's current gross square feet is about 35,000.

The gross square footage of the replacement hospital is estimated at about 49,500.

8. If this project involves construction of 12,000 square feet or more, or construction associated with parking for 40 or more vehicles, submit a copy of either an Environmental Impact Statement or a Declaration of Non-Significance from the appropriate governmental authority. [WAC 246-03-030(4)]

This project involves the construction of more than 12,000 square feet and will require a SEPA/DNS. Quincy Valley expects to begin the SEPA application process shortly and expects to have all appropriate permits and declarations by August of 2023.

We understand that the Program will issue an "intent to issue" a CN until such time as the SEPA requirements are met.

- 9. If your project includes construction, indicate if you've consulted with Construction Review Services (CRS) and provide your CRS project number. The Certificate of Need program highly recommends that applicants consult with the office of Construction Review Services (CRS) early in the planning process. CRS review is required prior to construction and licensure (WAC 246-320-500 through WAC 246-320-600). Consultation with CRS can help an applicant reliably predict the scope of work required for licensure and certification. Knowing the required construction standards can help the applicant to more accurately estimate the capital expenditure associated with a project. Note that WAC 246-320-505(2)(a) requires that hospital applicants request and attend a presubmission conference for any construction projects in excess of \$250,000.**

The CRS project number for the replacement hospital is 61414399.

Section 4 Need (WAC 246-310-210)

- 1. List all other acute care hospitals currently licensed under RCW 70.41 and operating in the hospital planning area affected by this project. If a new hospital is approved, but is not yet licensed, identify the facility.**

Quincy Valley is physically located in the Grant County Hospital Planning Area. There are three other hospitals in the planning area, including:

- Samaritan Healthcare, Moses Lake (travel time is 42 minutes from Quincy to Samaritan)
- Columbia Basin Hospital, Ephrata (travel time is 24 minutes from Quincy Valley to Columbia Basin)
- Coulee Community Hospital, Grant Coulee (travel time is 1 hour 25 minutes from Quincy Valley to Coulee Community)

Like Quincy Valley, both Columbia Basin Hospital and Coulee Community Hospital are critical access hospitals. Samaritan Hospital, a sole community hospital, has CN approval to replace itself at a new location, but there is no increase in beds proposed as part of their project.

- 2. For projects proposing to add acute care beds, provide a numeric need methodology that demonstrates need in this planning area. The numeric need methodology steps can be found in the Washington State Health Plan (sunset in 1989).**

Quincy Valley is not proposing to add beds. This question is not applicable.

- 3. For existing facilities proposing to expand, identify the type of beds that will expand with this project.**

Quincy Valley is not proposing to expand beds as part of the replacement project.

- 4. For existing facilities, provide the facility's historical utilization for the last three full calendar years. The first table should only include the type(s) of beds that will increase with the project, the second table should include the entire hospital.**

There is no increase in beds and change in the type of beds that will be offered. As such, the two tables are identical; and the information is provided below (Table 2).

**Table 2
Patient Days and Discharges, CY 2019-2022**

Project-Specific Only	2019	2020	2021	2022
Licensed beds	10	10	10	10
Available beds	10	10	10	10
Discharges	19	11	33	32
Patient days	39	24	94	93
% Occupancy	1.1%	0.7%	2.6%	2.5%

Source: Applicant, discharges and days from WA State Inpatient Database for 2019-2020. 2021 and 2022 is internal data.

- 5. Provide projected utilization of the proposed facility for the first seven full years of operation if this project proposes an expansion to an existing hospital. Provide projected utilization for the first ten full years if this project proposes new facility. For existing facilities, also provide the information for intervening years between historical and projected. The first table should only include the type(s) of beds that will increase with the project, the second table should include the entire hospital. Include all assumptions used to make these projections.**

Table includes the intervening years of 2023-2025 and Table 4 shows the first ten years of the replacement hospital. As shown in Table 4, and in an effort to be conservative, Quincy Valley has held patient days and discharges flat at actual 2022 levels.

**Table 3
Patient Days and Discharges, CY2023-CY2025**

	Intervening Years		
	CY2023	CY2024	CY 2025
Patient Discharges	33	33	33
Patient Days	92	92	92

Source: Applicant

**Table 4
Patient Days and Discharges, CY2026-CY2035**

	Post-Replacement Years									
	CY26	CY27	CY28	CY29	CY30	CY31	CY32	CY33	CY34	CY35
Patient Discharges	33	33	33	33	33	33	33	33	33	33
Patient Days	92	92	92	92	92	92	92	92	92	92

Source: Applicant

6. For existing facilities, provide patient origin zip code data for the most recent full calendar year of operation.

The requested information is included in Exhibit 4.

7. Identify any factors in the planning area that currently restrict patient access to the proposed services.

Quincy Valley is located in a low-income Health Professional Shortage Area for primary care, as designated by the Federal Government's Bureau of Health Workforce. In addition, data from the U.S. Census Bureau's American Community Survey demonstrates that the percentage of families living below the federal poverty level in the District (12.4%) exceed those of the County (9.4%) and the State (6.5%). Poverty too often restricts a person or family's ability to travel for health care. Transportation barriers lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use. Having a full range of quality, accessible health care locally, including a state-of-the art critical access hospital is important for our growing community.

8. Identify how this project will be available and accessible to underserved groups.

Quincy Valley's services are made available to all persons regardless of race, color, creed, sex, national origin, income, or disability. Copies of Quincy Valley's patient's rights, non-discrimination and charity care policies are included as in Exhibit 5.

9. If this project proposes either a partial or full relocation of an existing facility, provide a detailed discussion of the limitations of the current location.

This project proposes a replacement, but not a relocation. The new hospital will be located on the current campus.

10. If this project proposes either a partial or full relocation of an existing facility, provide a detailed discussion of the benefits associated with relocation.

This question proposes a replacement, but not a relocation. The new hospital will be located on the current campus.

- 11. Provide a copy of the following policies:**
- **Admissions policy**
 - **Charity care or financial assistance policy**
 - **Patient rights and responsibilities policy**
 - **Non-discrimination policy**
 - **End of life policy**
 - **Reproductive health policy**
 - **Any other policies directly associated with patient access.**

All requested policies are included in Exhibit 5.

Section 5 Financial Feasibility (WAC 246-310-220)

- 1. Provide documentation that demonstrates the immediate and long-range capital and operating costs of the project can be met. This should include but is not limited to:**
 - **Utilization projections. These should be consistent with the projections provided under the Need section. Include all assumptions.**
 - **A current balance sheet at the facility level.**
 - **Pro forma balance sheets at the facility level throughout the projection period.**
 - **Pro forma revenue and expense projections for at least the first three full calendar years following completion of the project. Include all assumptions.**
 - **For existing facilities, provide historical revenue and expense statements, including the current year. Ensure these are in the same format as the pro forma projections. For incomplete years, identify whether the data is annualized.**

The requested data is included in Exhibit 6. For the assumptions, and in an effort to be conservative, Quincy Valley held discharges, patient days, staffing, operating costs and operating revenues, for all payers except Medicare flat (2022 actual). Medicare reimburses CAH's based on allowable costs, and because depreciation increases, Medicare payments were increased based on cost report treatment.

While District property owners are responsible for the debt, we accounted for both the interest income and interest expense in the pro forma. The only incremental expense is depreciation, a non-cash expense.

2. Identify the hospital's fiscal year.

Quincy Valley is a calendar year hospital.

3. Provide the following agreements/contracts:

- **Management agreement**
- **Operating agreement**
- **Development agreement**
- **Joint Venture agreement**

There are no agreements.

- 4. Provide documentation of site control. This could include either a deed to the site or a lease agreement for the site. If a lease agreement is provided, the terms must be for at least five years with options to renew for a total of 20 years.**

Quincy Valley's property is owned by Grant County Public Hospital District No 2. Included in Exhibit 7 is documentation from Grant County demonstrating the District's ownership of the site.

- 5. County assessor information and zoning information for the site. If zoning information for the site is unclear, provide documentation or letter from the municipal authorities showing the proposed project is allowable at the identified site. If the site must undergo rezoning or other review prior to being appropriate for the proposed project, identify the current status of the process.**

The hospital campus is zoned RMD (Residential, Medium Density). The hospital is a permitted use under this zoning.

- 6. Complete the table on the following page with the estimated capital expenditure associated with this project. If you include other line items not listed below, include the definition of the line item. Include all assumptions used to create the capital expenditure estimate.**

The capital expenditure is included in Table 5 below.

**Table 3
Total Estimated Capital Expenditure**

Item	Cost
a. Land Purchase	
b. Utilities to Lot Line	
c. Land Improvements	\$100,000
d. Building Purchase	
e. Residual Value of Replaced Facility	
f. Building Construction	\$35,649,361
g. Fixed Equipment (not already included in the construction contract)	
h. Movable Equipment	\$5,816,590
i. Architect and Engineering Fees	\$3,280,695
j. Consulting Fees	\$1,707,626
k. Site Preparation	
l. Supervision and Inspection of Site	
m. Any Costs Associated with Securing the Sources of Financing (include interim interest during construction)	
1. Land	
2. Building	
3. Equipment	
4. Other	
n. Washington Sales Tax (Construction and Equipment Costs)	\$3,563,489
o. Other Project Costs	
Site Survey and Studies	\$80,000
Fees to State and Local Agencies	\$329,454
Artwork	\$130,000
IT	\$1,671,230
Signage	\$150,000
Legal Fees	\$40,000
Total Estimated Capital Expenditure	\$52,518,445

Source: Applicant

7. Identify the entity responsible for the estimated capital costs. If more than one entity is responsible, provide breakdown of percentages and amounts for all.

The project's construction costs were developed by Cumming Corporation. The equipment costs by SourceBlue, and the remaining costs by the HealthCare Collaborative Group, Inc.

8. Identify the start-up costs for this project. Include the assumptions used to develop these costs. Start-up costs should include any non-capital expenditure expenses incurred prior to the facility opening or initiating the proposed service.

The hospital is already operational. No start-up period is anticipated.

9. Identify the entity responsible for the start-up costs. If more than one entity is responsible, provide a breakdown of percentages and amounts for all.

There is no start up period. This question is not applicable.

10. Provide a non-binding contractor's estimate for the construction costs for the project.

The non-binding contractor's estimate is included as Exhibit 8.

11. Provide a detailed narrative supporting that the costs of the project, including any construction costs, will probably not result in an unreasonable impact on the costs and charges for health services in the planning area.

The replacement hospital will have only a very minor impact on costs and charges. The debt service will be paid by District taxpayers. The incremental depreciation expense will be borne by the hospital, and as a CAH, Medicare payments will be increased as a result of the incremental depreciation expense. While not quantified in the proforma, Quincy Valley expects efficiencies from operating a new state of the art hospital designed for 21st century care delivery and with HVAC and other systems designed for ultimate efficiencies.

12. Provide the projected payer mix for the hospital by revenue and by patients using the example table below. Medicare and Medicaid managed care plans should be included within the Medicare and Medicaid lines, respectively. If “other” is a category, define what is included in “other.”

Quincy Valley has not assumed that our inpatient payer mix will change as a result of the replacement hospital. Table 6 details the current and proposed payer mix based on gross revenue.

**Table 6
Quincy Valley Current and Proposed Payer Mix – Gross Revenue-**

Payer Mix	Percentage by Revenue	Percentage by Patient.
Medicare	28.6%	
Medicaid	21.0%	
Commercial	42.7%	
Self-Pay	7.8%	
Other	0.0%	
Total	100.0%	100.0%

Source: Applicant

13. If this project proposes the addition of beds to an existing facility, provide the historical payer mix by revenue and patients for the existing facility. The table format should be consistent with the table shown above.

This question is not applicable.

14. Provide a listing of all new equipment proposed for this project. The list should include estimated costs for the equipment. If no new equipment is required, explain.

A listing of the equipment is provided in Exhibit 9.

15. Identify the source(s) of financing and start-up costs (loan, grant, gifts, etc.) and provide supporting documentation from the source. Examples of supporting documentation include: a letter from the applicant's CFO committing to pay for the project or draft terms from a financial institution.

If this project will be debt financed through a financial institution, provide a repayment schedule showing interest and principal amount for each year over which the debt will be amortized.

100% of the project costs are being funded by bonds issued after the District's Commissioners elected to put forth a ballot measure in August of 2022 to ask the voters to fund the replacement.

16. Provide the most recent audited financial statements for:

- **The applicant, and**
- **Any parent entity.**

The requested information is included in Appendix 1.

Section 6 Structure and Process of Care (WAC 246-310-230)

- 1. Identify all licensed healthcare facilities owned, operated, or managed by the applicant. This should include all facilities in Washington State as well as any out-of-state facilities. Include applicable license and certification numbers.**

There are no other licensed healthcare facilities owned, operated or managed by the District or by Quincy Valley.

- 2. Provide a table that shows full time equivalents (FTEs) by type (e.g., physicians, management, technicians, RNs, nursing assistants, etc.) for the facility. If the facility is currently in operation, include at least the most recent full year of operation, the current year, and projections through the first three full years of operation following project completion. There should be no gaps. All FTE types should be defined.**

The requested information is included in

Table 7 and 8.

**Table 7
Historical, Current, and Intervening Year Staffing FTEs and Type by Year, 2022-2025**

	2022 Actual	CY23	CY24	CY25
Management Total	4.7	4.7	4.7	4.7
Non-Physician Providers	1.25	1.25	1.25	1.25
Registered Nurses	13.7	13.7	13.7	13.7
Nursing Assistants/M.A.	8.65	8.65	8.65	8.65
Other Staff Total Bus.Off; Med Rec; Acct Payable	9.55	9.55	9.55	9.55
Pharmacist	Contract	Contract	Contract	Contract
Dietician	Ind. Contractor	Ind. Contractor	Ind. Contractor	Ind. Contractor
Social Work	N/A	N/A	N/A	N/A t
Imaging Services Tech	3.1	3.1	3.1	3.1
Lab Services Tech	4.4	4.4	4.4	4.4
Tech Other				
Environmental Services	6.2	6.2	6.2	6.2
Food Service	1.1	1.1	1.1	1.1
Non-Tech Other	3.5	3.5	3.5	3.5
Total	56.15	56.15	56.15	56.15

Source: Applicant

Table 8
Projected Staffing FTEs and Type by Year, Post Replacement, 2026-2025

	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035
Management Total	4.7	4.7	4.7	4.7	4.7	4.7	4.7	4.7	4.7	4.7
Non-Physician Providers	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25
Registered Nurses	13.7	13.7	13.7	13.7	13.7	13.7	13.7	13.7	13.7	13.7
Nursing Assistants/M.A.	8.65	8.65	8.65	8.65	8.65	8.65	8.65	8.65	8.65	8.65
Other Staff Total Bus.Off; Med Rec; Acct Payable	9.55	9.55	9.55	9.55	9.55	9.55	9.55	9.55	9.55	9.55
Pharmacist	Contract									
Dietician	Ind. Contractor									
Social Work	N/A	N/A	N/A	N/A t	N/A	N/A	N/A	N/A	N/A	N/A
Imaging Services Tech	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1
Lab Services Tech	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4
Tech Other										
Environmental Services	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6.2
Food Service	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
Non-Tech Other	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
Total	56.15	56.15	56.15	56.15	56.15	56.15	56.15	56.15	56.15	56.15

Source: Applicant

3. Provide the basis for the assumptions used to project the number and types of FTEs identified for this project.

The staffing is based on current staff to patient ratios for the hospital. No changes are assumed.

4. Identify key staff (e.g., chief of medicine, nurse manager, clinical director, etc.) by name and professional license number, if known.

Table 9 identifies the key staff for Quincy Valley's hospital services.

**Table 9
Key Acute Care Staff**

Name	Title	Professional License Number
Fernando Dietsch, MD	Medical Director	MD00041643
Jonathan Crosier, MD	Chief of Staff	MD00047202
Marissa Villela, RN	Chief Nursing Officer	RN60088421

Source: Applicant

5. Describe your methods for staff recruitment and retention. If any barriers to staff recruitment exist in the planning area, provide a detailed description of your plan to staff this project.

As noted in Table 8, Quincy Valley is assuming no increase in staffing over the life of the CN pro forma. Despite this, in this challenging workforce environment, we are aware that we will need to recruit for retirements and staff turnovers. The opportunity to work in a new hospital is a known attractor of staff. Further, Quincy Valley has close working relationships with several local and regional technical colleges and community colleges, and we encourage and support local residents and current employees to develop training and participate in career ladders.

Finally, Quincy Valley offers a generous benefit package for both full and part time employees that includes Medical, Dental, Paid Time Off/Extended Illness/Injury Time, Employee Assistance Plans, and a Tuition Reimbursement Program, among other benefits.

6. For new facilities, provide a listing of ancillary and support services that will be established.

This question is not applicable.

7. For existing facilities, provide a listing of ancillary and support services already in place.

The existing ancillary and support services, and a confirmation as to whether they are provided in house or under agreement, are detailed in Table 10.

**Table 10
Ancillary and Support Services**

Services Provided	In House or Under Agreement
Linen service	In house
Lab & Pathology	Lab licensed under hospital; send-outs under agreement; Pathology under agreement
Biomedical	Agreement
Biomedical waste	Agreement
PT	Agreement
Dietary	In house
Imaging	Inhouse. Radiologists under agreement
Health Information Management	In house
Biomedical/Clinical Engineering	Agreement
Quality Management	In house
Customer Service/Support	In house
Medical Staff Services	In house
Facilities/Environment of Care including janitorial services	In house
Utilization Review	In house
Supply Chain	In house
Pharmacy	Agreement
Interpretation Services	In house
Blood Products and Services	Agreement

Source: Applicant

8. Identify whether any of the existing ancillary or support agreements are expected to change as a result of this project.

No existing ancillary or support agreements are expected to change as a result of this project.

9. If the facility is currently operating, provide a listing of healthcare facilities with which the facility has working relationships.

This project proposes to replace an existing hospital. The project does not propose any new services or beds. Quincy Valley currently does and will continue to work closely with other providers throughout the region that support our residents.

Quincy Valley is a founding member of the Grand Columbia Health Alliance (GHCA), the purpose of which is to develop shared services, create operating efficiencies and reduce unnecessary outmigration for health care. Other members of the GCHA include each of the other hospitals in Grant County, the two hospitals in adjacent Adams County (Othello Community and East Adams Healthcare) and Odessa Healthcare in adjacent Lincoln County. In addition, Quincy Valley works closely with local EMS, the local FQHC and post-acute providers, as well as tertiary care centers with whom Quincy Valley has transfer agreements to ensure that timely and seamless patient transitions continue to occur. No changes to these working relationships are proposed with the replacement hospital.

10. Identify whether any of the existing working relationships with healthcare facilities listed above would change as a result of this project.

No existing working relationships are expected to change as a result of this project.

11. For a new facility, provide a listing of healthcare facilities with which the facility would establish working relationships.

This question is not applicable.

12. Provide an explanation of how the proposed project will promote continuity in the provision of health care services in the planning area, and not result in an unwarranted fragmentation of services.

This project proposes a replacement hospital. It is not proposing any new services or beds. As documented above, Quincy Valley does, and will continue to work closely with other providers throughout our service area and County to ensure that timely and seamless patient transitions continue to occur. No changes to these working relationships are proposed with the replacement hospital.

13. Provide an explanation of how the proposed project will have an appropriate relationship to the service area's existing health care system as required in WAC 246-310-230(4).

Quincy Valley values its partnership with other local and regional health care providers. As noted earlier we work with other hospitals, primary care providers, EMS, and post-acute providers to assure warm handoffs. We also have relationships for the transfer and referral of patients that cannot be cared for at Quincy Valley or Samaritan. The replacement hospital will benefit the community by its up-to-date systems and efficiencies inherent in the design and construction.

14. Identify whether any facility or practitioner associated with this application has a history of the actions listed below. If so, provide evidence that the proposed or existing facility can and will be operated in a manner that ensures safe and adequate care to the public and conforms to applicable federal and state requirements.

- a. A criminal conviction which is reasonably related to the applicant's competency to exercise responsibility for the ownership or operation of a health care facility; or**
- b. A revocation of a license to operate a healthcare facility; or**
- c. A revocation of a license to practice as a health profession; or**
- d. Decertification as a provider of services in the Medicare or Medicaid program because of failure to comply with applicable federal conditions of participation.**

No facility or practitioner associated with Quincy Valley has any history with respect to the above.

Section 7 Cost Containment (WAC 246-310-240)

- 1. Identify all alternatives considered prior to submitting this project. At a minimum include a brief discussion of this project versus no project.**

The architectural and engineering studies and analysis cited earlier in the application demonstrated that the existing 60+ year old building was at the end of useful life, not designed for 21st century (and post-COVID care); and as a result, was inefficient to operate and to provide care within. Several options were considered, which included remodeling, replacement on site, or replacement at a new location.

The option of no project was ruled out quickly for the reasons noted above.

- 2. Provide a comparison of this project with alternatives rejected by the applicant. Include the rationale for considering this project to be superior to the rejected alternatives. Factors to consider can include but are not limited to patient access to healthcare services, capital cost, legal restrictions, staffing impacts, quality of care, and cost or operation efficiency.**

There were two factors that led to the replacement. First, District voters approved a measure placed on the ballot in 2022, which means that taxpayers, and not the Hospital are funding the debt associated with the replacement. This vote assured continued (and improved) access to care, and a more efficient and more up to date patient care environment that more easily supports quality and operational efficiency.

In addition, and early in the process, the site analysis found that there was sufficient property to replace on site, and not disrupt operations during the process. As the District already owned the land, the cost savings of not having to purchase a new parcel was seen as beneficial.

- 3. If the project involves construction, provide information that supports conformance with WAC 246-310-240(2):**
 - The costs, scope, and methods of construction and energy conservation are reasonable; and**
 - The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.**

The project involves a 100% replacement of the existing hospital. The replacement facility has been designed to be well below Washington State's energy use thresholds. The replacement hospital will be almost an entirely electric hospital which means that there

will be low energy costs as the cost of electricity in Quincy is the lowest cost energy source; and it reduces Quincy Valley's carbon footprint.

The facility will be two-story with inpatient care on the 2nd floor. This will provide a more healing care environment for patients as it will be quieter than the current hospital. The inpatient unit in the existing hospital is located adjacent to the emergency department. The existing building is also very dark, while the replacement hospital includes lots of natural light (which also has a healing benefit). Lastly, Quincy has already retained a general contractor to provide input during the final design phase. This is much more efficient and cost effective than retaining the contractor after the design has been completed.

As noted previously, 100% of the capital costs are borne by District taxpayers. Further, Quincy Valley's rates and charges are not determined by capital expenditures. There will be no unreasonable impact.

4. Identify any aspects of the project that will involve appropriate improvements or innovations in the financing and delivery of health services which foster cost containment, and which promote quality assurance and cost effectiveness.

Cost-efficiency will be realized when Quincy Valley begins operating in a new, right-sized and efficient building. This is an improvement in delivery.

Exhibit 1
Organizational Chart

GRANT COUNTY PUBLIC HOSPITAL DISTRICT #2 DBA QUINCY VALLEY MEDICAL CENTER

ORGANIZATIONAL CHART 2022
Revision Date 11/15/2022

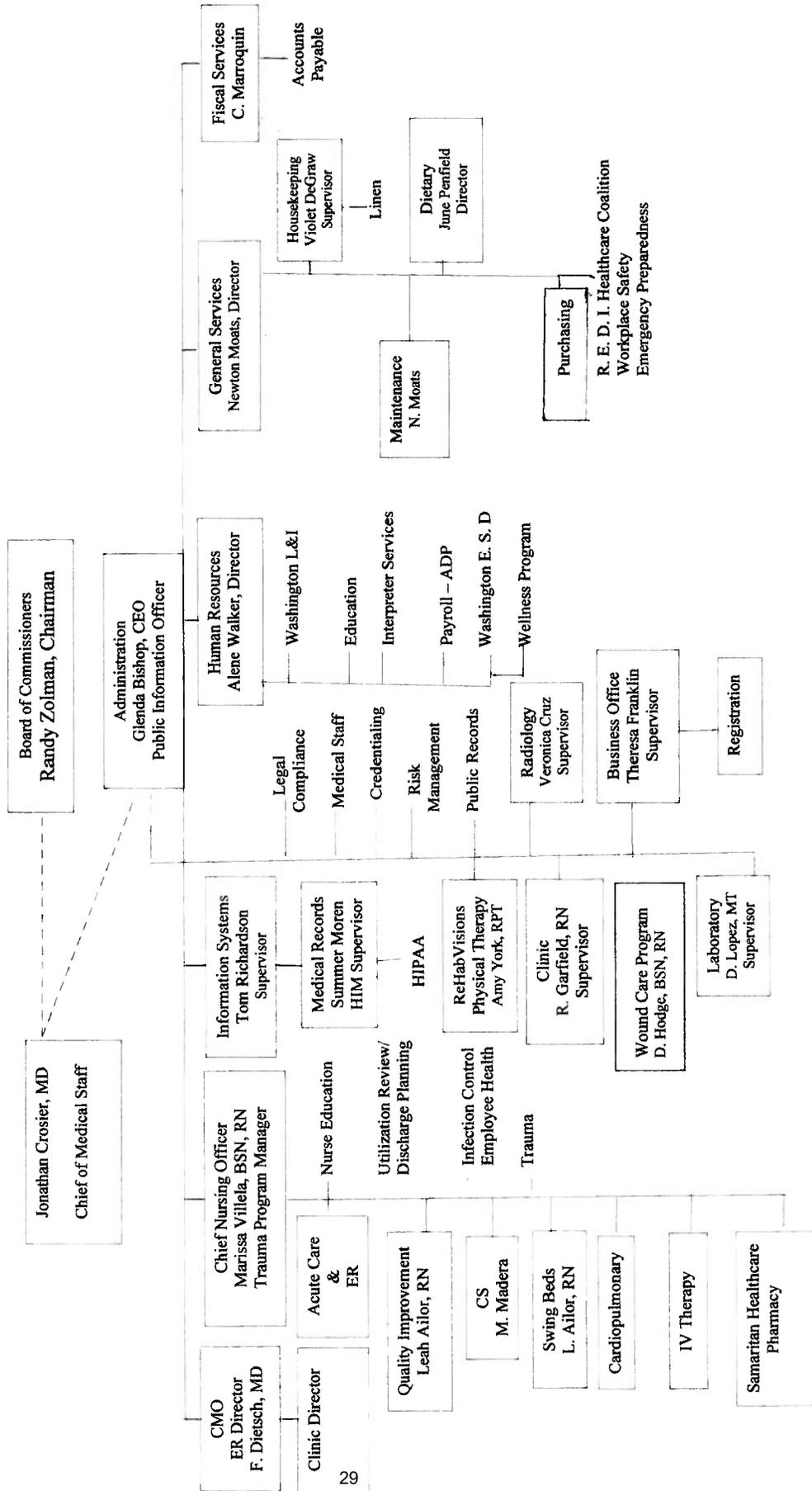


Exhibit 2
Letter of Intent



Grant County Public Hospital District #2
Anthony Gonzalez, Commissioner
Sherri Kooy, Commissioner
Robert Poindexter, Commissioner
Michele Talley, Commissioner
Randy Zolman, Commissioner

Glenda Bishop, CEO

September 19, 2022

Eric Hernandez, Program Manager
Certificate of Need Program
Department of Health
Via email: eric.hernandez@doh.wa.gov; FSLCON@DOH.WA.GOV

Dear Mr. Hernandez:

Grant County Public Hospital District No. 2, dba Quincy Valley Medical Center (QVMC) here within submits this letter of intent for the replacement of the current hospital.

- A. **Description of the Services Proposed.** QVMC is a 10 bed Critical Access Hospital (CAH), located in Quincy, Grant County. Following a recent election wherein the voters approved a bond to fund the project, QVMC proposes to replace the current hospital building. It will be replaced on the current property. There is no proposed increase in licensed beds, and no tertiary services are proposed. At project completion, the current hospital building will most likely be demolished.
- B. **Estimated Cost of the Proposed Construction.** The capital expenditure is estimated at \$55,000,000.
- C. **Description of Service Area.** The District's boundaries include Quincy and communities immediately contiguous. Consistent with the Department of Health's acute care hospital bed need methodology, the planning area for this project is Grant County.

If you have any questions, please feel free to contact me directly.

Sincerely,

Glenda Bishop,
Chief Executive Officer

Exhibit 3
Single Line Drawings

2.0 Floor Plans

2.1 First Floor Plan



2.2 Second Floor Plan

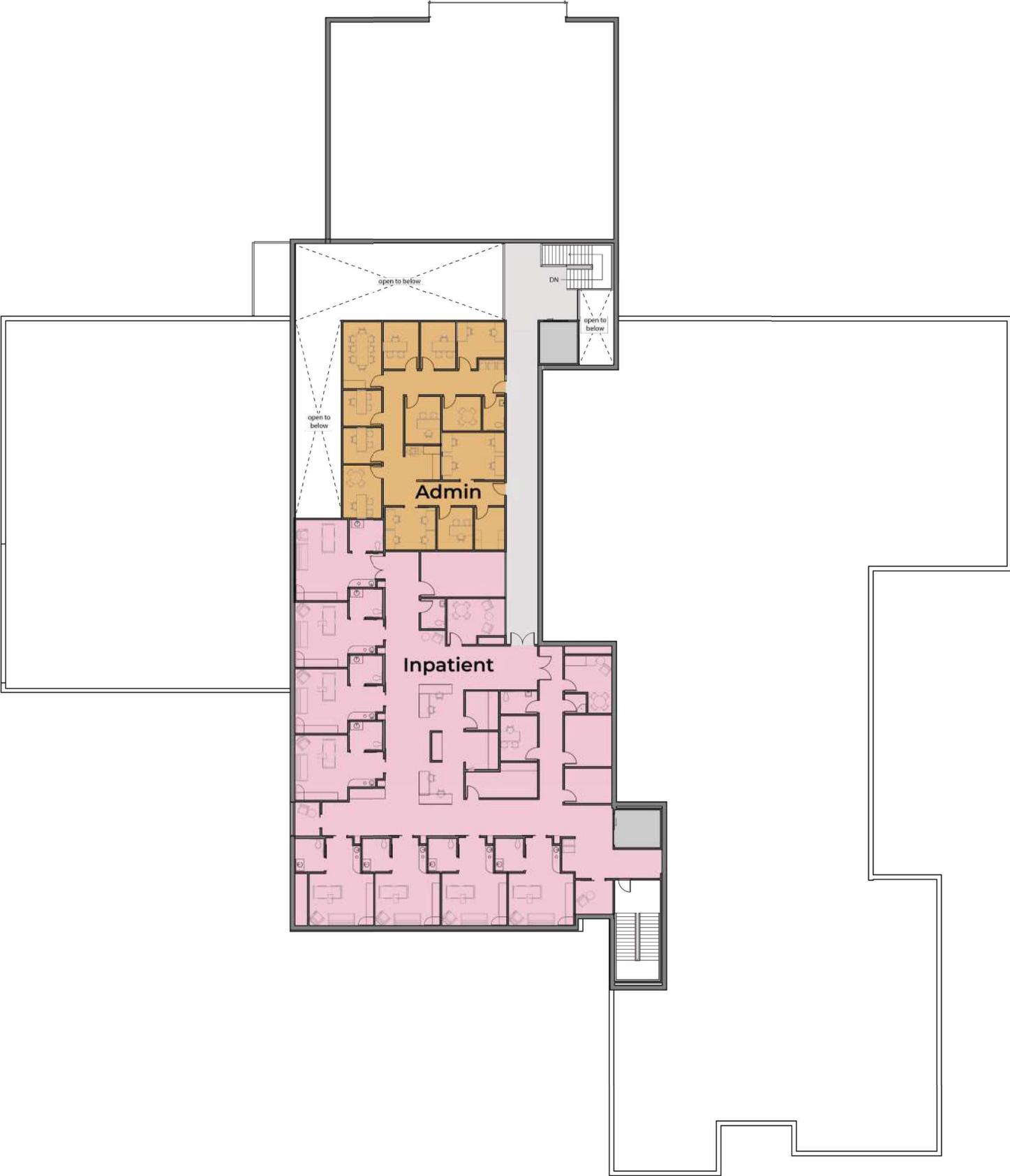


Exhibit 4
Patient Origin

**Quincy Valley Medical Center
Patient Origin (Discharges)**

Patient Zipcode	2021 Discharges	% of Total
98848	29	87.9%
99357	1	3.0%
98826	1	3.0%
98824	1	3.0%
98155	1	3.0%
Total	33	100.0%

Source: WA State Inpatient Data

Exhibit 5
Quincy Valley Medical Center
Policies

medically advisable to give you such information, the information will be made available to an appropriate person on your behalf.

4. You have the right to participate in decisions involving your health care whenever possible, including ethical, end of life, resuscitation issues, and other decisions that may arise, including post hospital care if indicated. When post hospital care or services are needed, a list of local and/regional choices will be provided to encourage “Freedom of Choice”.
5. You have the right to receive, from your physician, information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when you request information concerning medical alternatives, you have the right to such information. You have the right to know the name of the person responsible for the procedure and/or treatment.
6. You have the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of this action.
7. You have the right to every consideration of your privacy concerning your own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in your care must have your permission to be present.
8. You have the right to expect that, within its capacity QVMC will make a reasonable response to your request for services. The hospital will provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, you may be transferred to another facility only after you have received complete information and explanation concerning the need for and alternative to such a transfer. The institution to which you are being transferred must have accepted you for transfer.
9. You have the right to be interviewed and examined in surroundings designated to assure reasonable visual and auditory privacy. This includes the right to have a person of one’s own sex present during certain parts of a physical examination, treatment, procedure performed by a health professional of the opposite sex; and the right not to remain disrobed any longer than is required to accomplish the medical purpose for which you were asked to disrobe.
10. You have the right to receive care in a safe setting, to be free from all forms of abuse or harassment, and to be free from any form of restraints that are not medically necessary
11. You have the right to refuse to talk with or see anyone not officially connected with the hospital, including visitors or personas officially connected with the hospital but not directly involved in your care.
12. You have the right to have your medical record read only by individuals directly involved in your treatment or in the monitoring of its quality, and by other individuals only on your written authorization or that of your legally authorized representative. You have the right to amend your own medical record.
13. You have the right to expect that all communications and records, both written and oral, regardless of storage media, pertaining to your care, including the source of payment, will be treated as confidential.

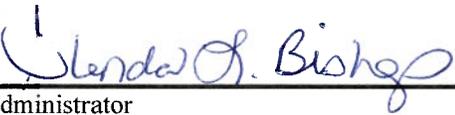
14. You have the right to obtain information as to any relationship of this hospital to other health care and educational institutions insofar as your care is concerned. You have the right to obtain information as to the existence of any professional relationships among individuals, by names, which were treating you.
15. You have the right to be advised is the hospital proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse participation in such research projects.
16. You have the right to expect reasonable continuity of care. You have the right to know, in advance, what appointment times and physicians are available and where. You have the right to expect that the hospital will provide a mechanism whereby your physician or a delegate of your physician informs you of your continuing health care requirements following discharge.
17. You have the right to examine and receive an explanation of you bill, regardless of source of payment.
18. You have the right to know what the hospital rules and regulations apply to your conduct as a patient.
19. You have the right to information about your Patient's Rights Policy.
20. You have the right to be informed about our mechanism of initiation, review, and resolution of patient complaints and grievances, (you may also report your concerns to the Washington State Department of Health at 800-633-6828). Medicare beneficiaries have the right to request information on the grievance process for Medicare beneficiary complaints by contacting Pro-West at 800-445-694.
21. You have the right to know that the nature and quality of care will not differ if you have a complaint or grievance against the system or health care provider.
22. You have the right to speak with the Administrator if you think that your rights are not respected. The Administrator is available Monday through Friday from 0900 a.m. to 5:00 p.m. at 509-787-3531.
23. You have the right to request information on the hospital's Advance Directives Policy and Procedure, and the right to formulate a health care (advance) directive and appoint a surrogate to make health care decisions to the extent permitted by law.
24. You have the right to be placed in protective privacy when considered necessary for personal safety.
25. You have the right to request a transfer to another room if another patient or a visitor in the room is unreasonably disturbing you.

AS A PATIENT AT QVMC YOU HAVE THE FOLLOWING RESPONSIBILITIES:

1. To provide the hospital with information about past illness, hospitalizations, medications, and other matters relating to your health to the best of your ability.
2. To cooperate with all hospital personnel involved in your care and treatment and to actively participate in much as possible in decisions regarding your care.

3. To follow your physician's advice and instructions and not take any drugs which have not been prescribed by your attending physician and administered by the hospital personnel.
4. To assume full responsibility to pay for all services rendered by the hospital, either through third party payers (your insurance company) or through your own financial resources.

*See Patient Rights signature sheets and pamphlets.

 QUINCY VALLEY MEDICAL CENTER	Total Pages: 1	Original Date: 9-1-2021	Effective Date: 9-2-2021	Supersede Date:
APPROVALS:  <hr/> Administrator		SUBJECT: Non-Discrimination Policy		
		<input type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input type="checkbox"/> Protocol
Originating Departments: Administration			Affected Departments: All	

POLICY:

Grant County Public Hospital District #2 dba Quincy Valley Medical Center is committed to ensuring that patients are treated with equality consistent with state and federal law.

Quincy Valley Medical Center provides an environment for patients that is free from discrimination and does not exclude, deny benefits to or otherwise discriminate against any person nor limit participation in or receipt of the services and benefits under any of its programs on the basis of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status or any other basis prohibited by federal, state, or local law.

Patients have a right to choose the family members and/or other individuals close to them who may participate in their healthcare decisions and have access to protected health information about them. We will respect patient choice.

We will not condition a patient's access to emergency treatment and labor and delivery care on an ability to pay for such treatment.

We will not discriminate in the provision of charity care to needy patients.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes of the title 45 Code of Federal Regulations Parts 80, 84 and 91.

 QUINCY VALLEY MEDICAL CENTER	Ref. #:	Original Date: May 25, 2004	Effective Date: July 1, 2022	Supercede Date May 4, 2018
	Total Pages:			
APPROVALS: <i>Glenda L. Bishop</i> Administrator		SUBJECT: “Financial Assistance” (Charity Care)		
		_ Policy	_ Procedure	_ Protocol
Manual Distribution Business Office	Originating Departments: Administration	Affected Departments: Business Office (Registration)		

Background

Under Washington law, each hospital must develop a charity care policy. The law requires hospitals to provide free inpatient and outpatient care to very low income patients who have been treated in the hospital. It also requires that hospitals provide discounts to other low income patients. Whether or not a person qualifies for financial assistance often depends on how the person’s income compares to the federal poverty guidelines.

Washington State Department of Health (DOH) is responsible for rule-making and monitoring related to charity care and is required to report to the legislature and governor on an annual basis.

Washington’s charity care law was established in 1989; the law can be found in the Revised Code of Washington, Chapter 70 Section 170: <http://apps.leg.wa.gov/RCW/default.aspx?cite=70.170>

The rules implementing the law can be found in the Washington Administrative Code at Chapter 246, Section 453: <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-453>

Purpose of the Policy

To meet the requirements of State law in providing access to quality health care services to those classified as indigent persons, and in compliance with Substitute House Bill 1616 (SHB1616).

Definitions:

- (1) “Indigent persons” means those patients or their guarantors who qualify for charity care based on the federal poverty level, adjusted for family size, and who have exhausted any third-party coverage.
- (2) “Third-party coverage” and “third-party sponsorship” means an obligation on the part of an insurance company or governmental program which contracts with hospitals and patients to pay for the care of covered patients and services and may include settlements, judgments, or awards actually received related to the negligent acts of others which have resulted in the medical condition for which the patient has received hospital services;
- (3) “Responsible party” means that individual who is responsible for the payment of any hospital charges which are not subject to third-party sponsorship;
- (4) “Income” means total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony and net earnings from business and investment activities paid to the individual;
- (5) “Family” means a group of two or more persons related by birth, marriage or adoption who live together; all such related persons are considered as members of one family;
- (6) “Hospital” shall refer to Grant County Public Hospital District #2 dba Quincy Valley Medical Center.

Policy:

- (1) The initiation of collection efforts directed at the responsible party shall be precluded pending an initial determination of sponsorship status; collection efforts include demand for payment or transmission of account documents or information which is not clearly identified as being intended solely for the purpose of transmitting information to the responsible party;
- (2) The initial determination of sponsorship status shall be completed at the time of admission or as soon as possible following the initiation of services to the patient;
- (3) If the initial determination of sponsorship status indicates that the responsible party may meet the criteria for classification as an indigent person (as defined above), collection efforts directed at the responsible party will be precluded pending a final determination of that classification, provided that the responsible party is cooperative with the hospital's reasonable efforts to reach a final determination of sponsorship status;
- (4) During the pendency of the initial determination of sponsorship status and/or the final determination of the applicability of indigent person criteria, hospitals may pursue reimbursement from any third-party coverage that may be identified to the hospital.
- (5) Any responsible party who has been initially determined to meet the criteria identified within this policy shall be provided with at least fourteen calendar days or such time as the person's medical condition may require, or such time as may be reasonable be necessary to secure and to present documentation as described below prior to receiving a final determination of sponsorship status.
- (6) Medicaid and Health Benefit Exchange Obligations: Identification of Patients Eligible for Certain Third Party Coverage: For services provided to patients on or after July 1, 2022, the following procedures will apply for identifying patients and/or their guarantors who may be eligible for health care coverage through Washington medical assistance programs (e.g., Apple Health) or the Washington Health Benefit Exchange:
 1. As a part of the charity care application process for determining eligibility for financial assistance and charity care, QVMC will query as to whether a patient or their guarantor meets the criteria for health care coverage under medical assistance programs under chapter 74.09 RCW or the Washington Health Benefit Exchange.
 2. As part of the Financial Assistance application process, QVMC staff also work with patients/families who do not have applicable Third-Party Coverage to assess whether such patients/families may be eligible for Medicaid and/or health care coverage through Washington's Health Benefit Exchange (RCW 43.71). Staff will provide assistance with Medicaid and Qualified Health Plan applications, and including but not limited to providing the patient/family with information about the application process, assisting patients through the application process, providing necessary forms that must be completed, and/or connecting the patient/family with other agencies or resources who can assist the patient/family in completing such applications.
 - a. In providing assistance to the application process, QVMC will take into account any physical, mental, intellectual, sensory deficiencies or language barriers which may hinder either the patient or their guarantor from complying with the application procedures and will not impose procedures on the patient or guarantor that would constitute an unreasonable burden.
 3. If the patient or guarantor fails to make reasonable efforts to cooperate with QVMC in applying for coverage under chapter 74.09 RCW or the Washington Health Benefit Exchange, QVMC is not obligated to provide charity care to such patient.
 4. If a patient or their guarantor is obviously or categorically ineligible or has been deemed ineligible for coverage through medical assistance programs under chapter 74.09 RCW or the Washington Health Benefit Exchange in the prior 12 months, QVMC will not require the patient or their guarantor to apply for such coverage.

- (7) Potential indigent persons shall use the hospital's application process attesting to the accuracy of the information provided for purposes of determining the individual's qualification for financial assistance/charity care sponsorship. The hospital will not impose application procedures for financial assistance/charity care sponsorship which place an unreasonable burden upon the responsible party, taking into account any physical, mental, intellectual or sensory deficiencies or language barriers which may hinder the responsible party's capability of complying with the application procedures. The failure of a responsible party to reasonably complete appropriate application procedures shall be sufficient grounds for the hospital to initiate collection efforts directed at the patient.
- (8) The hospital will not require deposits from those responsible parties meeting the criteria indicated through an initial determination of sponsorship status.
- (9) The hospital will notify persons applying for financial assistance/charity care sponsorship of their final determination of sponsorship status within fourteen calendar days of receiving information in accordance with the application. This notification will include a determination of the amount for which the responsible party will be held financially accountable.
- (10) In the event that the hospital denies the responsible party's application for financial assistance/charity care sponsorship, the hospital must notify the responsible party of the denial and the basis for that denial.
- (11) Responsible parties shall be notified that they have thirty calendar days within which to request an appeal of the final determination of sponsorship status. Within the first fourteen days of this period the hospital may not refer the account at issue to an external collection agency. After the fourteen day period, if no appeal has been filed, the hospital may initiate collection activities. If the hospital has initiated collection activities and discovers an appeal has been filed, they shall cease collection efforts until the appeal is finalized.
- (12) In the event that the hospital's final decision upon appeal affirms the previous denial of financial assistance/charity care, the responsible party and the Department of Health shall be notified in writing of the decision and the basis for the decision, and the Department of Health shall be provided with copies of documentation upon which the decision was based. The Department will review the instances of denials of financial assistance/charity care. In the event of an inappropriate denial of financial assistance/charity care, the Department may seek penalties as provided in RCW 70.170.070.
- (13) In the event that a responsible party pays a portion or all of the charges related to appropriate hospital-based medical care services and is subsequently found to have met the financial assistance/charity care criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-040 shall be refunded to the patient within thirty days of achieving the charity care designation.

Requirements for the identification of indigent persons

- (1) For purpose of reaching an initial determination of eligibility for financial assistance/charity care, the hospital shall rely upon information provided orally by the responsible party. The hospital will require the responsible party to sign a statement attesting to the accuracy of the information provided to the hospital for purposes of the initial determination of eligibility.
- (2) Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of financial assistance/charity care eligibility status when the income information is annualized as may be appropriate:
 - (a) A "W-2" withholding statement
 - (b) Pay stubs
 - (c) An income tax return from the most recently filed calendar year

- (d) Forms approving or denying eligibility for Medicaid and/or state funded medical assistance
 - (e) Forms approving or denying unemployment compensation
 - (f) Written statements from employers or welfare agencies
- (3) In the event that the responsible party's identification as an indigent person is obvious to hospital personnel, and the hospital personnel are able to establish the position of the income level within income ranges included in the hospital's Charity Care Policy, the hospital is not obligated to establish the exact income level or to request the aforementioned documentation from the responsible party, unless the responsible party requests further review.
 - (4) In the event that the responsible party is not able to provide any of the documentation described above, the hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person.
 - (5) Information requests from the hospital to the responsible party for the verification of income and family size shall be limited to that which is reasonably necessary and readily available to substantiate the responsible party's qualification for charity sponsorship and may not be used to discourage applications for such sponsorship. Only those facts relevant to eligibility may be verified, and duplicate forms of verification shall not be demanded.

How to Apply

Quincy Valley Medical Center will notify all patients of the organization's FAP (Financial Assistance Policy) and provide an application to all patients/guarantors that request consideration. Each patient will have an initial consultation to determine eligibility. At the time of the review, Quincy Valley Medical Center will determine if there are any other programs that the patient may be eligible for.

Write Off Approval

All write offs will be approved by the Patient Accounts Manager, the CFO, the Finance Committee and the Board of Commissioners.

On an annual basis, the Patient Accounts Manager will update the write off schedule based on the most recent approved poverty guidelines.

Write Off Calculations

1. The full amount of patient or guarantor responsibility for hospital charges will be determined to be charity care for a patient or their guarantor whose income is at or below 200% of the current federal poverty level, adjusted for family size.
 - a. QVMC will not consider the value of assets to reduce charity care discounts for individuals in this category.
2. Seventy-five percent of patient or guarantor responsibility for hospital charges will be determined to be charity care for a patient or their guarantor whose income is between 201% and 250% of the current federal poverty level, adjusted for family size.
 - a. QVMC will not consider the value of assets to reduce charity care discounts for individuals in this category.
3. Fifty percent of uncovered hospital charges will be determined to be charity care for a patient or their guarantor whose income is between 251% and 300% of the current federal poverty level, adjusted for family size.
 - a. QVMC will not consider the value of assets to reduce charity care discounts for individuals in this category.

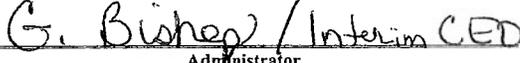
This Financial Assistance/Charity Care Policy shall be applicable to accounts generated by the hospital (inpatient and outpatient services) and those services provided by the hospital-based Rural Health Clinic referred to as SageView Family Care.

In the event of non-payment, Quincy Valley Medical Center's "*Collection of Self Pay Accounts*" will be applied. All information used to determine eligibility will be provided by patient/guarantor. Quincy Valley Medical Center uses no other information to presumptively determine an individual's eligibility for financial assistance.

All services provided by Quincy Valley Medical Center are considered eligible under the organization's Financial Assistance Policy.

References: 70.170 RCW and WAC 246-453

0230.3

 QUINCY VALLEY MEDICAL CENTER	Reference Number:	Tag #:	Original Date:	Effective Date:	Supersede Date:
	Total Pages:		09/04/2017	09/04/2017	
APPROVALS:  G. Bishop / Interim CEO Administrator  Department Manager			SUBJECT: Advanced Directives		
			Policy	Procedure	Protocol
Manual Distribution: Acute, ED		Originating Department: Acute		Affected Departments: Acute, ED	

DEFINITION/PURPOSE

Patients have the right to decide what type of medical care they want, even if they are unable to speak for themselves.

Advanced Directives are legal documents where persons write down how they want their health care handled if they can no longer make or communicate their decisions.

GENERAL INFORMATION

Acute, & Observation patients:

Upon admission to acute, or observation patient status, the patient will be provided with written information concerning the right to refuse, or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. During the admission process, the admitting Nurse, Nursing Administration, or Social Worker will review with the patient, and/or family members or legal representative (if the patient is incapacitated and unable to receive the information about his or her right to formulate and advance directive), the facility policy described therein and the attached written material used in assisting in the process of documentation of wishes that includes a POLST form, making your wishes known through advanced directives form and a written brochure in English and Spanish that further explains 2 types of advanced directives "Living Will", and "Durable Power of Attorney for Health Care". In the case of an Observation patient who may only be here for a few hours, at a minimum the information will be presented, including providing the brochure and given the same opportunity as described in this policy with consideration of their short time period. If an Observation patient requests assistance in formulating advance directives other than a POLST, Nursing Administration, and/or a Social Worker will be informed to arrange or assist in arranging that assistance.

Emergency Patients:

All Emergency Patients or their legal representative will be asked their Code Status. All Emergency Patients or their legal representative will be offered information on Advanced Directives if they wish to learn more. All Emergency patients Code status will be documented in their medical record, as well as whether they requested and received information on Advanced Directives.

1. In accordance with current OBRA definitions and guidelines governing advance directives, our facility has defined advanced directives as preferences regarding treatment options and include, but are not limited to:
 - a. **Advance Directive** — a written instruction, such as a living will or durable power of attorney for health care, recognized by State law, relating to the provisions of health care when the individual is incapacitated.
 - b. **Living Will** — a document that specifies a resident's preferences about measures that are used to prolong life when there is a terminal prognosis.

6. If the patient, or patient representative refuses treatment, the facility and care providers will:
 - a. Reassess the patient for significant change of condition related to the refusal.
 - b. Determine the decision-making capacity of the patient and invoke the decisions of the legal representative if appropriate to the situation.
 - c. Document specifically what the patient, or representative is refusing.
 - d. Assess and document the stated reason for the refusal.
 - e. Advise the patient or representative of the consequences and/or potential outcomes of the refusal.
 - f. Offer pertinent alternative treatments; and
 - g. Modify the care plan as appropriate, providing all other appropriate services of refusal.

7. The patient's attending Provider will clarify and present any relevant medical issues and decisions to the patient, or legal representative as the patient's condition changes in an effort to clarify and adhere to the patient's wishes.

RELATED ATTACHED DOCUMENTS:

POLST Form

Making Your Wishes Known Through Advanced Directives Form

Your Rights and End of Life Care: Advance Directives Brochure (English & Spanish)

Physician Orders for Life-Sustaining Treatment

Last Name - First Name - Middle Initial

Date of Birth _____ Last 4 #SSN _____ Gender _____
 _____ M F

FIRST follow these orders, **THEN** contact physician, nurse practitioner or PA-C. The POLST form is always voluntary. The POLST is a set of medical orders intended to guide medical treatment based on a person's current medical condition and goals. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Medical Conditions/Patient Goals:

Agency Info/Sticker

A CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.

Check One CPR/Attempt Resuscitation DNAR/Do Not Attempt Resuscitation (Allow Natural Death)

Choosing DNAR will include appropriate comfort measures and may still include the range of treatments below. When not in cardiopulmonary arrest, go to part B.

B MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.

Check One **COMFORT MEASURES ONLY** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no hospital transfer: EMS contact medical control to determine if transport indicated to provide adequate comfort.**

LIMITED ADDITIONAL INTERVENTIONS Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation or mechanical ventilation. May use less invasive airway support (e.g. CPAP, BiPAP). **Transfer to hospital if indicated. Avoid intensive care if possible.**

FULL TREATMENT Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. **Transfer to hospital if indicated. Includes intensive care.**

Additional Orders: (e.g. dialysis, etc.) _____

C SIGNATURES: The signatures below verify that these orders are consistent with the patient's medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

Discussed with:

- Patient Parent of Minor
- Guardian with Health Care Authority
- Spouse/Other as authorized by RCW 7.70.065
- Health Care Agent (DPOAHC)

PRINT — Physician/ARNP/PA-C Name

Phone Number

X Physician/ARNP/PA-C Signature (*mandatory*)

Date (*mandatory*)

PRINT — Patient or Legal Surrogate Name

Phone Number

X Patient or Legal Surrogate Signature (*mandatory*)

Date (*mandatory*)

Person has: Health Care Directive (living will)
 Durable Power of Attorney for Health Care

Encourage all advance care planning documents to accompany POLST

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

QUINCY VALLEY MEDICAL CENTER

MAKING YOUR WISHES KNOWN THROUGH ADVANCED DIRECTIVES

Federal law, state law and hospital policy require us to advise you of your right to make decisions concerning your medical care, including your right to accept or refuse medical and surgical treatment. Quincy Valley Medical Center is committed to help you facilitate your specific wishes.

You can make your wishes known about your future medical treatment through ADVANCE DIRECTIVES such as:

- LIVING WILL—a document stating your personal directives about life-prolonging treatment
- DURABLE POWER OF ATTORNEY FOR HEALTH CARE—a document selecting care decision for you if you become unable
- ORGAN DONATION

Whatever your decision concerning ADVANCE DIRECTIVES may be, YOU WILL RECEIVE THE SAME QUALITY MEDICAL TREATMENT.

_____ I have NOT executed an Advance Directive

_____ I HAVE executed an Advance Directive

LIVING WILL—Location of form _____

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Location of form _____

Designee's Name _____

_____ I have received the Advance Directives Packet (Optional)

I have read the above statement concerning my right to accept or refuse medical treatment and my right to formulate Advance Directives.

SIGNED:

Witness

Signature of Patient

Date

Witness

Surrogate Decision Maker

Date

<http://www.doh.wa.gov/livingwill/> to register.

Can I change my Advance Directive?

Yes. You may change or cancel your **Living Will** or **Durable Power of Attorney for Health Care** by destroying them, putting your changes in writing, or telling someone about the changes. You should destroy all old copies.

When changing any Advance Directive you should tell your family, doctor, attorney, and anyone else who may be involved in your health care. You must tell your doctor of any changes or they may not be effective. You should also update any Advance Directive you have registered at the Washington State Living Will Registry.

Will hospitals and doctors honor my Advance Directive?

Yes. Hospitals and doctors support patients' rights to make their own medical decisions. They follow Advance Directives that meet state law and medical ethics standards.

Hospitals must tell you their policies on Advance Directives *and* if there are any conflicts they know of between your Advance Directive and hospital policies. If there is a conflict, but you want to continue treatment with a doctor or facility, a written plan of action must be agreed upon and included in your medical record.

If you have more than one type of Advance Directive and there is conflict between them, the newer document will be followed.

For more information on Advance Directives or a referral, please contact:

Your Hospital's Social Services Department 509-737-5348

AARP (American Association of Retired Persons):
1-888-687-2277

Northwest Justice Project
Low-Income non-King County clients:
1-888-201-1014

King County Bar Association:
Attorneys for Low-Income clients:
(206) 267-7010

Lawyer referral for all other clients:
(206) 623-2551

Your Rights and End-of-Life Care: Advance Directives

You have the right to decide what type of medical care you want, even if you cannot speak for yourself.

Advance Directives are legal documents where you write down how you want your health care handled if you can no longer make or communicate decisions.

This brochure answers questions about how to make an Advance Directive in Washington State.

There are two types of Advance Directives:

- **Living Will**
- **Durable Power of Attorney for Health Care**

What is an Advance Directive and why do I need one?

An "Advance Directive" is a legal document that gives instructions about your future medical care. With an Advance Directive, you can direct your medical care even when you are too ill to communicate or are unconscious. You may also use an Advance Directive to appoint a person other than yourself to make health care decisions for you. An Advance Directive is an excellent tool to help those who care for you provide you with the type of care you really want.

As long as you can say what care you want you can accept or refuse any medical care.

It is your choice whether or not to complete an Advance Directive--there is no legal requirement to have one.

Under Washington State law, you have the right to make decisions about your medical care through Advance Directives. If you plan ahead, you can direct your care even while unable to communicate.

Do I have to have an Advance Directive to go to a hospital?

No. Hospitals cannot discriminate based on whether a person has an Advance Directive. However, it is a good idea to have one in case you become unable to communicate your wishes.

What is a Living Will?

This is a legal document completed by you that lets you tell your doctor what you *do* or *do not* want if you are diagnosed with a terminal condition or are permanently unconscious and unlikely to recover. You may choose to decline treatment that

prolongs the dying process.

What is a Durable Power of Attorney for Health Care?

This is a legal document completed by you that identifies the person you want to make your health care decisions for you if you are unable to make them for yourself. You can say what health care decisions you want made for you and what those decisions should be. You can also decide when the Durable Power of Attorney for Health Care goes into effect.

What does terminal condition mean?

This means a patient's condition is not curable, whether by injury, disease, or illness. In this situation, life-sustaining treatment serves only to prolong the process of dying. Your doctor decides if you have a terminal condition.

What does permanently unconscious mean?

This means a patient has an incurable and irreversible condition from which he or she probably will not recover. Two doctors must agree when someone is permanently unconscious.

How do I prepare an Advance Directive?

Forms are available for both types of Advance Directives from hospitals, doctors, advocacy organizations, or attorneys. An attorney may also help you prepare your Advance Directive.

Living Wills must be signed and dated by you in the presence of two witnesses. These two witnesses must also sign and cannot be: related to you by blood or marriage; in line to inherit your money or property if you die; people you owe money to; your doctor or your doctor's employees; or employees of the health care

facility where you are a patient or resident.

A Durable Power of Attorney for Health Care must be signed and dated by you. It is recommended that it also be notarized in case you take it out of state. The person you choose to make health care decisions for you should be someone you trust. The person you choose cannot be: your doctor; an employee of your doctor; or an administrator, owner, or employee of a health care facility in which you live or are a patient (unless the person is also your spouse, adult child, or sibling).

When does an Advance Directive become effective?

A **Living Will** becomes effective after you sign it and when your doctor diagnoses you with a terminal condition or when two doctors diagnose you to be in a permanent unconscious state. You decide when a **Durable Power of Attorney for Health**

Care becomes effective. It can be effective immediately, even if you are able to make decisions for yourself or it can become effective only when you are unable to make decisions.

Where should I keep my Advance Directive?

You and your family should agree on a safe place to keep your original Advance Directive. You should give copies to your doctor, attorney, and anyone you appoint to make health care decision for you. If you are admitted to a hospital, take a copy with you. You can also register your Advance Directive at the Washington State Living Will Registry, which will allow health care providers to access your Advance Directive even if you do not have it with you. Go to:

¿Puedo cambiar mis Directivas Anticipadas?

Sí. Puede cambiar o cancelar su **Testamento en vida** o **Poder legal duradero para atención de la salud** ya sea destruyendo el documento, efectuando los cambios por escrito o indicándole a alguien acerca de los cambios. Debería destruir todas las copias antiguas.

Cuando cambia cualquier Directiva Anticipada debería avisarle a su familia, médico, abogado y cualquier otra persona que pudiera estar involucrada en su atención de la salud. Debe avisarle a su médico sobre cualquier cambio o éstos podrían no hacerse efectivos. También debería actualizar cualquier Directiva Anticipada que haya registrado en el Registro de Testamentos en Vida del Estado de Washington.

¿Los hospitales y médicos respetarán mis Directivas Anticipadas?

Sí. Los hospitales y médicos apoyan los derechos de los pacientes de tomar sus propias decisiones médicas. Ellos respetan las Directivas Anticipadas que cumplen con la ley estatal y los estándares de ética médica.

Los hospitales deben informarle acerca de sus políticas en cuanto a las Directivas Anticipadas y si existiera algún conflicto sobre el cual ellos tuvieran conocimiento entre sus Directivas Anticipadas y las políticas del hospital. Si existiera un conflicto, pero usted desea continuar el tratamiento con un médico o establecimiento, se debe acordar un plan de acción por escrito e incluirlo en sus registros médicos.

Si usted tuviera más de un tipo de Directiva Anticipada y existe un conflicto entre éstas, se seguirá el documento más nuevo.

Para más información sobre las Directivas Anticipadas o una derivación, comuníquese con:

Departamento de Servicios Sociales de su Hospital 509-787-3531

AARP (Asociación Americana de Personas Jubiladas):
1-888-687-2277

Northwest Justice Project (Proyecto de Justicia del Noroeste)
Clientes de bajos ingresos que no sean del Condado de King:
1-888-201-1014

Colegio de Abogados del Condado de King:
Abogados para clientes de bajos ingresos:
(206) 267-7010

Derivación jurídica para todos los demás clientes:
(206) 623-2551

Sus derechos y la atención médica terminal:

Directivas anticipadas

Usted tiene derecho a decidir qué tipo de atención médica desea, incluso si no puede hablar por usted mismo.

Las Directivas Anticipadas son documentos legales en los que usted escribe cómo desea que se maneje su atención de la salud en caso de que no pueda tomar o comunicar sus decisiones.

Este folleto responde a las preguntas sobre cómo realizar una Directiva Anticipada en el Estado de Washington.

Existen dos tipos de Directivas Anticipadas:

- **Testamento en vida**
- **Poder legal duradero para atención de la salud**

¿Qué es una Directiva Anticipada y por qué necesito una?

Una "Directiva Anticipada" es un documento legal que da instrucciones acerca de su atención médica futura. Con una Directiva Anticipada, puede dirigir su atención médica incluso cuando está demasiado enfermo para comunicarse o está inconsciente. También podría usar una Directiva Anticipada para designar a un tercero para tomar decisiones de atención de la salud por usted. Una Directiva Anticipada es una excelente herramienta para ayudar a las personas que lo quieren a brindarle el tipo de atención que usted realmente desea.

Mientras usted pueda decir qué tipo de atención desea, puede aceptar o rechazar cualquier atención médica.

Es su decisión completar o no una Directiva Anticipada--no existe un requerimiento legal para tenerla. De conformidad con las leyes del Estado de Washington, usted tiene derecho a tomar decisiones sobre su atención médica a través de las Directivas Anticipadas. Si planea con anticipación, puede dirigir su atención incluso cuando no pueda comunicarse.

¿Debo tener una Directiva Anticipada para acudir a un hospital?

No. Los hospitales no pueden discriminar en base a si una persona tiene una Directiva Anticipada. Sin embargo, es una buena idea tener una en caso de que no pueda comunicar sus deseos.

¿Qué es un Testamento en Vida?

Es un documento legal realizado por usted que le hace saber a su médico lo que usted *desea* o *no desea* si fuera diagnosticado con una condición terminal o queda inconsciente de forma permanente y con pocas probabilidades de recuperación. Puede elegir rechazar un tratamiento que prolongue el proceso de muerte.

¿Qué es un Poder legal duradero para atención de la salud?

Es un documento legal realizado por usted el cual identifica a la persona que usted desea tome sus decisiones de atención de la salud en caso de que no pueda tomarlas por usted mismo. Puede decir cuáles decisiones de atención de la salud desea que se tomen por usted y qué decisiones se deberían tomar. También puede determinar cuándo entra en vigencia el Poder legal duradero para atención de la salud.

¿Qué significa condición terminal?

Significa que la condición del paciente no tiene cura, ya sea por una lesión, dolencia o enfermedad. En esta situación, el tratamiento para mantener con vida sirve únicamente para prolongar el proceso de muerte. Su médico decide si padece de una condición terminal.

¿Qué significa inconsciente de forma permanente?

Esto significa que un paciente padece de una condición sin cura e irreversible de la cual no se recuperará. Dos médicos deben estar de acuerdo cuando una persona está inconsciente de forma permanente.

¿Cómo preparo una Directiva Anticipada?

Los formularios están disponibles para ambos tipos de Directivas Anticipadas en hospitales, médicos, organizaciones defensoras o abogados. Un abogado también podría ayudarle a preparar su Directiva Anticipada.

Testamentos en vida deben ser firmados y fechados por usted en presencia de dos testigos. Estos dos testigos también deben firmar y no pueden: estar emparentados con usted por vía sanguínea o matrimonial; estar en la línea de herencia de su dinero o propiedades si usted fallece; ser personas a las que usted le debe dinero; ser su médico o el médico de sus empleados; ni ser empleados de un establecimiento de atención de la salud donde usted es paciente o residente.

Un **Poder legal duradero para atención de la salud** debe estar firmado y fechado por usted. Se

recomienda que también sea legalizado con notario en caso de que lo lleve fuera del estado. La persona que elija para tomar las decisiones de atención de la salud por usted debería ser alguien en quien usted confíe. La persona que elija no puede ser: su médico; un empleado de su médico; o un administrador, propietario o empleado de un establecimiento de atención de la salud en el cual usted viva o sea paciente (a menos que la persona sea también su cónyuge, hijo adulto o hermano).

¿Cuándo se hace efectiva una Directiva Anticipada?

Un **Testamento en vida** se hace efectivo después de firmarlo y cuando su médico le diagnostica una condición terminal o cuando dos médicos le diagnostican un estado de inconsciencia permanente. Usted decide cuándo un **Poder legal duradero para atención de la salud** se hace efectivo. Puede hacerse efectivo de inmediato, incluso si usted no puede tomar decisiones por usted mismo o puede hacerse efectivo únicamente cuando usted no pueda tomar decisiones.

¿Dónde debería guardar mis Directivas Anticipadas?

Usted y su familia deberían acordar un lugar seguro para guardar el original de sus Directivas Anticipadas. Debería entregarle copias a su médico, abogado y a cualquier persona que usted designe para tomar las decisiones de atención de la salud por usted. Si es admitido en un hospital, lleve una copia consigo. También puede registrar sus Directivas Anticipadas en el Registro de Testamentos en Vida del Estado de Washington, el cual permitirá a sus proveedores de atención de la salud acceder a sus Directivas Anticipadas incluso si usted no las tiene consigo. Visite: <http://www.doh.wa.gov/livingwill/> para registrarse.

ADVANCED DIRECTIVES

Current state law requires that healthcare facilities provide information to assist patients in making decisions related to medical care, including the right to accept or refuse treatment and the right to formulate Advanced Directives. Advanced directives include: Directive to Physicians, Power of Attorney for Healthcare, Code/No Code Status (CPR) or Do Not Resuscitate (DNR), Organ or Tissue Donation.

This information is provided to help you understand the subject, to provide for your wishes, and protect your rights. You are not required to make an advanced directive, however, if no directives are made, healthcare personnel are obligated to take all measures possible to prolong life (life support).

What is a Living Will?

In Washington State, a Living Will is also known as a "Directive to Physicians". It is a legal document directing your attending physician to withhold artificial life-sustaining treatment if you have any incurable illness, irreversible brain damage, or terminal coma. Current law requires that resuscitation be attempted and life support initiated if death is discovered in a reasonable length of time, unless medical staff are directed otherwise by "Directive to Physicians".

Included in the Living Will (Section C) you will find specific questions regarding code status (CPR), antibiotic use, and non-oral nutrition and fluids. These questions will clarify your decisions regarding treatment. Consult your physician with any questions you may have. You may leave this blank and have yourself or surrogate decision maker decide as situations arise. You should be sure your surrogate decision maker fully understands your wishes.

If you decide to use a Living Will, sign the Directive to Physicians in the presence of two witnesses. Neither witness may be related to you by blood or marriage, be an heir of your estate or have a claim against your estate, nor be your attending physician or employee of same or of a health facility in which you are a patient. These witnesses may be clergymen, lawyer, or close family friends, etc.

Read and think about your Living Will. Discuss your directive with your family and encourage them to understand your wishes. Discuss your concerns with your physician or clergymen if you desire. If you decide to sign a Living Will or Directive to Physicians, give a copy to your physician for your medical record, and provide a copy to a friend or relative who may be notified in case of an emergency.

Periodically review your Living Will. If you wish to make changes or revoke it, notify your physicians and family.

We have provided a manual written by the State for further reading, and a copy of a Living Will. If you have further questions, concerns or needs, please feel free to contact your physician. Example forms of "Power of Attorney for Healthcare" are available upon request, as is information regarding organ/tissue donation.

This institution is an Equal Opportunity Provider.

 QUINCY VALLEY MEDICAL CENTER	Ref.#	Tag#	Original Date: 4/13/13	Effective Date: 9/13/18	Revised Date: 2/10/21
	Total Pages: 1				
APPROVALS:  DEPARTMENT MANAGER			SUBJECT: Post-Coital Contraception/Patient Education & Patient Education		
			<input checked="" type="checkbox"/> Policy	<input checked="" type="checkbox"/> Procedure	<input type="checkbox"/> Protocol
Originating Department: Pharmacy		Affected Department: All Clinical Departments			

POLICY: The purpose of emergent post-coital contraception is to prevent pregnancy following a sexual assault. By Washington State law every hospital providing emergency care for sexual assault patients must:

1. Provide information about emergency contraception
2. Inform each patient of her option to be provided with this medication, and
3. If not medically contraindicated provide emergency contraception immediately.

PROCEDURE

1. Obtain a urine pregnancy test on all females 10 to 55 years of age, except if hysterectomy or tubal ligation. Proceed only if test result is negative.

Offer emergency contraception when:

- a. Assault occurred within 5 days prior to presentation, and
- b. Patient is at risk for pregnancy, and
- c. Patient is not using a highly reliable method of contraception
- d. Patient feels any pregnancy conceive in the last five days would be undesirable to continue, and
- e. Pregnancy test is negative.
2. Provide both verbal and written education regarding Post-Coital Contraception (PCC) to the patient.
3. Obtain informed consent. Have the patient or patient's legal guardian sign consent if PCC is requested.
4. Inform the patient that her menstrual period should begin within the next 2-3 weeks. She should see her Primary Care Physician and/or Family Planning for a pregnancy test and exam, if no menstruation within 3 weeks after treatment.
5. Give emergency contraceptive medication in the Emergency Department(ED). Nausea may occur.

Reference/Patient Education

<https://www.womenshealth.gov/files/fact-sheet-emergency-contraception.pdf>

Authorized by: Fernando Guzmán, PharmD, Director of Pharmacy

Facts About Emergency Contraception Pills (levonorgestrel methods)

Who is Emergency Contraception (EC) for?

EC is for a woman who:

- had sex without using birth control **OR** had trouble using her regular method (missed pills, broken condom, etc.)

AND

- does **NOT** want to get pregnant.

What is EC?

EC comes in different forms

- Plan B® One-Step EC is 1 pill (1.5mg) that contains the same hormone used in many birth control pills (called levonorgestrel). This option is available without a prescription if you are 17 or older.
- Next Choice™ EC is 2 pills (0.75 mg each) that contain the same hormone used in many birth control pills (called levonorgestrel). This generic option requires a prescription if you are under 17. It is available without a prescription if you are 17 or older.
- Levonorgestrel is 2 pills (0.75 mg each) that contains the same hormone used in many birth control pills. This generic option is available without a prescription if you are 17 or older.
- ella® is 1 pill (30 mg) that contains a progesterone receptor modulator (called ulipristal acetate). This option is available only with a prescription.
- These types of EC are sometimes called "the morning after pill."
- There are some other EC options, too.
 - Some types of daily combined birth control pills can be used as EC. The number of pills you need to take depends on the type of pill.
 - A Copper-T Intrauterine Device (IUD)
 - Go to www.not-2-late.com to learn more about these other forms of emergency contraception.

How does EC work?

- If you are already pregnant, EC will not work.
- **Take EC as soon as possible after having unprotected sex. EC may work up to 5 days (120 hours) after you've had unprotected sex. The sooner you take EC, the better.**

*****HAND THIS SHEET TO YOUR PHARMACIST*****

I need Emergency Contraception

¿Para quién es la anticoncepción de emergencia (AE)?

La AE es para la mujer que:

- Tuvo relaciones sexuales sin usar anticonceptivos **O** tuvo problemas al usar su método regular (olvidó tomar sus píldoras, el preservativo se rompió, etc.)

Y

- **NO** quiere quedar embarazada.

¿Qué es la AE?

La AE viene en formas diferentes

- La AE Plan B One-Step es 1 píldora (1.5mg) que contiene la misma hormona usada en muchas píldoras anticonceptivas (llamada levonorgestrel). Esta opción esta disponible sin receta si usted tiene 17 años de edad o más.
- La AE Next Choice son 2 píldoras (0.75 mg cada una) que contienen la misma hormona usada en muchas píldoras anticonceptivas (llamada levonorgestrel). Esta opción genérica requiere una receta si es menor de 17 años de edad. Está disponible sin receta si tiene 17 años o más.
- LA AE Ella es una píldora (30 mg) que contiene un modulador del receptor de progesterona (llamada acetato de ulipristal). Esta opción está disponible sólo con receta médica.
- Estos tipos de AE a veces se son llamados "la píldora del día siguiente".
- También existen otros tipos de AE.
 - o Algunos tipos de píldoras anticonceptivas diarias pueden ser usados como AE. El número de píldoras que necesita tomar depende del tipo de píldora.
 - o Un dispositivo intrauterino (DIU) o "T de cobre".
 - o Visite www.not-2-late.com para saber más sobre estas otras formas de anticoncepción de emergencia.

¿Cómo funciona la AE?

- La AE funciona como las píldoras anticonceptivas regulares. Si ya está embarazada, la AE no funcionará.
- **Tome la AE tan pronto como le sea posible después de haber tenido relaciones sexuales sin protección. La AE podría funcionar aun hasta 5 días (120 horas) después de que haya tenido relaciones sexuales sin protección. Cuanto más pronto tome la AE, mejor funcionará esta.**

Health Matters es una publicación de ARHP para el público general que presenta un breve repaso de datos sobre varios temas con relación a la salud reproductiva.

PRESENTA ESTA HOJA EN LA FARMACIA

Neceiston anticoncepción de emergencia

Exhibit 6
Pro Forma Financials

Hospital Without the Project

Quincy Medical Center
Forecasted Statements of Revenues, Expenses and Change in Net Position
Excluding New Hospital Construction Project

	Budget 2022	Year 1 2023	Year 2 2024	Year 3 2025	Year 4 2026	Year 5 2027	Year 6 2028	Year 7 2029
OPERATING REVENUES								
Net patient service revenue prior to bad	11,266,399	11,779,047	12,317,327	12,882,521	13,475,974	14,099,101	14,753,383	15,440,380
Bad Debt	745,640	745,640	745,640	745,640	745,640	745,640	745,640	745,640
Charity	267,809	267,809	267,809	267,809	267,809	267,809	267,809	267,809
Net patient service revenue after bad debt	10,252,951	10,765,599	11,303,878	11,869,072	12,462,526	13,085,652	13,739,935	14,426,932
	-	-	-	-	-	-	-	-
Net patient service revenue	10,252,951	10,765,599	11,303,878	11,869,072	12,462,526	13,085,652	13,739,935	14,426,932
Other	-	-	-	-	-	-	-	-
	10,252,951	10,765,599	11,303,878	11,869,072	12,462,526	13,085,652	13,739,935	14,426,932
OPERATING EXPENSES								
Salaries and wages	3,650,977	3,833,526	4,025,202	4,226,462	4,437,785	4,659,675	4,892,658	5,137,291
Purchased services	1,557,220	1,635,081	1,716,835	1,802,677	1,892,811	1,987,451	2,086,824	2,191,165
Supplies	1,579,379	1,658,348	1,741,265	1,828,329	1,919,745	2,015,732	2,116,519	2,222,345
Employee benefits	965,767	1,014,055	1,064,758	1,117,996	1,173,896	1,232,591	1,294,220	1,358,931
Professional fees	1,826,035	1,917,337	2,013,204	2,113,864	2,219,557	2,330,535	2,447,062	2,569,415
Depreciation and amortization	279,139	279,139	279,139	279,139	279,139	279,139	279,139	279,139
Other	368,258	386,671	406,004	426,305	447,620	470,001	493,501	518,176
Rents and leases	267,796	275,830	284,105	292,628	301,407	310,449	319,762	329,355
Insurance	62,064	65,167	68,426	71,847	75,439	79,211	83,172	87,330
	10,556,635	11,065,154	11,598,938	12,159,246	12,747,399	13,364,784	14,012,857	14,693,147
OPERATING GAIN/(LOSS)	(303,684)	(299,555)	(295,060)	(290,173)	(284,873)	(279,131)	(272,922)	(266,216)
NONOPERATING REVENUES (EXPENSES)								
Property taxes	2,324,059	1,162,030	1,162,030	1,162,030	1,162,030	1,162,030	1,162,030	1,162,030
Property Tax for Debt Payment	-	-	-	-	-	-	-	-
Investment income	-	-	-	-	-	-	-	-
Interest and amortization	-	-	-	-	-	-	-	-
Gain (loss) on disposal of property	-	-	-	-	-	-	-	-
Other	37,200	37,200	37,200	37,200	37,200	37,200	37,200	37,200
	2,361,259	2,361,259	2,361,259	2,361,259	2,361,259	2,361,259	2,361,259	2,361,259
EXCESS OF REVENUES OVER EXPENSES	2,057,575	2,061,704	2,066,199	2,071,086	2,076,386	2,082,128	2,088,337	2,095,043

Quincy Medical Center
Forecasted Statements of Net Position
Excluding New Hospital Construction Project

	Historical 2022	Year 1 2023	Year 2 2024	Year 3 2025	Year 4 2026	Year 5 2027	Year 6 2028	Year 7 2029
Assets								
Current Assets								
Cash and Liquid Capital	9,815,308	11,832,652	13,894,355	15,960,555	18,031,640	20,108,027	22,190,154	24,278,492
US Bank Clearing	49,185	49,185	49,185	49,185	49,185	49,185	49,185	49,185
Accounts Receivable, Net of Allowance								
Accounts Receivable	6,271,155	6,271,155	6,271,155	6,271,155	6,271,155	6,271,155	6,271,155	6,271,155
Allowances against Receivables	4,571,089	4,571,089	4,571,089	4,571,089	4,571,089	4,571,089	4,571,089	4,571,089
Total Accounts Receivable, Net of Allowance	1,700,065	1,700,065	1,700,065	1,700,065	1,700,065	1,700,065	1,700,065	1,700,065
Other Receivables	(695,674)	(695,674)	(695,674)	(695,674)	(695,674)	(695,674)	(695,674)	(695,674)
Short Term Notes Receivable	13,537	13,537	13,537	13,537	13,537	13,537	13,537	13,537
Inventory	109,660	109,660	109,660	109,660	109,660	109,660	109,660	109,660
Prepaid Expenses	48,491	48,491	48,491	48,491	48,491	48,491	48,491	48,491
Total Current Assets	11,040,572	13,057,915	15,119,619	17,185,818	19,256,904	21,333,290	23,415,418	25,503,755
Long Term Assets								
Fixed Assets, Net of Depreciation								
Fixed Assets	7,612,597	7,612,597	7,612,597	7,612,597	7,612,597	7,612,597	7,612,597	7,612,597
Accumulated Depreciation	6,451,589	6,730,728	7,009,867	7,289,006	7,568,145	7,612,597	7,612,597	7,612,597
Construction in Progress	205,643	205,643	205,643	205,643	205,643	205,643	205,643	205,643
Total Fixed Assets, Net of Depreciation	1,366,650	1,087,511	808,372	529,233	250,094	205,643	205,643	205,643
Total Long Term Assets	1,366,650	1,087,511	808,372	529,233	250,094	205,643	205,643	205,643
Total Assets	12,407,222	14,145,427	15,927,991	17,715,052	19,506,998	21,538,933	23,621,061	25,709,398

Quincy Medical Center
Forecasted Statements of Net Position
Excluding New Hospital Construction Project

	Historical 2022	Year 1 2023	Year 2 2024	Year 3 2025	Year 4 2026	Year 5 2027	Year 6 2028	Year 7 2029
Liabilities								
Current Liabilities								
Accounts Payable	460,992	460,992	460,992	460,992	460,992	460,992	460,992	460,992
Short Term Notes Payable	37,073	40,232	43,715	20,869	4,481	0	0	0
Accrued Payroll and Related	242,526	242,526	242,526	242,526	242,526	242,526	242,526	242,526
Cost Report Settlement	170,000	170,000	170,000	170,000	170,000	170,000	170,000	170,000
Total Current Liabilities	910,590	913,750	917,233	894,387	877,999	873,518	873,518	873,518
Long Term Liabilities								
Long Term Notes Payable	109,297	69,065	25,350	4,481	0	0	0	0
Total Long Term Liabilities	109,297	69,065	25,350	4,481	0	0	0	0
Suspense Liabilities	5,861	5,861	5,861	5,861	5,861	5,861	5,861	5,861
Total Liabilities	1,025,749	988,676	948,444	904,729	883,860	879,379	879,379	879,379
Retained Earnings	9,323,899	11,095,047	12,913,348	14,739,237	16,546,752	18,577,426	20,653,345	22,734,976
Net Income	2,057,575	2,061,704	2,066,199	2,071,086	2,076,386	2,082,128	2,088,337	2,095,043
	12,407,223	14,145,427	15,927,992	17,715,052	19,506,998	21,538,933	23,621,061	25,709,398

Hospital With the Project

Quincy Medical Center
Forecasted Statements of Revenue, Expenses and Changes in Net Position
Including New Hospital Construction Project

	Historical 2022	After Construction Completion						
		Year 1 2023	Year 2 2024	Year 3 2025	Year 4 2026	Year 5 2027	Year 6 2028	Year 7 2029
OPERATING REVENUES								
Net patient service revenue prior to bad debts and charity	11,266,399	11,779,047	12,317,327	12,882,521	13,475,974	14,099,101	14,753,383	15,440,380
Bad Debt	745,640	745,640	745,640	745,640	745,640	745,640	745,640	745,640
Charity	267,809	267,809	267,809	267,809	267,809	267,809	267,809	267,809
Net patient service revenue after bad debts	10,252,951	10,765,599	11,303,878	11,869,072	12,462,526	13,085,652	13,739,935	14,426,932
	0	0	0	0	0	0	0	0
Net patient service revenue	10,252,951	10,765,599	11,303,878	11,869,072	12,462,526	13,085,652	13,739,935	14,426,932
Other - UTGO CAH Cost Report Impact	0	0	0	1,504,813	1,489,197	1,481,163	1,471,014	1,458,540
	10,252,951	10,765,599	11,303,878	13,373,885	13,951,723	14,566,815	15,210,949	15,885,472
OPERATING EXPENSES								
Salaries and wages	3,650,977	3,833,526	4,025,202	4,226,462	4,437,785	4,659,675	4,892,658	5,137,291
Purchased services	1,557,220	1,635,081	1,716,835	1,802,677	1,892,811	1,987,451	2,086,824	2,191,165
Supplies	1,579,379	1,658,348	1,741,265	1,828,329	1,919,745	2,015,732	2,116,519	2,222,345
Employee benefits	965,767	1,014,055	1,064,758	1,117,996	1,173,896	1,232,591	1,294,220	1,358,931
Professional fees	1,826,035	1,917,337	2,013,204	2,113,864	2,219,557	2,330,535	2,447,062	2,569,415
Depreciation and amortization	279,139	279,139	279,139	2,898,187	2,898,187	2,898,187	2,898,187	2,898,187
Other	368,258	386,671	406,004	426,305	447,620	470,001	493,501	518,176
Rents and leases	267,796	275,830	284,105	292,628	301,407	310,449	319,762	329,355
Insurance	62,064	65,167	68,426	71,847	75,439	79,211	83,172	87,330
	10,556,635	11,065,154	11,598,938	14,778,294	15,366,446	15,983,831	16,631,904	17,312,195
OPERATING GAIN/(LOSS)	-303,684	-299,555	-295,060	-1,404,408	-1,414,724	-1,417,016	-1,420,955	-1,426,723
NONOPERATING REVENUES (EXPENSES)								
Property taxes	2,324,059	1,162,030	1,162,030	1,162,030	1,162,030	1,162,030	1,162,030	1,162,030
Property Tax for Debt Payment	0	0	0	0	0	0	0	0
Investment income	0	0	0	0	0	0	0	0
Interest and amortization	0	0	0	2,589,396	2,163,250	2,465,500	2,429,500	2,385,250
Gain (loss) on disposal of property	0	0	0	0	0	0	0	0
Other and UTGO Property Tax	37,200	1,648,333	-2,084,300	-2,947,196	-2,696,050	-3,148,300	-3,277,300	-3,408,050
	2,361,259	2,810,363	-922,271	804,230	629,230	479,230	314,230	139,230
EXCESS OF REVENUES OVER EXPENSES	2,057,575	2,510,807	-1,217,330	-600,179	-785,494	-937,787	-1,106,726	-1,287,494

Quincy Medical Center
Forecasted Statements of Net Position
Including New Hospital Construction Project

	Historical 2022	After Construction Completion						
		Year 1 2023	Year 2 2024	Year 3 2025	Year 4 2026	Year 5 2027	Year 6 2028	Year 7 2029
Assets								
Current Assets								
Cash and Liquid Capital	9,815,308	12,605,255	11,667,063	13,965,071	16,077,764	18,038,164	19,829,625	21,440,318
US Bank Clearing	49,185	49,185	49,185	49,185	49,185	49,185	49,185	49,185
Accounts Receivable, Net of Allowance								
Accounts Receivable	6,271,155	6,271,155	6,271,155	6,271,155	6,271,155	6,271,155	6,271,155	6,271,155
Allowances against Receivables	4,571,089	4,571,089	4,571,089	4,571,089	4,571,089	4,571,089	4,571,089	4,571,089
Total Accounts Receivable, Net of Allowance	1,700,065	1,700,065	1,700,065	1,700,065	1,700,065	1,700,065	1,700,065	1,700,065
Other Receivables	(695,674)	(695,674)	(695,674)	(695,674)	(695,674)	(695,674)	(695,674)	(695,674)
Short Term Notes Receivable	13,537	13,537	13,537	13,537	13,537	13,537	13,537	13,537
Inventory	109,660	109,660	109,660	109,660	109,660	109,660	109,660	109,660
Prepaid Expenses	48,491	48,491	48,491	48,491	48,491	48,491	48,491	48,491
Total Current Assets	11,040,572	13,830,518	12,892,327	15,190,335	17,303,028	19,263,427	21,054,888	22,665,581
Long Term Assets								
Fixed Assets, Net of Depreciation								
Fixed Assets	7,612,597	58,597,597	58,597,597	58,597,597	58,597,597	58,597,597	58,597,597	58,597,597
Accumulated Depreciation	6,451,589	6,730,728	7,009,867	9,908,054	12,806,240	15,469,740	18,088,787	20,707,835
Construction in Progress	205,643	205,643	205,643	205,643	205,643	205,643	205,643	205,643
Total Fixed Assets, Net of Depreciation	1,366,650	52,072,511	51,793,372	48,895,186	45,996,999	43,333,500	40,714,452	38,095,405
Total Long Term Assets	1,366,650	52,072,511	51,793,372	48,895,186	45,996,999	43,333,500	40,714,452	38,095,405
Total Assets	12,407,222	65,903,029	64,685,699	64,085,521	63,300,027	62,596,927	61,769,341	60,760,986

Quincy Medical Center
Forecasted Statements of Net Position
Including New Hospital Construction Project

	After Construction Completion							
	Historical 2022	Year 1 2023	Year 2 2024	Year 3 2025	Year 4 2026	Year 5 2027	Year 6 2028	Year 7 2029
Liabilities								
Current Liabilities								
Accounts Payable	460,992	460,992	460,992	460,992	460,992	460,992	460,992	460,992
Short Term Notes Payable	37,073	40,232	43,715	20,869	4,481	0	0	0
UTGO Short Term Notes Payable	0	710,000	395,000	570,000	720,000	885,000	1,060,000	1,250,000
Accrued Payroll and Related	242,526	242,526	242,526	242,526	242,526	242,526	242,526	242,526
Cost Report Settlement	170,000	170,000	170,000	170,000	170,000	170,000	170,000	170,000
Total Current Liabilities	910,590	1,623,750	1,312,233	1,464,387	1,597,999	1,758,518	1,933,518	2,123,518
Long Term Liabilities								
Long Term Notes Payable	109,297	69,065	25,350	4,481	0	0	0	0
UTGO Long Term Notes Payable	0	50,275,000	49,880,000	49,310,000	48,590,000	47,705,000	46,645,000	45,395,000
Total Long Term Liabilities	109,297	50,344,065	49,905,350	49,314,481	48,590,000	47,705,000	46,645,000	45,395,000
Suspense Liabilities	5,861	5,861	5,861	5,861	5,861	5,861	5,861	5,861
Total Liabilities	1,025,749	51,973,676	51,223,444	50,784,729	50,193,860	49,469,379	48,584,379	47,524,379
Retained Earnings	9,323,899	11,418,546	14,679,585	13,900,970	13,891,660	14,065,335	14,291,688	14,524,101
Net Income	2,057,575	2,510,807	(1,217,330)	(600,179)	(785,494)	(937,787)	(1,106,726)	(1,287,494)
	12,407,223	65,903,029	64,685,700	64,085,521	63,300,027	62,596,928	61,769,341	60,760,986

Quincy Medical Center
Schedule of Financial Ratios
Including New Hospital Construction Project

	Historical 2022	After Construction Completion						
		Year 1 2023	Year 2 2024	Year 3 2025	Year 4 2026	Year 5 2027	Year 6 2028	Year 7 2029
Long-term debt to equity	0.01	4.41	3.40	3.55	3.50	3.39	3.26	3.13
Current assets/Current liabilities	12.12	8.52	9.82	10.37	10.83	10.95	10.89	10.67
Assets funded by liabilities	9.34	9.95	11.70	20.88	55.81	#DIV/0!	#DIV/0!	#DIV/0!
Operating expense/Operating revenue	1.03	1.03	1.03	1.11	1.10	1.10	1.09	1.09
Debt service coverage	0.10	0.10	0.10	0.51	0.4	0.43	0.41	-
EBIDA ratio	1.06	1.05	1.05	1.32	1.31	1.30	1.28	1.27
Days cash on hand	339.4	415.8	367.1	344.9	381.9	411.9	435.2	452.0
Operating margin	-3.0%	-2.8%	-2.6%	-10.5%	-10.1%	-9.7%	-9.3%	-9.0%
Total margin	19.5%	22.7%	-10.5%	-4.1%	-5.1%	-5.9%	-6.7%	-7.4%
Debt to capitalization	5.40	4.37	3.39	3.54	3.50	3.39	3.26	-

Exhibit 7
Grant County Assessor Information



Melissa McKnight
Grant County Assessor P. O. Box 37 Ephrata, WA 98823

[Assessor](#) [Treasurer](#) [Appraisal](#) [MapSifter](#)

Parcel

Parcel#: 040492000 **Owner Name:** Hospital District #2
DOR Code: 65 - Services - Professional **Address1:** 908 10th Ave SW
Situs: 908 SW 10TH AVE **Address2:**
Map Number: **City, State:** Quincy WA
Status: EXEMPT FULL YEAR **Zip:** 98848

Description: TX# 4035 IN SWNENW 18 20 24 TAX# 4035 COMMENCING AT THE SOUTHWEST CORNER OF FARM UNIT 176, IRRIGATION BLOCK 73, COLUMBIA BASIN PROJECT, GRANT COUNTY, WASHINGTON, ACCORDING THE FIFTH REVISION OF THE FARM UNIT PLAT OF SAID IRRIGATION BLOCK 73, AS RECORDED IN THE OFFICE OF THE AUDITOR OF GRANT COUNTY, WASHINGTON, AND RUNNING THENCE SOUTH 89°55'55" EAST A DISTANCE OF 85 FEET TO THE TRUE POINT OF BEGINNING; CONTINUING THENCE SOUTH 89°55'55" EAST A DISTANCE OF 466.67 FEET ALONG THE SOUTH BOUNDARY OF SAID FARM UNIT 176 TO A POINT ON SAID SOUTH BOUNDARY; THENCE NORTH 00° 04'21" EAST PARALLEL TO THE WEST BOUNDARY OF SAID FARM UNIT 176 A DISTANCE OF 466.67 FEET; THENCE NORTH 89°55'55" WEST PARALLEL TO THE SOUTH BOUNDARY OF SAID FARM UNIT 176 A DISTANCE OF 466.67 FEET; THENCE SOUTH 00°04'21" WEST PARALLEL TO THE WEST BOUNDARY OF SAID FARM UNIT 176 A DISTANCE OF 466.67 FEET TO THE TRUE POINT OF BEGINNING. SUBJECT TO EXISTING RIGHT-OF-WAY AND EASEMENTS.

Comment:

2023 Market Value		2023 Taxable Value		2023 Assessment Data	
Land:	\$234,140	Land:	\$0	District:	0023 - 0023
Improvements:	\$4,202,155	Improvements:	\$0	Current Use/DFL:	No
Permanent Crop:	\$0	Permanent Crop:	\$0	Senior/Disability Exemption:	No
Total	\$4,436,295	Total	\$0	Total Acres:	4.00000

Ownership

Owner's Name	Ownership %	Owner Type
Hospital District #2	100%	Title Owner
Hospital District #2	0%	* TR Selected Tax Payer

Sales History

No Sales History

Building Permits

Permit No.	Date	Description	Amount
22-0106	5/17/2022	Fire Suppression System 2022 for 2023 NC---No value change for fire suppression	\$8,000.00
5547	5/7/2010	ROOFING	\$0.00
5346 / 9	2/17/2009	CHILLER CHANGE OUT	\$0.00
5346	2/17/2009	CHILLER CHANGE OUT	\$0.00
5312 / 8	11/14/2008	WALKWAY ENCLOSURE	\$0.00
5312	11/14/2008	WALKWAY ENCLOSURE	\$0.00
5303	10/21/2008	COVER OVER C-SCAN TRAILER	\$0.00
5303 / 8	10/21/2008	COVER OVER C-SCAN TRAILER	\$0.00
4964 / 7	7/27/2007	SURGERY SUITE RENOVATION	\$324,000.00

Exhibit 8
Non Binding Cost Estimator Letter



Graham Construction & Management, Inc
568 1st Ave S. #400
Seattle, WA 98104

February 28, 2023

Eric Hernandez, Manager
Community Health Systems
Department of Health
Tumwater, WA 98501
VIA EMAIL: *eric.hernandez@doh.wa.gov*

RE: Quincy Valley Medical Center Certificate of Need Application

Dear Mr. Hernandez:

On behalf of Quincy Valley Medical Center, I am writing regarding the Certificate of Need Application for the proposed replacement hospital. Based on our experience with similar construction projects, we have developed the following capital cost estimates (excluding sales tax).

Description	Estimated Cost
Land Improvements	\$100,000
Building Construction	\$35,649,361
Architectural & Engineering	\$3,280,695
Site Survey and Studies	\$80,000
Fees to State and Local Agencies	\$329,454

Based upon our experience in construction projects and cost estimation in this market, we believe these estimates to be reasonable.

Please do not hesitate to contact me if you have questions or require additional information.

Sincerely,

Trevor Graafstra
General Manager, Graham Construction

**Exhibit 9
Equipment List**

FLOOR: 1
DEPARTMENT: CLINIC
ROOM NAME: CLEAN SUPPLY
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	081945 EQ#: CRL01	1	CART, LINEN LINEN/SUPPLY;WIRE/CHROME;4 SHELF;ENCLOSURE;COVER TO INCLUDE: <i>(WXDXH) IN: 48.00 X 24.00 X 69.00</i> <i>LBS: 146.00</i> <i>MM: 1219 X 610 X 1753</i> <i>KG: 66</i> LOCATION: FLOOR	INTERMETRO INDUSTRIES CORP. N556AC SUPER ERECTA	OF/OI	NEW	\$1,250.00	\$1,250.00 <i>GROUP: 3 MINOR MOVABLE</i>
								
2	066890 EQ#: SHW01	2	SHELVING, WIRE CHROME;5 SHELVES;MOBILE;LABEL HOLDERS;BOTTOM SHELF COVER;2 BRAKING CASTERS <i>(WXDXH) IN: 24.00 X 60.00 X 80.00</i> <i>LBS: 125.00</i> <i>MM: 610 X 1524 X 2032</i> <i>KG: 57</i> LOCATION: FLOOR	LOGIQUIP MB465CH-CL -	OF/VI	NEW	\$865.00	\$1,730.00 <i>GROUP: 3 MINOR MOVABLE</i>
								

ROOM TOTAL : \$2,980.00

FLOOR: 1
DEPARTMENT: CLINIC
ROOM NAME: EQUIPMENT
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	078663 EQ#: LGTE02	1	LIGHT, EXAM/TREATMENT SINGLE LED;4000K COLOR TEMP LIGHT-MOUNTED CONTROLS <i>(WXDXH) IN: 7.00 X 3.00 X 56.00</i> <i>LBS: 1.20</i> <i>MM: 178 X 76 X 1422</i> <i>KG: 1</i> LOCATION: SPACE <i>VOLTS: 115 HERTZ: 60 AMPS: 0.12</i>	MIDMARK CORPORATION 250 RITTER	OF/OI	NEW	\$297.00	\$297.00 GROUP: 3 MINOR MOVABLE
								
2	1001057 EQ#: LGTE01	1	LIGHT, EXAM/TREATMENT 2" SINGLE LED LIGHT ON 5-LEG MOBILE STAND;2" CASTERS;TYPICAL WORKING DISTANCE OF 16";FLEXIBLE ARM <i>(WXDXH) IN: 19.00 X 19.00 X 36.32</i> <i>LBS: 12.20</i> <i>MM: 483 X 483 X 923</i> <i>KG: 6</i> LOCATION: FLOOR <i>VOLTS: 110-240 HERTZ: 50/60 AMPS: .05</i> ELECT NOTE: 8' POWER CORD WITH HOSPITAL GRADE PLUG	MIDMARK CORPORATION 253-011/9A628001 RITTER 253	OF/OI	NEW	\$624.00	\$624.00 GROUP: 3 MINOR MOVABLE
								

ROOM TOTAL : \$921.00

FLOOR: 1
DEPARTMENT: CLINIC
ROOM NAME: EXAM (QTY 9)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	106540 EQ#: CHT01	1	CHAIR/TABLE, EXAM/TREATMENT 650LB. CAP;POWER HEIGHT/FOOT/BACK/TILT;WITH TOP W/ELECTRICAL RECEPTACLE;LOW ENTRY;FOOT CONTROL; HORIZONTAL AND PELVIC <i>(WXDXH) IN: 28.00 X 76.00 X 37.00 LBS: 515.00</i> <i>MM: 711 X 1930 X 940 KG: 234</i> LOCATION: FLOOR VOLTS: 115 HERTZ: 60 AMPS: 12	MIDMARK CORPORATION 626-001 626-001	OF/VI	NEW	\$4,846.86	\$4,846.86 GROUP: 3 MINOR MOVABLE
								
2	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00 LBS: 2.00</i> <i>MM: 279 X 102 X 356 KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 GROUP: 1 FIXED
								
3	069809 EQ#: DIA01	1	DIAGNOSTIC SET GREEN TECHNOLOGY;WALLBOARD;OPHTH/OTO;SPHYG;TEMP UNIT INCLUDES <i>(WXDXH) IN: 34.00 X 6.00 X 12.00 LBS: 25.00</i> <i>MM: 864 X 152 X 305 KG: 11</i> LOCATION: WALL VOLTS: 100-240 HERTZ: 50-60 AMPS: .18	WELCH ALLYN, INC. 77791-2MPX GS 777 SERIES	OF/CI	NEW	\$1,755.00	\$1,755.00 GROUP: 2 MAJOR MOVABLE
								
4	1005750 EQ#: STL01	1	STOOL, REVOLVING PNEUMATIC; 250LB CAP; 5 LEG BASE; BLACK VINYL UPHOLSTERY 3" HIGH DENSITY FOAM; 2" CASTERS; HEIGHT ADJUSTABLE; CONTROL <i>(WXDXH) IN: 22.00 X 22.00 X 21.75 LBS: 13.00</i> <i>MM: 559 X 559 X 552 KG: 6</i> LOCATION: FLOOR	ALCO SALES & SERVICE COMPANY AL-42727-08	OF/OI	NEW	\$149.00	\$149.00 GROUP: 3 MINOR MOVABLE
								
5	091479 EQ#: DSPE01	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE 5.4 QUART CONTAINER; BROWN INCLUDES: <i>(WXDXH) IN: 14.00 X 6.00 X 15.00 LBS: 5.00</i> <i>MM: 356 X 152 X 381 KG: 2</i> LOCATION: WALL	B.D. COMPANY, THE RECYKLEEN 305096	OF/CI	NEW	\$82.06	\$82.06 GROUP: 3 MINOR MOVABLE
								

ROOM TOTAL : \$6,847.92

FLOOR: 1
DEPARTMENT: CLINIC
ROOM NAME: MEDS
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION	
1	104140	1	DISPENSER, MEDICATION, AUTOMATED 6 DRAWER; LCD MONITOR; KEYBOARD; BARCODE SCANNER; BIOMETRIC ACCESS SYSTEM; SECURE HALF AND FULL HEIGHT CUBIE POCKETS AND <i>(WXDXH) IN: 23.00 X 27.00 X 55.00</i> <i>LBS: 166.00</i> <i>MM: 584 X 686 X 1397</i> <i>KG: 75</i>	BD CAREFUSION PYXIS MEDSTATION ES 323 6 DRAWER MAIN	OF/VI	LEASED	\$0.00	\$0.00	
			EQ#: MED01						<i>GROUP: 2 MAJOR MOVABLE</i>
									
			LOCATION: FLOOR						
			DATA: HARD WIRED AND WIRELESS						
			VOLTS: 120 HERTZ: 60 AMPS: 3 WATTS: 80						BTU: 409
			ELECT NOTE: 1A NOM,3 AMPS MAX LOAD CURRENT EMERGENCY POWER REQUIRED						MECH NOTE: 409 BTU/HR
2	089011	1	DISPENSER, MEDICATION, AUTOMATED SINGLE COLUMN AUXILIARY;4 DOORS <i>(WXDXH) IN: 31.00 X 28.00 X 80.00</i> <i>LBS: 314.00</i> <i>MM: 787 X 711 X 2032</i> <i>KG: 142</i>	BD CAREFUSION PYXIS SINGLE COLUMN AUX MEDSTATION ES SINGLE COLUMN AUX	OF/VI	LEASED	\$0.00	\$0.00	
			EQ#: MED02						<i>GROUP: 2 MAJOR MOVABLE</i>
									
			LOCATION: FLOOR						
			DATA: HARD WIRED						
			DATA NOTE: CONNECTED TO MAIN STATION VIA CABLE						
			VOLTS: 120 HERTZ: 60 AMPS: .5 WATTS: 65						BTU: 222
			ELECT NOTE: 1PH; EMERGENCY POWER;CONNECTS TO MAIN						MECH NOTE: 222 BTU/HR
3	053907	1	DISPENSER, MEDICATION, ACCESSORY MED DISPENSING UNIT REFRIGERATOR CONTROL;AUTOMATE TEMP INCLUDES: SOFTWARE MODULE, ELECTRIC LOCKING LATCH, TEMP SENSOR <i>(WXDXH) IN: 2.30 X 5.20 X 6.90</i> <i>LBS: 3.90</i> <i>MM: 58 X 132 X 175</i> <i>KG: 2</i>	BD CAREFUSION PYXIS REMOTE MANAGER SMART	OF/VI	LEASED	\$0.00	\$0.00	
			EQ#: MED03						<i>GROUP: 3 MINOR MOVABLE</i>
									
			LOCATION: SPACE						
			DATA: WIRELESS						
			ELECT NOTE: 50 MILLI-AMPS AT 36 VDC;POWER IS SUPPLIED BY PYXIS MAIN						

FLOOR: 1
DEPARTMENT: CLINIC
ROOM NAME: MEDS
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION	
4	106782	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE 115V;ADA;3.9CF;SS;NO CASTERS;LED DIGITAL DISPLAY AUTO DEFROST;MECHANICAL LOCK W/KEYS (<i>WXDXH</i>) <i>IN: 23.75 X 25.62 X 31.38</i> <i>LBS: 170.00</i> <i>MM: 603 X 651 X 797</i> <i>KG: 77</i>	FOLLETT CORPORATION REF4P-0R-00-00 REF4P ADA-COMPATIBLE PERFORMANCE PLUS	OF/VI	NEW	\$4,000.00	\$4,000.00	
			EQ#: REUM01						<i>GROUP: 2 MAJOR MOVABLE</i>
									
			LOCATION: FLOOR						
			VOLTS: 115 HERTZ: 60 AMPS: 4.1						BTU: 2185
			DEDICATED CIRCUIT: YES						
			PLUG TYPE: Type B (NEMA 5-15)						
			ELECT NOTE: 1PH;4.1A RUN LOAD; NEMA 5-15P 90 DEG HOSPITAL GRADE PLUG; 7' POWER CORD. MFR RECOMMENDS 15A DEDICATED CIRCUIT BREAKER.						MECH NOTE: 2185/BTUS MAX HEAT REJECTION 415/BTUS NOMINAL HEAT REJECTION R134A REFRIGERANT

ROOM TOTAL : \$4,000.00

FLOOR: 1
DEPARTMENT: CLINIC
ROOM NAME: POC TESTING
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	1002813 EQ#: LAB01	1	LAB ANALYZER WITH DOWNLOADER RECHARGER;WEIGHT AND DIMS ARE FOR INSTRUMENT ONLY;UTILIZES TEST CARTRIDGE OR GLUCOSE <i>(WXDXH) IN: 3.04 X 2.85 X 9.25</i> <i>LBS: 1.43</i> <i>MM: 77 X 72 X 235</i> <i>KG: 1</i> LOCATION: COUNTERTOP SPEC COMMENTS: DOWNLOADER: 4.12X9.60X5.0 WXDXH IN INCHES, 1.2LBS DATA: HARD WIRED DATA NOTE: NETWORK CABLE; USB <i>VOLTS: 120 HERTZ: 60 AMPS: 1.1 WATTS: 132</i> PLUG TYPE: Type B (NEMA 5-15) ELECT NOTE: ANALYZER: (2) 9V LITHIUM OR RECHARGEABLE BATTERIES CHARGING STATION, PLUG IS FOR CHARGING STATION	ABBOTT LABORATORIES 04P75-03 I-STAT 1	OF/OI	NEW	\$13,711.07	\$13,711.07 <i>GROUP: 3 MINOR MOVABLE</i>
2	053875 EQ#: LAB02	1	LAB ANALYZER, CHEMISTRY ACC. DOWNLOADER RECHARGER KIT;DIMENSIONS GIVEN ARE FOR DOWNLOADER ONLY;DOWNLOADER/RECHARGER DIMS: 5X11X5 <i>(WXDXH) IN: 5.25 X 6.75 X 2.13</i> <i>LBS: 1.10</i> <i>MM: 133 X 171 X 54</i> <i>KG: 0</i> LOCATION: COUNTERTOP ELECT NOTE: AC-DC POWER ADAPTER;PC/DOWNLOADER ADAPTER INPUT:100-240V;47-63HZ;.9-.5A OUTPUT: 120V; 3A MAX	ABBOTT LABORATORIES 04P73-04 I-STAT	OF/OI	NEW	\$1,120.85	\$1,120.85 <i>GROUP: 3 MINOR MOVABLE</i>
3	055214 EQ#: LAB02	1	LAB ANALYZER, CHEMISTRY, AUTOMATED MEASURES BLOOD/URINE HGBA1C & MICROALBUMIN;CALIBRATED W/BAR CODE CARD STORES UP TO 16 TEST RESULTS/16 CONTROL RESULTS <i>(WXDXH) IN: 11.50 X 10.50 X 9.00</i> <i>LBS: 9.00</i> <i>MM: 292 X 267 X 229</i> <i>KG: 4</i> LOCATION: COUNTERTOP <i>VOLTS: 120 HERTZ: 60 AMPS: 4</i>	SIEMENS MEDICAL SYSTEMS/CORPORATE 23-312-998 DCA VANTAGE	OF/OI	NEW	\$4,470.00	\$4,470.00 <i>GROUP: 3 MINOR MOVABLE</i>

ROOM TOTAL : \$19,301.92

FLOOR: 1
DEPARTMENT: CLINIC
ROOM NAME: PROCEDURE
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	101021 EQ#: CHT01	1	CHAIR/TABLE, EXAM/TREATMENT POWER TABLE;18"LOW SEAT;650LB CAP;WIRELESS LOCKING CASTERS;ADJ. HEADREST;ADJ. HEIGHT,BACK, <i>(WXDXH) IN: 28.00 X 72.00 X 40.00 LBS: 550.00</i> <i>MM: 711 X 1829 X 1016 KG: 250</i> LOCATION: FLOOR VOLTS: 230V HERTZ: 60HZ AMPS: 6A	MIDMARK CORPORATION 630-011/ACC HUMANFORM	OF/VI	NEW	\$12,396.00	\$12,396.00 GROUP: 3 MINOR MOVABLE
								
2	065019 EQ#: CLK01	1	C-LOCKER LOCKER WITH TAMBOUR DOOR; W/O MOUNTING RAIL TO CONSIST OF: <i>(WXDXH) IN: 19.50 X 20.00 X 73.50 LBS: 130.00</i> <i>MM: 495 X 508 X 1867 KG: 59</i> LOCATION: FLOOR	HERMAN MILLER CO564FF/ACC CO-STRUC	OF/OI	NEW	\$2,868.00	\$2,868.00 GROUP: 3 MINOR MOVABLE
								
3	1002558 EQ#: CRP01	1	CART, PROCEDURE 24" 5 DRAWER PROCEDURE CART, AUTO-LOCKING TO INCLUDE: <i>(WXDXH) IN: 34.45 X 25.20 X 39.55 LBS: 88.00</i> <i>MM: 875 X 640 X 1005 KG: 40</i> LOCATION: FLOOR	ARMSTRONG MEDICAL INDUSTRIES PEL-B-24 PEL-B-24	OF/VI	NEW	\$2,559.63	\$2,559.63 GROUP: 3 MINOR MOVABLE
								
4	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00 LBS: 2.00</i> <i>MM: 279 X 102 X 356 KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 GROUP: 1 FIXED
								
5	069809 EQ#: DIA01	1	DIAGNOSTIC SET GREEN TECHNOLOGY;WALLBOARD;OPHTH/OTO;SPHYG;TEMP UNIT INCLUDES <i>(WXDXH) IN: 34.00 X 6.00 X 12.00 LBS: 25.00</i> <i>MM: 864 X 152 X 305 KG: 11</i> LOCATION: WALL VOLTS: 100-240 HERTZ: 50-60 AMPS: .18	WELCH ALLYN, INC. 77791-2MPX GS 777 SERIES	OF/CI	NEW	\$1,755.00	\$1,755.00 GROUP: 2 MAJOR MOVABLE
								

FLOOR: 1
DEPARTMENT: CLINIC
ROOM NAME: PROCEDURE
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
6	1005750 EQ#: STL01	1	STOOL, REVOLVING PNEUMATIC; 250LB CAP; 5 LEG BASE; BLACK VINYL UPHOLSTERY 3" HIGH DENSITY FOAM; 2" CASTERS; HEIGHT ADJUSTABLE; CONTROL <i>(WXDXH) IN: 22.00 X 22.00 X 21.75</i> <i>LBS: 13.00</i> <i>MM: 559 X 559 X 552</i> <i>KG: 6</i> LOCATION: FLOOR	ALCO SALES & SERVICE COMPANY AL-42727-08	OF/OI	NEW	\$149.00 <i>GROUP: 3 MINOR MOVABLE</i>	\$149.00
								
7	091479 EQ#: DSPE01	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE 5.4 QUART CONTAINER; BROWN INCLUDES: <i>(WXDXH) IN: 14.00 X 6.00 X 15.00</i> <i>LBS: 5.00</i> <i>MM: 356 X 152 X 381</i> <i>KG: 2</i> LOCATION: WALL	B.D. COMPANY, THE RECYKLEEN 305096	OF/CI	NEW	\$82.06 <i>GROUP: 3 MINOR MOVABLE</i>	\$82.06
								
8	095859 EQ#: LSS01	1	LIGHT, SURGICAL, SINGLE LED;LIGHT FOR 8FT CEILING;SINGLE 20" DIAMETER LIGHthead;ILLUMINATION @ 39";7500 FC FOCAL LENGTH;80,700 LUX;7.5" <i>(WXDXH) IN: 46.50 X 46.50 X 44.00</i> <i>LBS: 64.00</i> <i>MM: 1181 X 1181 X 1118</i> <i>KG: 29</i> LOCATION: CEILING <i>VOLTS: 115 HERTZ: 60 AMPS: 0.7</i>	MIDMARK CORPORATION RITTER 255 LED 255-001	OF/VI	NEW	\$2,348.25 <i>GROUP: 1 FIXED</i>	\$2,348.25
								

ROOM TOTAL : \$22,172.94

FLOOR: 1
DEPARTMENT: CLINIC
ROOM NAME: SOILED HOLD
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	083939 EQ#: TRK02	1	TRUCK, TILT 1 CU YD;1250LB CAP;BLACK;POLYETHYLENE;INSET WHEELS <i>(WXDXH) IN: 33.50 X 72.25 X 44.00</i> <i>LBS: 111.00</i> <i>MM: 851 X 1835 X 1118</i> <i>KG: 50</i> LOCATION: FLOOR	RUBBERMAID COMM. PRODUCTS 1315 STANDARD DUTY	OF/OI	NEW	\$1,116.00	\$1,116.00 <i>GROUP: 3 MINOR MOVABLE</i>
								
2	101713 EQ#: TRK01	1	TRUCK/BIN, LINEN CONVERTS FROM SHELF STORAGE FOR CLEAN LINEN AND BIN FOR SOILED LINEN;HD PERFORMA CASTERS;(2) CHEST HANDLES;DRAIN HOLES;(2) <i>(WXDXH) IN: 29.50 X 60.75 X 66.00</i> <i>LBS: 240.00</i> <i>MM: 749 X 1543 X 1676</i> <i>KG: 109</i> LOCATION: FLOOR	MCCLURE INDUSTRIES, INC. 650-LB TURN-ABOUT	OF/OI	NEW	\$1,744.00	\$1,744.00
								

ROOM TOTAL : \$2,860.00

FLOOR: 1
DEPARTMENT: CLINIC
ROOM NAME: VITALS
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	052338 EQ#: SCL01	1	SCALE, WHEELCHAIR WALL MNT.FOLD-UP WHEELCHAIR SCALE;660LBS CAPACITY;ACCURACY 1/10LB;WEIGHING RANGE TO 660 LBS;DIGITAL READOUT IN LBS OR <i>(WXDXH) IN: 40.00 X 4.00 X 40.00 LBS: 70.00</i> <i>MM: 1016 X 102 X 1016 KG: 32</i> LOCATION: WALL DATA: HARD WIRED DATA NOTE: OPTIONAL RS232 OUTPUT ELECT NOTE: QTY (6) D-CELL BATTERIES	SCALE-TRONIX DIV. OF WELCH ALLYN STOW-A-WEIGH 6202	OF/CI	NEW	\$4,101.76	\$4,101.76 GROUP: 2 MAJOR MOVABLE
								
2	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00 LBS: 2.00</i> <i>MM: 279 X 102 X 356 KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 GROUP: 1 FIXED
								
3	1005918 EQ#: MVS01	1	MONITOR, VITAL SIGNS 10"LCD SCREEN;CO2 MEASUREMENT;TEMPERATURE;MOBILE STAND;NONINVASIVE BLOOD PRESSURE;LITHIUM ION BATTERY <i>(WXDXH) IN: 21.00 X 21.00 X 49.85 LBS: 19.00</i> <i>MM: 533 X 533 X 1266 KG: 9</i> LOCATION: FLOOR VOLTS: 120 HERTZ: 60 WATTS: 60 ELECT NOTE: RECHARGEABLE LITHIUM ION BATTERY 11.1V 7800MAH	PHILIPS HEALTHCARE - MONITORING SYSTEMS 863380 EARLYVUE VS30	OF/OI	NEW	\$3,725.81	\$3,725.81 GROUP: 3 MINOR MOVABLE
								
4	083864 EQ#: SCL02	1	SCALE, INFANT 1G ACCURACY;45LBS CAPACITY;LED READOUT;MOBILE;COMPLETE W/25IN 4-SIDED WEIGHING CRADLE <i>(WXDXH) IN: 28.00 X 16.00 X 48.00 LBS: 75.00</i> <i>MM: 711 X 406 X 1219 KG: 34</i> LOCATION: FLOOR DATA: HARD WIRED DATA NOTE: RS-232 VOLTS: 110 HERTZ: 60 ELECT NOTE: SELF CONTAINED BATTERY W/CHARGER	SCALE-TRONIX DIV. OF WELCH ALLYN 4802D	OF/OI	NEW	\$3,656.00	\$3,656.00 GROUP: 3 MINOR MOVABLE
								

ROOM TOTAL : \$11,498.57

FLOOR: 1
DEPARTMENT: CLINIC
ROOM NAME: WORKSTATIONS
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	049998	2	THERMOMETER, ELECTRONIC DIGITAL;ORAL PROBE W/PROBE WELL;TEMP RANGE:80 DEG F-110 DEG.F; POWER SOURCE:3EA-1.5VDC AA BATTERIES; CALIBRATION ACCURACY <i>(WXDXH) IN: 3.18 X 2.43 X 8.46 LBS: 1.00</i> <i>MM: 81 X 62 X 215 KG: 0</i> LOCATION: SPACE ELECT NOTE: (3) 1.5VDC AA BATTERIES	WELCH ALLYN, INC. 01690-200/02892-000 SURETEMP + 690	OF/OI	NEW	\$343.95	\$687.90 <i>GROUP: 3 MINOR MOVABLE</i>
								
2	106876	2	OXIMETER FINGERTIP PULSE OXIMETER;SPO2;PULSE RATE;PERFUSION INDEX;PLETH WAVEFORM;150 DEG VIEWING ANGLE;1.2" <i>(WXDXH) IN: 3.00 X 2.00 X 2.00 LBS: 1.00</i> <i>MM: 76 X 51 X 51 KG: 0</i> LOCATION: SPACE ELECT NOTE: (2) 1.5V AAA BATTERIES	MASIMO CORPORATION 9709 MIGHTYSAT RX	OF/OI	NEW	\$600.00	\$1,200.00 <i>GROUP: 3 MINOR MOVABLE</i>

ROOM TOTAL : \$1,887.90

DEPARTMENT TOTAL : \$72,470.25

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: CT
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	086732 EQ#: ICT01	1	IMAGING, CT SYSTEM 100KW GENERATOR;STELLANT D CEILING INJECTOR; INCLUDES	GE MEDICAL SYSTEMS LIGHTSPEED VCT 64 SLICE	OF/VI	NEW	\$1,040,656.00	\$1,040,656.00 GROUP: 1 FIXED
ELECT NOTE: REFERENCE DRAWINGS FOR DETAILS				MECH NOTE: REFERENCE DRAWINGS FOR DETAILS		PLUMB NOTE: REFERENCE DRAWINGS FOR DETAILS		
2	073291 EQ#: EKG01	1	ELECTROCARDIOGRAPH HD RESTING EKG;W/BAR CODE/CAMHD/COLOR/& TROLLEY 12SL PACE RHYTHM INTERPRETATIONS;MOBILELINK <i>(WXDXH) IN: 19.00 X 27.00 X 41.00 LBS: 70.00</i> <i>MM: 483 X 686 X 1041 KG: 32</i> LOCATION: FLOOR VOLTS: 115 HERTZ: 60 AMPS: .5 ELECT NOTE: 100-240VAC;50/60HZ;0.5A @115V BATTERY: NIMH RECHARGEABLE	GE MEDICAL SYSTEMS 2053900-001 MAC 5500 HD	OF/OI	NEW	\$20,000.00	\$20,000.00 GROUP: 3 MINOR MOVABLE
3	090813 EQ#: INJ01	1	INJECTOR ANGIOGRAPHIC;BASIC PEDESTAL UNIT INJECTION SYSTEM INCLUDES:MOBILE PEDESTAL STAND W/ ELECTRONICS <i>(WXDXH) IN: 60.00 X 27.00 X 51.00 LBS: 90.00</i> <i>MM: 1524 X 686 X 1295 KG: 41</i> LOCATION: FLOOR DATA: HARD WIRED DATA NOTE: SERIAL PORT, DISPLAY CABLE VOLTS: 120 HERTZ: 60 WATTS: 1000	MEDRAD/BAYER HEALTHCARE 84397504/ACC MARK 7 ARTERION	OF/VI	NEW	\$42,000.00	\$42,000.00 GROUP: 2 MAJOR MOVABLE
4	061867 EQ#: CBW01	1	CABINET, WARMING SINGLE COMPARTMENT;GLASS DOOR;18" DEPTH; BLANKETS/FLUID;DIGITAL CONTROLS <i>(WXDXH) IN: 30.00 X 21.00 X 28.00 LBS: 131.00</i> <i>MM: 762 X 533 X 711 KG: 59</i> LOCATION: COUNTERTOP VOLTS: 120 HERTZ: 60 AMPS: 7 WATTS: 840 ELECT NOTE: 1 PHASE	STERIS CORPORATION DJ050124132 COUNTER TOP	OF/OI	NEW	\$6,018.40	\$6,018.40 GROUP: 2 MAJOR MOVABLE



FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: CT
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
5	1005918	1	MONITOR, VITAL SIGNS	PHILIPS HEALTHCARE - MONITORING SYSTEMS 863380 EARLYVUE VS30	OF/OI	NEW	\$3,725.81	\$3,725.81
			EQ#: MVS01					GROUP: 3 MINOR MOVABLE
								
			10"LCD SCREEN;CO2 MEASUREMENT;TEMPERATURE;MOBILE STAND;NONINVASIVE BLOOD PRESSURE;LITHIUM ION BATTERY					
			(WXDXH) IN: 21.00 X 21.00 X 49.85	LBS: 19.00				
			MM: 533 X 533 X 1266	KG: 9				
			LOCATION: FLOOR					
			VOLTS: 120 HERTZ: 60 WATTS: 60					
			ELECT NOTE: RECHARGEABLE LITHIUM ION BATTERY 11.1V 7800MAH					
6	043436	1	HAMPER, LINEN	MEDLINE INDUSTRIES, INC. MDS80529 MDS80529	OF/OI	NEW	\$195.00	\$195.00
			EQ#: LHM02					GROUP: 3 MINOR MOVABLE
								
			RECTANGULAR;W/LID;CHROME FRAME;FOOT PEDAL OPERATED; POLY COATED METAL COVER;PLASTIC COATED BAG-HOLDER; RING;USES 31" X					
			(WXDXH) IN: 19.50 X 18.75 X 37.35	LBS: 25.50				
			MM: 495 X 476 X 949	KG: 12				
			LOCATION: FLOOR					
7	054600	1	RACK, APRON, WALL MOUNTED	AADCO MEDICAL, INC. R-527	OF/CI	NEW	\$77.00	\$77.00
			EQ#: RCK01					GROUP: 1 FIXED
								
			2 APRONS;LIGHTWEIGHT SOLID METAL;WALL MOUNTED					
			(WXDXH) IN: 9.00 X 4.00 X 3.00	LBS: 8.00				
			MM: 229 X 102 X 76	KG: 4				
			LOCATION: WALL					
8	1002364	2	APRON, LEAD	LITE TECH, INC. 835VS 835VS	OF/OI	NEW	\$470.00	\$940.00
			EQ#: RCK01					GROUP: 3 MINOR MOVABLE
								
			MEDIUM XENOLITE 800-NL ELASTIC BACK VEST/SKIRT SET 0.5MM; MALE VEST AND SKIRT APRON SIZE MEDIUM; .5MM PROTECTION; CORE					
			(WXDXH) IN: 32.00 X 21.00 X 0.00					
			MM: 813 X 533 X 0					
			LOCATION: SPACE					
9	099655	2	SHIELD, THYROID	AADCO MEDICAL, INC. LP-C800X	OF/OI	NEW	\$89.00	\$178.00
			EQ#: RCK01					GROUP: 3 MINOR MOVABLE
								
			0.5 MM LEAD EQUIVALENT FRONT PROTECTION; INTERNAL SEAM					
			LOCATION: SPACE					

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: CT
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
10	106408 EQ#: CRP01	1	CART, PROCEDURE SURESEAL AUTO LOCKING;5 DRAWER;MASTER CODE FOR ALL PROGRAMMING;UP TO 250 USER CODES POSSIBLE; MANUAL OR <i>(WXDXH) IN: 21.50 X 20.63 X 34.75 LBS: 70.00</i> <i>MM: 546 X 524 X 883 KG: 32</i> LOCATION: FLOOR ELECT NOTE: BATTERY OPERATED	ARMSTRONG MEDICAL INDUSTRIES MINI-CART AMC-4-B	OF/VI	NEW	\$1,921.40	\$1,921.40 <i>GROUP: 3 MINOR MOVABLE</i>
								
11	1002604	1	FLOWMETER, OXYGEN OXYGEN;0-15LPM;CHEMETRON WALL ADAPTER;AMVEX WITH POWER TAKE OFF <i>(WXDXH) IN: 1.10 X 3.40 X 5.50 LBS: 1.00</i> <i>MM: 28 X 86 X 140 KG: 0</i> LOCATION: WALL	OHIO MEDICAL CORPORATION FM-15UO-CHPT FM-15UO-CHPT	OF/OI	NEW	\$0.00	\$0.00 <i>GROUP: 3 MINOR MOVABLE</i>
								
12	090221	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT PUSH-TO-SET;CONTINUOUS/INTERMITTENT;OHIO DIAMOND ADAPTER;DISS MALE <i>(WXDXH) IN: 11.00 X 8.00 X 7.00 LBS: 2.40</i> <i>MM: 279 X 203 X 178 KG: 1</i> LOCATION: SPACE	OHIO MEDICAL CORPORATION 8701-1251-907	OF/OI	NEW	\$621.87	\$621.87 <i>GROUP: 3 MINOR MOVABLE</i>
								
13	105499	1	HEADWALL, PATIENT, ACCESSORY SUCTION CANISTER RING; HOLDS SINGLE CANISTER; ATTACHES TO FAIRFIELD RAIL SYSTEM LOCATION: WALL	AMICO CORPORATION VR-CNHLD-1200 1200 CC	OF/OI	NEW	\$14.25	\$14.25 <i>GROUP: 3 MINOR MOVABLE</i>
								
14	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00 LBS: 2.00</i> <i>MM: 279 X 102 X 356 KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 <i>GROUP: 1 FIXED</i>
								

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: CT
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
15	091479 EQ#: DSPE01	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE 5.4 QUART CONTAINER; BROWN INCLUDES: <i>(WXDXH) IN: 14.00 X 6.00 X 15.00</i> <i>LBS: 5.00</i> <i>MM: 356 X 152 X 381</i> <i>KG: 2</i> LOCATION: WALL	B.D. COMPANY, THE RECYKLEEN 305096	OF/CI	NEW	\$82.06	\$82.06 <i>GROUP: 3 MINOR MOVABLE</i>
								
16	053147 EQ#: BRD01	1	BOARD, PATIENT TRANSFER THIN;SMOOTH POLYETHYLENE BOARD;W/WALL HANGER; PREVENTS STATIC BUILD-UP;KIT CONTAINS SHIFTER/HANGER;COTTON PULL <i>(WXDXH) IN: 22.00 X 5.00 X 72.00</i> <i>LBS: 14.00</i> <i>MM: 559 X 127 X 1829</i> <i>KG: 6</i> LOCATION: WALL	ALIMED, INC. 9-076/9-704 PATIENT SHIFTER / WALL HANGER	OF/OI	NEW	\$345.50	\$345.50 <i>GROUP: 1 FIXED</i>
								

ROOM TOTAL : \$1,116,790.29

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: CT CONTROL
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	1000999 EQ#: CRC01	1	CART, RESUSCITATION, CARDIAC 6 DRAWER;RED;30";SIDE SHELF;PLASTIC TOP;PUSH HANDLES;ACCESSORY PANELS;LOCKING CASTERS;SWIVEL <i>(WXDXH) IN: 44.00 X 28.00 X 47.00 LBS: 165.00</i> <i>MM: 1118 X 711 X 1194 KG: 75</i> LOCATION: FLOOR	ARMSTRONG MEDICAL PAR-30	OF/VI	NEW	\$3,527.00	\$3,527.00 GROUP: 3 MINOR MOVABLE
								
2	062332 EQ#: CRI01	1	CART, INTUBATION FOR HIGH LEVEL INTUBATION; 5DRW 3-3", 1-6", 1-9" BEIGE/DARK BLUE TO INCLUDE: <i>(WXDXH) IN: 37.21 X 25.00 X 55.94 LBS: 154.00</i> <i>MM: 945 X 635 X 1421 KG: 70</i> LOCATION: FLOOR	ARMSTRONG MEDICAL INDUSTRIES PBL-AA-24/ACC PREMIER	OF/VI	NEW	\$2,325.00	\$2,325.00 GROUP: 3 MINOR MOVABLE
								
3	1007831 EQ#: DEF01	1	DEFIBRILLATOR R SERIES PLUS DEFIBRILLATOR W/EXPANSION PACK, SPO2, ONESTEP PACING, ETCO2 (MAINSTREAM) NIBP;GUIDELINES 2020 COMPATIBLE;AED <i>(WXDXH) IN: 10.50 X 12.50 X 8.20 LBS: 15.20</i> <i>MM: 267 X 318 X 208 KG: 7</i> LOCATION: COUNTERTOP DATA: WIRELESS DATA NOTE: WIFI 802.11 A/B/G/N /USB OPTIONAL; INTERNAL MEMORY VOLTS: 120 HERTZ: 60 AMPS: 2 WATTS: 275 DEDICATED CIRCUIT: YES ELECT NOTE: 1PH; RECHARGEABLE BATTERY; EMERGENCY POWER	ZOLL MEDICAL CORPORATION 30520005201310013 R SERIES PLUS	OF/VI	NEW	\$19,066.10	\$19,066.10 GROUP: 3 MINOR MOVABLE
								
4	037559 EQ#: SUC01	1	SUCTION MACHINE AC/BATTERY OPERATED;BUILT-IN AUTO BATTERY CARE 50MM TO GREATER THAN 550MMHG;PUMP AIRFLOW:APPROX. 50 LPM <i>(WXDXH) IN: 17.00 X 5.25 X 9.00 LBS: 10.65</i> <i>MM: 432 X 133 X 229 KG: 5</i> LOCATION: COUNTERTOP VOLTS: 110 HERTZ: 60 AMPS: 3.0 ELECT NOTE: OUTPUT: 40W/12V DC 3.3A 12V DC SEALED LEAD ACID BATTERY	SSCOR, INC. S-SCORT DUET 2314B	OF/OI	NEW	\$1,245.00	\$1,245.00 GROUP: 3 MINOR MOVABLE
								

ROOM TOTAL : \$26,163.10

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: DRAW (QTY 2)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	1001177 EQ#: LCB01	1	LAB CHAIR, BLOOD DRAWING VINYL; TALL EXTRA-WIDE BARIATRIC PHLEBOTOMY CHAIR; 700LB WEIGHT CAP; INCLUDES SIDE CABINET <i>(WXDXH) IN: 53.00 X 29.00 X 43.00</i> <i>LBS: 146.00</i> <i>MM: 1346 X 737 X 1092</i> <i>KG: 66</i> LOCATION: FLOOR	MARKETLAB, INC. ML40143	OF/OI	NEW	\$999.00	\$999.00 <i>GROUP: 3 MINOR MOVABLE</i>
								
2	091479 EQ#: DSPE01	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE 5.4 QUART CONTAINER; BROWN INCLUDES: <i>(WXDXH) IN: 14.00 X 6.00 X 15.00</i> <i>LBS: 5.00</i> <i>MM: 356 X 152 X 381</i> <i>KG: 2</i> LOCATION: WALL	B.D. COMPANY, THE RECYKLEEN 305096	OF/CI	NEW	\$82.06	\$82.06 <i>GROUP: 3 MINOR MOVABLE</i>
								

ROOM TOTAL : \$1,081.06

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: LAB
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	1003296 EQ#: DXH01	1	LAB ANALYZER, HEMATOLOGY, AUTOMATED DXH AUTOMATED HEMATOLOGY WORKCELL CONSISTING OF: 1 DXH 900 WITH STAND (WXDXH) IN: 30.00 X 31.00 X 78.00 LBS: 1,043.00 MM: 762 X 787 X 1981 KG: 473 LOCATION: FLOOR HOSPITAL TAG: 0143012, 0143013 SPEC COMMENTS: UPS: 13X26X15 WXDXH IN INCHES, 80LBS. COMPUTER: 32X30X62 WXDXH IN INCHES, 80LBS. DATA: HARD WIRED DATA NOTE: LIS CONNECTIVITY VOLTS: 120 HERTZ: 60 AMPS: 8.0 BTU: 4015/HR DEDICATED CIRCUIT: YES ELECT NOTE: THE FEMALE AC OUTLET IS WITHIN 6' OF THE INSTRUMENT THE MAIN AC OUTLET IS A 3-WIRE OUTLET SUPPLYING 100-240VAC PLUG TYPE NEMA 5-20 R THIRD-WIRE EARTH GROUND THAT CAN CARRY THE FULL CURRENT OF THE CIRCUIT DEDICATED CIRCUIT UPS AND COMPUTER INCLUDED DRAIN REQUIRED: YES PLUMB NOTE: CHEMICAL RESISTANT BIOHAZARD DRAIN REQUIRED; MUST BE LESS THAN 30" ABOVE THE FLOOR AND WITHIN 12'; THE DRAIN MUST BE LOCATED SO THAT THE WASTE DRAIN TUBING IS ALWAYS BELOW THE WASTE FITTING AT THE BASE OF THE INSTRUMENT	BECKMAN COULTER - DIAGNOSTICS DIVIS UNICELL DXH 900	OF/VI	NEW	\$471,938.95	\$471,938.95 GROUP: 3 MINOR MOVABLE
2	087818 EQ#: STG01	1	LAB ANALYZER, COAGULATION, AUTOMATED MID-VOLUME; TOUCH SCREEN; HIGH TRACEABILITY; EXTENDED SAMPLE, REAGENT & DISPOSABLE CAPACITIES; TRUE STAT (WXDXH) IN: 38.18 X 28.73 X 27.75 LBS: 331.00 MM: 970 X 730 X 705 KG: 150 LOCATION: COUNTERTOP VOLTS: 115 HERTZ: 60 AMPS: 12 WATTS: 1400 BTU: 3413 ELECT NOTE: EQUIPMENT REQUIRES EMERGENCY POWER SUPPLY MECH NOTE: 3413 BTU/HR	DIAGNOSTICA STAGO, INC. STA COMPACT MAX -	OF/VI	NEW	\$165,000.00	\$165,000.00 GROUP: 2 MAJOR MOVABLE

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: LAB
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
3	1002540 EQ#: CHM01	1	LAB ANALYZER, CHEMISTRY, AUTOMATED W/ANALYZER, RACK FEEDER UNIT AND RAP BOX	BECKMAN COULTER CORP. DXC700	OF/VI	NEW	\$0.00	\$0.00 GROUP: 2 MAJOR MOVABLE
			(WXDXH) IN: 78.00 X 40.90 X 51.20 MM: 1981 X 1039 X 1300	LBS: 1,391.71 KG: 631				
			LOCATION: FLOOR HOSPITAL TAG: 0143390, 0143391 SPEC COMMENTS: REFERENCE VENDOR'S TECHNICAL DATA FOR FULL DETAILS RAP BOX: 10.6X5.5X1.6 WXDXH IN INCHES, WEIGHT: 2.7LBS NOTES: TENTATIVE CHANGE TO SIEMENS ATELLICA CHEMISTRY SAMPLER HANDLER SYSTEM DATA: HARD WIRED DATA NOTE: RS232C/LAN VOLTS: 220 HERTZ: 60 AMPS: 20 DEDICATED CIRCUIT: YES ELECT NOTE: 33FT CORD	BTU: 9100/HR VENT REQUIRED: YES	TREATED WATER: YES DRAIN REQUIRED: YES PLUMB NOTE: DEIONIZED WATER WATER WATER IS PUMPED AND DRAINED BY THE BUILT-IN WASTE PUMP IN THE SYSTEM 2-DRAIN TUBES COME W/THE SYSTEM. REFERENCE VENDOR'S TECHNICAL DATA FOR FULL DETAILS			
4	074970 EQ#: STAT03	1	LAB ANALYZER, URINE AUTOMATED;TOUCHSCREEN DISPLAY;200 RESULT MEMORY; SELF CALIBRATING	SIEMENS MEDICAL SOLUTIONS USA, INC 1780 CLINITEK STATUS + 1780	OF/OI	NEW	\$899.00	\$899.00 GROUP: 3 MINOR MOVABLE
			(WXDXH) IN: 6.70 X 10.70 X 6.20 MM: 170 X 272 X 157	LBS: 3.65 KG: 2				
			LOCATION: COUNTERTOP HOSPITAL TAG: 0143038 DATA: HARD WIRED DATA NOTE: COMPUTER INTERFACE: UNI-DIRECTIONAL VIA SERIAL PORT (RS232) VOLTS: 120 HERTZ: 60 ELECT NOTE: 100-240V, 50-60HZ;1PH; BATTERY POWERED OPERATION: 6AA BATTERIES (NON-RECHARGEABLE)					



FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: LAB
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
5	053162 EQ#: CHM03	1	LAB ANALYZER, CHEMISTRY, IMMUNO TOUCH PANEL USER INTERFACE;24 RESIDENT ASSAYS W/CONTINUOUS ACCESS AND STAT CAPABILITY;ON-BOARDREFRIGERATION;REAL TIME RACK <i>(WXDXH) IN: 39.00 X 24.00 X 18.50</i> <i>LBS: 200.00</i> <i>MM: 991 X 610 X 470</i> <i>KG: 91</i> LOCATION: COUNTERTOP HOSPITAL TAG: 0143026, 0143028 NOTES: TENTATIVE CHANGE TO SIEMENS ATELLICA CHEMISTRY SAMPLER HANDLER SYSTEM DATA: HARD WIRED DATA NOTE: RS-232C SERIAL UNI-DIRECTIONAL, BI-DIRECTIONAL BI-DIRECTIONAL WITH TRUE HOST QUERY VOLTS: 120 HERTZ: 60 AMPS: 15 BTU: 2880/HR DEDICATED CIRCUIT: YES ELECT NOTE: 1PH	BECKMAN COULTER CORP. ACCESS 2 IMMUNOASSAY	OF/VI	NEW	\$125,000.00	\$125,000.00 <i>GROUP: 3 MINOR MOVABLE</i>
6	1006995 EQ#: STNR01	1	LAB STAINER GRAM STAINING AND CYTOCENTRIFUGE TECHNOLOGY IN ONE UNIT;100-2000 RPM ROTOR SPEED; 100-240 VAC, 60 HZ <i>(WXDXH) IN: 22.00 X 21.00 X 10.00</i> <i>LBS: 38.40</i> <i>MM: 559 X 533 X 254</i> <i>KG: 17</i> LOCATION: COUNTERTOP VOLTS: 120 HERTZ: 60 WATTS: 200 ELECT NOTE: 100-240 VAC, 200 WATTS MAXIMUM	ELITECH GROUP AEROSPRAY GRAM STAINER 7322	OF/OI	NEW	\$15,000.00	\$15,000.00 <i>GROUP: 3 MINOR MOVABLE</i>
7	101925 EQ#: HAZ01	1	CONTAINER, BIOHAZARD 10 GAL;RED <i>(WXDXH) IN: 22.00 X 18.00 X 18.00</i> <i>LBS: 14.00</i> <i>MM: 559 X 457 X 457</i> <i>KG: 6</i> LOCATION: FLOOR	GRAINGER, INC. 4RF68 945BIO	OF/OI	NEW	\$76.40	\$76.40 <i>GROUP: 3 MINOR MOVABLE</i>



FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: LAB
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
8	1006534 EQ#: FGE11	1	LAB CENTRIFUGE, SERO-FUGE CAPACITY: 6 X 75 TO 100MM (3 TO 10ML); MAX RCF: 2000 X G; MAX SPEED: 3800 RPM; DIGITAL DISPLAY; PRE-PROGRAM UP TO 10 CYCLES; LED <i>(WXDXH) IN: 12.00 X 14.00 X 9.00</i> <i>LBS: 12.00</i> <i>MM: 305 X 356 X 229</i> <i>KG: 5</i> LOCATION: COUNTERTOP NOTES: REPLACES ULTRA-8V CENTRIFUGE, ASSET ID 0040315 VOLTS: 100-240 HERTZ: 50-60 WATTS: 220	FISHER HEALTHCARE 22 029 672 HORIZON 6	OF/OI	NEW	\$1,027.21	\$1,027.21 GROUP: 3 MINOR MOVABLE
								
9	067260 EQ#: MIC03	1	LAB MICROSCOPE 10 - 1500X MAG FOR OBSERVATION; 2 - 500X FOR 35MM PHOTOGRAPHY; CFI60 OPTICAL SYSTEM; BINOCULAR <i>(WXDXH) IN: 18.00 X 11.00 X 20.00</i> <i>LBS: 35.10</i> <i>MM: 457 X 279 X 508</i> <i>KG: 16</i> LOCATION: COUNTERTOP HOSPITAL TAG: 0085585 VOLTS: 120 HERTZ: 60	NIKON INSTRUMENTS INC. ECLIPSE E400	OF/OI	NEW	\$4,200.00	\$4,200.00 GROUP: 3 MINOR MOVABLE
								
10	1000191 EQ#: FGE05	1	LAB CENTRIFUGE, COUNTER TOP CYTOCENTRIFUGE; NON-GYN; 1ML DISPOSABLE CHAMBERS, 6ML & 12ML REUSABLE CHAMBERS; 2500 MAX RPM <i>(WXDXH) IN: 14.80 X 19.30 X 23.40</i> <i>LBS: 25.70</i> <i>MM: 376 X 490 X 594</i> <i>KG: 12</i> LOCATION: COUNTERTOP NOTES: REPLACES EXISTING CYTO-TEK, ASSET ID 0040308 VOLTS: 115 HERTZ: 60 AMPS: 10	SAKURA FINETEK U.S.A., INC. CYTO-TEK 2500	OF/OI	NEW	\$0.00	\$0.00 GROUP: 3 MINOR MOVABLE
								
11	1006960 EQ#: LWS01	1	LAB WATER SYSTEM WATER PURIFICATION SYSTEM 80L PER HOUR (21.1 GAL PER HOUR) <i>(WXDXH) IN: 21.40 X 31.40 X 49.40</i> <i>LBS: 515.90</i> <i>MM: 544 X 798 X 1255</i> <i>KG: 234</i> LOCATION: FLOOR NOTES: WILL NEED QTY 2 IF CHANGING TO SIEMENS ATELLICA ANALYZERS DATA: HARD WIRED VOLTS: 120 HERTZ: 60 ELECT NOTE: VOLTAGE FREQUENCY: 230-240 VAC ± 10%, 50/60 HZ OR 120 VAC ± 10%, 60 HZ OR 100 VAC ± 10%, 50/60 HZ; POWER CONSUMPTION (VA): 900	MILLIPORE CORPORATION ZAF561080 MILLI-Q CLX 7080	OF/VI	NEW	\$10,000.00	\$10,000.00 GROUP: 2 MAJOR MOVABLE
								
								PLUMB NOTE: FEED WATER REQUIREMENTS: 2-6 BAR; TAP WATER CONNECTION: 3/4 IN. GAZ M; DRAIN REQUIREMENTS: GRAVITY FALL WITH AIR GAP;

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: LAB
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
12	1001900 EQ#: DIFF01	1	LAB COUNTER, DIFFERENTIAL 12 COUNTING KEYS;CALCULATES PERCENT AND WBC VALUES;LCD SCREEN <i>(WXDXH) IN: 6.00 X 9.00 X 2.25</i> <i>LBS: 2.00</i> <i>MM: 152 X 229 X 57</i> <i>KG: 1</i> LOCATION: COUNTERTOP HOSPITAL TAG: 0143025, 0143030 VOLTS: 115 HERTZ: 60	MARKETLAB, INC. ML1979 DIFFCOUNT III	OF/OI	NEW	\$799.00	\$799.00 GROUP: 3 MINOR MOVABLE
								
13	083494 EQ#: FGE03	1	LAB CENTRIFUGE, COUNTER TOP 3 SETTING;7200 RMP/4440XG;8 1.5-10ML TUBES INCLUDES 8-PLACE ROTOR;REMOVABLE CHAMBER LINER <i>(WXDXH) IN: 11.00 X 10.00 X 7.00</i> <i>LBS: 10.00</i> <i>MM: 279 X 254 X 178</i> <i>KG: 5</i> LOCATION: COUNTERTOP HOSPITAL TAG: 0040317, 0155096 VOLTS: 120 HERTZ: 60 AMPS: 3 WATTS: 75	THERMO FISHER SCIENTIFIC STATSPIN EXPRESS 3 22 269 304	OF/OI	NEW	\$5,310.00	\$5,310.00 GROUP: 3 MINOR MOVABLE
								
14	075372 EQ#: MIC05	1	LAB MICROSCOPE BIOLOGICAL MICROSCOPE;UIS2;KOEHLER ILLUMINATOR 5 FIXED NOSEPIECE POSITIONS;ABBE CONDENSER <i>(WXDXH) IN: 10.00 X 15.00 X 17.00</i> <i>LBS: 152.00</i> <i>MM: 254 X 381 X 432</i> <i>KG: 69</i> LOCATION: COUNTERTOP HOSPITAL TAG: 0085510 VOLTS: 115 HERTZ: 60	OLYMPUS AMERICA INC. CX41RF-5	OF/OI	NEW	\$5,783.65	\$5,783.65 GROUP: 3 MINOR MOVABLE
								
15	101925 EQ#: HAZ01	1	CONTAINER, BIOHAZARD 10 GAL;RED <i>(WXDXH) IN: 22.00 X 18.00 X 18.00</i> <i>LBS: 14.00</i> <i>MM: 559 X 457 X 457</i> <i>KG: 6</i> LOCATION: FLOOR	GRAINGER, INC. 4RF68 945BIO	OF/OI	NEW	\$76.40	\$76.40 GROUP: 3 MINOR MOVABLE
								

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: LAB
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
16	1006527 EQ#: FZR01	1	FREEZER 115V;29.2CF;-25 TO -15 DEG C;SINGLE SOLID DOOR;MANUAL DEFROST;4 BASKET DRAWERS <i>(WXDXH) IN: 34.00 X 38.90 X 78.50</i> <i>LBS: 483.00</i> <i>MM: 864 X 988 X 1994</i> <i>KG: 219</i> LOCATION: FLOOR DATA: WIRELESS DATA NOTE: DEVICELINK CONNECT VOLTS: 115 HERTZ: 60 PLUG TYPE: Type B (NEMA 5-15)	THERMO FISHER SCIENTIFIC TSX3020FA	OF/OI	NEW	\$6,340.01	\$6,340.01 GROUP: 2 MAJOR MOVABLE
								
17	053150 EQ#: RKR01	1	LAB ROCKER, TUBE HOLDS 16 10-20MM OR 7 22-30MM TUBES;REVERSIBLE PAD;WHITE SILICONE RUBBER FRICTION GRIP;LOAD/UNLOAD W/O TURNING OFF <i>(WXDXH) IN: 15.00 X 5.50 X 4.30</i> <i>LBS: 5.80</i> <i>MM: 381 X 140 X 109</i> <i>KG: 3</i> LOCATION: COUNTERTOP VOLTS: 120 HERTZ: 60 AMPS: .08	THERMO FISHER SCIENTIFIC VARI-MIX M48725Q	OF/OI	NEW	\$925.59	\$925.59 GROUP: 3 MINOR MOVABLE
								
18	101925 EQ#: HAZ01	1	CONTAINER, BIOHAZARD 10 GAL;RED <i>(WXDXH) IN: 22.00 X 18.00 X 18.00</i> <i>LBS: 14.00</i> <i>MM: 559 X 457 X 457</i> <i>KG: 6</i> LOCATION: FLOOR	GRAINGER, INC. 4RF68 945BIO	OF/OI	NEW	\$76.40	\$76.40 GROUP: 3 MINOR MOVABLE
								
19	100134	1	THERMOMETER THERMOMETER, REFRIGERATOR/FREEZER ALARM; FISHERBRAND; TRACEABLE; FOR VACCINES; W/5ML BOTTLE <i>(WXDXH) IN: 4.25 X 2.75 X 0.75</i> <i>LBS: 0.24</i> <i>MM: 108 X 70 X 19</i> <i>KG: 0</i> LOCATION: SPACE ELECT NOTE: AAA BATTERY	THERMO FISHER SCIENTIFIC 15-077-720 TRACEABLE	OF/OI	NEW	\$76.00	\$76.00 GROUP: 3 MINOR MOVABLE
								

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: LAB
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
20	1000532 EQ#: REF09	1	REFRIGERATOR, UPRIGHT, CLINICAL 115V;51CF;2 GLASS DOORS;3-7DEG C;DIGITAL DISPLAY;GRAPHIC THERMOMETER;AUTO DEFROST;PROGRAMMABLE REMOTE ALARM <i>(WXDXH) IN: 56.50 X 37.80 X 78.50 LBS: 670.00</i> <i>MM: 1435 X 960 X 1994 KG: 304</i> LOCATION: FLOOR NOTES: SPECIMEN REFRIGERATOR VOLTS: 115 HERTZ: 60 AMPS: 8.7 DEDICATED CIRCUIT: YES ELECT NOTE: 15A;1PH, NEMA 5-15P, 10' CORD	THERMO FISHER SCIENTIFIC TSX5005GA TSX SERIES	OF/OI	NEW	\$13,140.00	\$13,140.00 GROUP: 3 MINOR MOVABLE
								
21	084949 EQ#: RPD01	1	LAB ANALYZER, BLOOD GAS CRITICAL CARE SYSTEM;MEASURES PH;ELECTROLYTES METABOLITES;CO-OXIMETRY;60SEC RESULTS <i>(WXDXH) IN: 11.50 X 16.00 X 21.50 LBS: 36.50</i> <i>MM: 292 X 406 X 546 KG: 17</i> LOCATION: COUNTERTOP DATA: HARD WIRED DATA NOTE: RS232 PORT;10BASE T ETHERNET VOLTS: 120 HERTZ: 60 WATTS: 150 ELECT NOTE: 1PH;	SIEMENS MEDICAL SOLUTIONS USA, INC. 10492730 RAPIDPOINT 500	OF/OI	NEW	\$12,100.00	\$12,100.00 GROUP: 3 MINOR MOVABLE
								
22	056955 EQ#: MTR01	1	LAB FLUOROMETER W/CARDIAC PANEL;LCD DISPLAY;PRINTER;RS232 COMPUTER SERIAL PORT <i>(WXDXH) IN: 6.25 X 8.50 X 2.75 LBS: 1.50</i> <i>MM: 159 X 216 X 70 KG: 1</i> LOCATION: COUNTERTOP DATA: HARD WIRED DATA NOTE: RS-32 COMPUTER INTERFACE PORT VOLTS: 120 HERTZ: 60 ELECT NOTE: AC/DC CONVERTER OR 4AA BATTERIES	ALERE NORTH AMERICA, INC. TRIAGE METERPRO TRIAGE METERPRO	OF/OI	NEW	\$6,995.00	\$6,995.00 GROUP: 3 MINOR MOVABLE
								

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: LAB
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
23	1006801 EQ#: SARS01	1	ANALYZER, TESTING, SARS-COV2 POINT OF CARE IMMUNOASSAY ANALYER. PROVIDES OBJECTIVE, LAB-QUALITY IMMUNOASSAY TEST RESULTS FOR HEALTHCARE PROVIDERS <i>(WXDXH) IN: 3.54 X 5.63 X 2.99</i> <i>LBS: 1.00</i> <i>MM: 90 X 143 X 76</i> <i>KG: 0</i> LOCATION: SPACE HOSPITAL TAG: 0143392, 0155320 DATA NOTE: DATA CONNECTION NEEDED IF OPTIONAL PRINTER IS USED (NOT INCLUDED), TO UPDATE OR ADD FEATURES TO THE ANALYZER, AND FOR ANALYZERS THAT ARE EQUIPPED WITH EITHER A BD VERITOR INFOSCAN MODULE OR BD VERITOR INFOSYNC MODULE. <i>VOLTS: 120</i> <i>HERTZ: 60</i> <i>AMPS: .06</i> PLUG TYPE: Type B (NEMA 5-15)	BD - BECTON, DICKINSON AND COMPANY 256082 VERITOR PLUS SYSTEM	OF/OI	NEW	\$302.00	\$302.00 <i>GROUP: 2 MAJOR MOVABLE</i>
24	074968 EQ#: SCAN01	1	LAB ANALYZER, DRUG MONITORING DRUGS OF ABUSE TEST SYSTEM;POINT OF CARE;PROVIDED FREE OF CHARGE - CUSTOMER PURCHASES TEST DEVICES <i>(WXDXH) IN: 5.50 X 8.00 X 3.50</i> <i>LBS: 1.20</i> <i>MM: 140 X 203 X 89</i> <i>KG: 1</i> LOCATION: SPACE HOSPITAL TAG: 0103276 DATA: HARD WIRED DATA NOTE: ETHERNET USB <i>VOLTS: 120</i> <i>HERTZ: 60</i> <i>AMPS: 0.3</i> DEDICATED CIRCUIT: YES ELECT NOTE: EQUIPMENT REQUIRES EMERGENCY POWER SUPPLY	MEDTOX LAB MEDTOXSCAN READER -	OF/OI	NEW	\$0.00	\$0.00 <i>GROUP: 3 MINOR MOVABLE</i>
25	1006966 EQ#: ESR01	1	ANALYZER, ERYTHROCYTE SEDIMENTATION RATE (ESR), AUTOMATED ERYTHROCYTE SEDIMENTATION RATE (ESR) ANALYZER; FULLY AUTOMATED; REQUIRES 100 MICROLITERS OF SAMPLE; INCLUDES INTERNAL BARCODE <i>(WXDXH) IN: 7.10 X 10.40 X 9.50</i> <i>LBS: 9.80</i> <i>MM: 180 X 264 X 241</i> <i>KG: 4</i> LOCATION: COUNTERTOP DATA: HARD WIRED DATA NOTE: RJ-45 ETHERNET FOR LIS CONNECTION <i>VOLTS: 120</i> <i>HERTZ: 60</i> <i>WATTS: 60</i> ELECT NOTE: 100-240VAC	ALCOR SCIENTIFIC, INC. MINIISED	CF/CI	NEW	\$4,710.00	\$4,710.00 <i>GROUP: 2 MAJOR MOVABLE</i>



FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: LAB
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
26	083496	1	LAB MIXER 500-3000 RPM;KEY PAD CONTROLS;LED DISPLAY TIMER;BUILT-IN CUP HEAD;12 <i>(WXDXH) IN: 6.80 X 4.80 X 4.80</i> <i>LBS: 11.70</i> <i>MM: 173 X 122 X 122</i> <i>KG: 5</i> LOCATION: COUNTERTOP HOSPITAL TAG: 0054712, 0143373 VOLTS: 120 HERTZ: 60 AMPS: 1.2 WATTS: 150	THERMO FISHER SCIENTIFIC 02-215-370 VORTEX	OF/OI	NEW	\$415.00	\$415.00 GROUP: 3 MINOR MOVABLE
	EQ#: MXR03							
27	1006970	1	ROTATOR, LABORATORY MULT-PURPOSE LAB ROTATOR WITH BUILT-IN TIMER; 120VAC, 60HZ <i>(WXDXH) IN: 18.00 X 18.00 X 10.00</i> <i>LBS: 22.00</i> <i>MM: 457 X 457 X 254</i> <i>KG: 10</i> LOCATION: COUNTERTOP HOSPITAL TAG: 0040305 VOLTS: 120 HERTZ: 60	THERMO FISHER SCIENTIFIC 2314	OF/OI	NEW	\$250.00	\$250.00 GROUP: 2 MAJOR MOVABLE
	EQ#: RTR01							
28	1006987	1	CABINET, STORAGE, ACID / CORROSIVE ACID/FLAMMABLE CABINET; SELF-CLOSING DOOR ON FLAMMABLE SIDE <i>(WXDXH) IN: 47.00 X 18.00 X 18.00</i> <i>LBS: 114.00</i> <i>MM: 1194 X 457 X 457</i> <i>KG: 52</i> LOCATION: COUNTERTOP	SCIENTIFIC MATERIALS CO., INC. SC2063 STAK-A-CAB	OF/OI	NEW	\$1,358.00	\$1,358.00 GROUP: 3 MINOR MOVABLE
	EQ#: CAB03							
29	1005565	1	BIN, SHREDDING SHREDDER COLLECTION BIN <i>(WXDXH) IN: 19.00 X 16.00 X 27.00</i> <i>LBS: 35.00</i> <i>MM: 483 X 406 X 686</i> <i>KG: 16</i> LOCATION: FLOOR	RAPID SHRED SHORT CONSOLE	OF/VI	NEW	\$0.00	\$0.00 GROUP: 3 MINOR MOVABLE
	EQ#: BIN01							
30	101925	1	CONTAINER, BIOHAZARD 10 GAL;RED <i>(WXDXH) IN: 22.00 X 18.00 X 18.00</i> <i>LBS: 14.00</i> <i>MM: 559 X 457 X 457</i> <i>KG: 6</i> LOCATION: FLOOR	GRAINGER, INC. 4RF68 945BIO	OF/OI	NEW	\$76.40	\$76.40 GROUP: 3 MINOR MOVABLE
	EQ#: HAZ01							

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: LAB
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
31	090248 EQ#: DSPE02	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE LOCKING WALL CABINET AND 5.4-QT NEXT GEN COLLECTOR TO INCLUDE: <i>(WXDXH) IN: 13.75 X 5.25 X 13.50</i> <i>LBS: 5.00</i> <i>MM: 349 X 133 X 343</i> <i>KG: 2</i> LOCATION: WALL NOTES: GLOVES, WALL MOUNTED SHARPS, AND WALL MOUNTED LAB TEST TUBE RACK ARE ARCHITECT'S (DAVIS) RESPONSIBILITY TO SHOW ON DRAWINGS (PER MEETING HELD ON 6.17.2022)	BECTON DICKINSON 305017 / 305517	OF/CI	NEW	\$85.00	\$85.00 <i>GROUP: 3 MINOR MOVABLE</i>
								
32	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00</i> <i>LBS: 2.00</i> <i>MM: 279 X 102 X 356</i> <i>KG: 1</i> LOCATION: WALL NOTES: GLOVES, WALL MOUNTED SHARPS, AND WALL MOUNTED LAB TEST TUBE RACK ARE ARCHITECT'S (DAVIS) RESPONSIBILITY TO SHOW ON DRAWINGS (PER MEETING HELD ON 6.17.2022)	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 <i>GROUP: 3 MINOR MOVABLE</i>
								

ROOM TOTAL : \$851,975.01

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: LAB STORAGE
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	104423	5	SHELVING, WIRE MOBILE;6-SHELF;LABEL AND INLAY	QC STORAGE 1848FM7-6-02	OF/VI	EXISTING	\$481.45	\$2,407.25
	EQ#: SHW01						<i>GROUP: 3 MINOR MOVABLE</i>	
			<i>(WXDXH) IN: 48.00 X 18.00 X 80.00</i>				<i>LBS: 40.00</i>	
			<i>MM: 1219 X 457 X 2032</i>				<i>KG: 18</i>	
			LOCATION: FLOOR					
			NOTES: 6'4"H X 48" W X 18"D CURRENTLY IN CLINIC					

ROOM TOTAL : \$2,407.25

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: MICROBIOLOGY
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	084654 EQ#: LABAS01	1	LAB ANALYZER, ANTIMICROBIAL SUSCEPTIBILITY AUTOMATED;64 WELLS;MICROBIAL IDENTIFICATION 30 CARD CAPACITY <i>(WXDXH) IN: 29.00 X 27.00 X 24.00</i> <i>LBS: 165.00</i> <i>MM: 737 X 686 X 610</i> <i>KG: 75</i> LOCATION: COUNTERTOP NOTES: REPLACES VITEK 2 COMPACT UNIT VOLTS: 240 HERTZ: 60 AMPS: 2.5 WATTS: 300 BTU: 1025 BTU/HR ELECT NOTE: INPUT VOLTAGE:100/120/220/240 VAC AT 50/60 HZ MAXIMUM INPUT: 5AMPS @ 120VAC/2.5AMPS @ 240VAC NOMINAL INPUT: 2.5AMPS @ 120VAC/1.25AMPS @ 240VA POWER : 300 WATTS NOMINAL, 600 WATTS PEAK DETACHABLE 3-WIRE CORD WITH GROUND, PER IEC 320	BIOMERIEUX, INC. 27530 VITEK 2 COMPACT	OF/VI	NEW	\$137,940.00	\$137,940.00 <i>GROUP: 3 MINOR MOVABLE</i>
2	1007201 EQ#: BACT01	1	LAB ANALYZER, MICROBIOLOGY COMBINATION UNIT WITH CONTROL AND INCUBATION MODULE IN A SINGLE INSTRUMENT; 2 DRAWERS, 120 CELL CAPACITY; 100/120V AC <i>(WXDXH) IN: 14.00 X 24.30 X 36.00</i> <i>LBS: 91.00</i> <i>MM: 356 X 617 X 914</i> <i>KG: 41</i> LOCATION: COUNTERTOP NOTES: REPLACES BACT/ALERT 3D, ASSET ID 0040124 VOLTS: 120 HERTZ: 60 BTU: 245 BTU/HR	BIOMERIEUX, INC. BACT/ALERT 3D 120	OF/VI	NEW	\$70,000.00	\$70,000.00 <i>GROUP: 2 MAJOR MOVABLE</i>
3	086281 EQ#: GENE01	1	LAB ANALYZER, CHEMISTRY, AUTOMATED DNA AMPLIFICATION ANALYZER;16 MODULE INSTRUMENT DESKTOP COMPUTER <i>(WXDXH) IN: 21.00 X 18.00 X 30.00</i> <i>LBS: 125.00</i> <i>MM: 533 X 457 X 762</i> <i>KG: 57</i> LOCATION: COUNTERTOP NOTES: SYSTEM IS CONFIGURED TO ONLY 8 MODULES; CAPABLE OF UPGRADING TO 16 MODULES. DATA: HARD WIRED AND WIRELESS DATA NOTE: YES VOLTS: 200 HERTZ: 60 AMPS: 4.12	CEPHEID GXXVI-16D GENEXPERT	OF/VI	NEW	\$190,000.00	\$190,000.00 <i>GROUP: 3 MINOR MOVABLE</i>

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: MICROBIOLOGY
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
4	1006995 EQ#: STNR01	1	LAB STAINER GRAM STAINING AND CYTOCENTRIFUGE TECHNOLOGY IN ONE UNIT;100-2000 RPM ROTOR SPEED; 100-240 VAC, 60 HZ <i>(WXDXH) IN: 22.00 X 21.00 X 10.00</i> <i>LBS: 38.40</i> <i>MM: 559 X 533 X 254</i> <i>KG: 17</i> LOCATION: COUNTERTOP VOLTS: 120 HERTZ: 60 WATTS: 200 ELECT NOTE: 100-240 VAC, 200 WATTS MAXIMUM	ELITTECH GROUP AEROSPRAY GRAM STAINER 7322	OF/OI	NEW	\$15,000.00	\$15,000.00 GROUP: 3 MINOR MOVABLE
								
								DRAIN REQUIRED: YES
5	1006992 EQ#: TRCH01	1	LAB ANALYZER, MOLECULAR, AUTOMATED MOLECULAR INFECTIOUS DISEASE ANALYZER; 120 VAC, 60 HZ <i>(WXDXH) IN: 18.00 X 29.00 X 34.00</i> <i>LBS: 268.00</i> <i>MM: 457 X 737 X 864</i> <i>KG: 122</i> LOCATION: COUNTERTOP DATA: HARD WIRED DATA NOTE: ETHERNET NETWORK INTERFACE VOLTS: 120 HERTZ: 60 ELECT NOTE: 100-240VAC, 60 HZ	BIOMERIEUX, INC. BIOFIRE TORCH	OF/VI	EXISTING	\$0.00	\$0.00 GROUP: 2 MAJOR MOVABLE
								
6	1005344 EQ#: CAB01	1	CABINET, SAFETY, BIOLOGICAL 3' BIOLOGICAL SAFETY CABINET W/ 10" SASH OPENING, UV LIGHT, SERVICE FIXTURE AND VACU-PASS PORTAL; ELECTRONICALLY <i>(WXDXH) IN: 42.30 X 31.20 X 61.70</i> <i>LBS: 510.00</i> <i>MM: 1074 X 792 X 1567</i> <i>KG: 231</i> LOCATION: FLOOR HOSPITAL TAG: 0012168 VOLTS: 115 HERTZ: 60 AMPS: 12 WATTS: 1380 PLUG TYPE: Type B (NEMA 5-15)	LABCONCO CORPORATION 302311001_3 PURIFIER LOGIC+ (3 FT)	OF/VI	NEW	\$10,530.00	\$10,530.00 GROUP: 2 MAJOR MOVABLE
								
								MECH NOTE: 303-379 CFM W/ OPTIONAL CANOPY

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: MICROBIOLOGY
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
7	066209 EQ#: INC01	1	LAB INCUBATOR, FLOOR MODEL 29CF;CO2;DIRECTED HORIZONTAL LAMINAR AIRFLOW SYSTEM;THREE RH SYSTEM SETTINGS, OFF, MED, HIGH THREE WATER FILL OPTIONS, AUTO, <i>(WXDXH) IN: 38.00 X 33.00 X 80.00 LBS: 500.00</i> <i>MM: 965 X 838 X 2032 KG: 227</i> LOCATION: FLOOR HOSPITAL TAG: 0143010 DATA: HARD WIRED DATA NOTE: DATA PORTS; ACCESS PORTS FOR EXTRA SENSORS VOLTS: 120 HERTZ: 60 AMPS: 10 ELECT NOTE: 15A/2 POLE;NEMA 5-15	THERMO FISHER SCIENTIFIC J1805-30 3950	OF/OI	EXISTING	\$15,825.56	\$15,825.56 GROUP: 3 MINOR MOVABLE
								
8	1006968 EQ#: REF07	1	REFRIGERATOR, LABORATORY 49 CU FT CAPACITY; DOUBLE DOOR, GLASS; 8 SHELVES; 115V, 60 HZ <i>(WXDXH) IN: 52.00 X 32.00 X 78.00 LBS: 597.00</i> <i>MM: 1321 X 813 X 1981 KG: 271</i> LOCATION: FLOOR HOSPITAL TAG: 0085517 VOLTS: 115 HERTZ: 60 AMPS: 8.8 PLUG TYPE: Type B (NEMA 5-15)	THERMO FISHER SCIENTIFIC MH49PA-GAEE-TS GP SERIES	OF/OI	EXISTING	\$9,377.00	\$9,377.00 GROUP: 3 MINOR MOVABLE
								
9	100134	4	THERMOMETER THERMOMETER, REFRIGERATOR/FREEZER ALARM; FISHERBRAND; TRACEABLE; FOR VACCINES; W/5ML BOTTLE <i>(WXDXH) IN: 4.25 X 2.75 X 0.75 LBS: 0.24</i> <i>MM: 108 X 70 X 19 KG: 0</i> LOCATION: SPACE NOTES: FOR USE WITH THE REFRIGERATORS, FREEZER, AND INCUBATORS ELECT NOTE: AAA BATTERY	THERMO FISHER SCIENTIFIC 15-077-720 TRACEABLE	OF/OI	NEW	\$76.00	\$304.00 GROUP: 3 MINOR MOVABLE
								

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: MICROBIOLOGY
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
10	1006967	1	FREEZER, UPRIGHT 5.1 CU FT FREEZER; WHITE	KENMORE 255.29502010 29502	OF/OI	EXISTING	\$200.00	\$200.00
	EQ#: FZR05							GROUP: 3 MINOR MOVABLE
			(WDXH) IN: 21.50 X 23.00 X 50.00 MM: 546 X 584 X 1270				LBS: 72.60 KG: 33	
			LOCATION: FLOOR HOSPITAL TAG: 0040122 VOLTS: 120 HERTZ: 60					
11	1006969	1	INCUBATOR, LAB, GRAVITY 4.5 CU FT CHAMBER VOLUME ECONOMY INCUBATOR; CONVECTION TECHNIQUE:	THERMO FISHER SCIENTIFIC 51221089 PRECISION SEG	OF/OI	EXISTING	\$0.00	\$0.00
	EQ#: INC03							GROUP: 2 MAJOR MOVABLE
			(WDXH) IN: 24.00 X 21.25 X 40.00 MM: 610 X 540 X 1016				LBS: 132.00 KG: 60	
			LOCATION: FLOOR HOSPITAL TAG: 0040127 VOLTS: 115 HERTZ: 60 AMPS: 1.3 WATTS: 150	BTU: 512 MECH NOTE: 512 BTU/HR				
12	085158	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL 9 GALLON W/TROLLEY; CLEAR SLIDE TOP; RECYCLED PLASTIC-BLACK TO INCLUDE:	BECTON DICKINSON RCRA HAZARDOUS WASTE 305069/305090	OF/OI	EXISTING	\$393.06	\$393.06
	EQ#: SRP03							GROUP: 3 MINOR MOVABLE
			(WDXH) IN: 16.30 X 28.60 X 23.50 MM: 414 X 726 X 597				LBS: 36.00 KG: 16	
			LOCATION: FLOOR					
13	090248	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE LOCKING WALL CABINET AND 5.4-QT NEXT GEN COLLECTOR TO INCLUDE:	BECTON DICKINSON 305017 / 305517	OF/CI	LEASED	\$85.00	\$170.00
	EQ#: DSPE02							GROUP: 3 MINOR MOVABLE
			(WDXH) IN: 13.75 X 5.25 X 13.50 MM: 349 X 133 X 343				LBS: 5.00 KG: 2	
			LOCATION: WALL NOTES: GLOVES, WALL MOUNTED SHARPS, AND WALL MOUNTED LAB TEST TUBE RACK ARE ARCHITECT'S (DAVIS) RESPONSIBILITY TO SHOW ON DRAWINGS (PER MEETING HELD ON 6.17.2022)					

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: MICROBIOLOGY
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
14	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00</i> <i>LBS: 2.00</i> <i>MM: 279 X 102 X 356</i> <i>KG: 1</i> LOCATION: WALL NOTES: GLOVES, WALL MOUNTED SHARPS, AND WALL MOUNTED LAB TEST TUBE RACK ARE ARCHITECT'S (DAVIS) RESPONSIBILITY TO SHOW ON DRAWINGS (PER MEETING HELD ON 6.17.2022)	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$152.11	\$152.11 <i>GROUP: 3 MINOR MOVABLE</i>
								
15	1001028 EQ#: MIC07	1	LAB MICROSCOPE HIGH THROUGHPUT BIOLOGICAL MICROSCOPE; 10X, 20X, AND 40X OBJECTIVES; KOEHLER ILLUMINATOR; U-POT POLARIZER 45MM; DUST <i>(WXDXH) IN: 8.30 X 14.80 X 15.50</i> <i>LBS: 16.10</i> <i>MM: 211 X 376 X 394</i> <i>KG: 7</i> LOCATION: COUNTERTOP <i>VOLTS: 120</i> <i>HERTZ: 60</i> <i>AMPS: 0.4</i>	OLYMPUS AMERICA CX43RF2	OF/OI	NEW	\$4,577.00	\$4,577.00 <i>GROUP: 3 MINOR MOVABLE</i>
								
16	1005565 EQ#: BIN01	2	BIN, SHREDDING SHREDDER COLLECTION BIN <i>(WXDXH) IN: 19.00 X 16.00 X 27.00</i> <i>LBS: 35.00</i> <i>MM: 483 X 406 X 686</i> <i>KG: 16</i> LOCATION: FLOOR	RAPID SHRED SHORT CONSOLE	OF/VI	LEASED	\$0.00	\$0.00 <i>GROUP: 3 MINOR MOVABLE</i>
								

ROOM TOTAL : \$454,468.73

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: RAD
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	102699 EQ#: IRD01	1	IMAGING, RADIOGRAPHIC, DIGITAL DIGITAL RADIOGRAPHIC SYSTEM; TO INCLUDE:	SHIMADZU MEDICAL SYSTEMS RADSPED PRO 80A RADSPED PRO	OF/VI	EXISTING	\$0.00	\$0.00 GROUP: 1 FIXED
NOTES: EXISTING ROOM. RAD SPEED PRO 50KW GENERATOR, 3 PHASE 480. TO BE RELOCATED.								
2	100008	1	RELOCATION OF EXISTING EQUIPMENT	ZZZ ADDITIONAL COST	OF/VI	NEW	\$25,000.00	\$25,000.00 GROUP: 3 MINOR MOVABLE
3	025263	1	ALLOWANCE	ZZZ - EQUIPMENT	OF/VI	NEW	\$20,000.00	\$20,000.00
4	100404 EQ#: IMX01	2	IMAGING, X-RAY UNIT, MOBILE, BATTERY GENERAL PURPOSE;INTEGRATED 19" LCD MONITOR;HIGH FREQUENCY INVERTER GENERATOR W/MAX RATING OF 32KW <i>(WXDXH) IN: 22.00 X 50.60 X 79.70 LBS: 970.00</i> <i>MM: 559 X 1285 X 2024 KG: 440</i>	SHIMADZU MEDICAL SYSTEMS MX8 503-79999-11	OF/OI	NEW	\$179,952.75	\$359,905.50 GROUP: 3 MINOR MOVABLE
			LOCATION: FLOOR DATA: WIRELESS VOLTS: 120 HERTZ: 60 ELECT NOTE: ELECTRICAL SHOWN FOR CHARGING SEALED LEAD STORAGE BATTERY	MECH NOTE: REFERENCE VENDOR'S TECHNICAL DATA				



ROOM TOTAL : \$404,905.50

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: ULTRASOUND
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	1002732 EQ#: IUS01	1	IMAGING, ULTRASOUND SCANNER ULTRASOUND IMAGING SYSTEM FOR BREAST, ABDOMINAL, VASCULAR, OBSTETRIC, GYNECOLOGIC, NEONATAL, PEDIATRIC, UROLOGICAL, <i>(WXDXH) IN: 23.00 X 35.00 X 51.00 LBS: 278.00</i> <i>MM: 584 X 889 X 1295 KG: 126</i> LOCATION: FLOOR DATA: HARD WIRED AND WIRELESS DATA NOTE: ETHERNET NETWORK CONNECTION WIRELESS LAN 802.11AC/B/G/N VOLTS: 120 HERTZ: 60 ELECT NOTE: POWER CONSUMPTION MAXIMUM OF 1KVA WITH PERIPHERALS	GE MEDICAL SYSTEMS H4920UC LOGIQ E10	OF/OI	NEW	\$140,563.50	\$140,563.50 GROUP: 3 MINOR MOVABLE
2	090947 EQ#: IMT01	1	IMAGING, TABLE 23-39"HEIGHT ADJ;500LB CAPACITY;FOOT/HAND CONTROLS SONOGRAPHER/PATIENT CUT OUTS; VASCULAR SCANNING <i>(WXDXH) IN: 35.00 X 73.00 X 39.00 LBS: 335.00</i> <i>MM: 889 X 1854 X 991 KG: 152</i> LOCATION: FLOOR VOLTS: 120 HERTZ: 60 AMPS: 6	BIODEX MEDICAL SYSTEMS, DIVISION OF MIRION TECHNOLOGIES 058-700/ACC ECHO PRO TABLE	OF/OI	NEW	\$8,305.00	\$8,305.00 GROUP: 3 MINOR MOVABLE
3	089695 EQ#: WRM01	1	WARMER, GEL ULTRASOUND GEL WARMER;3 BOTTLE;ADJUSTABLE TEMP;LCD TEMP DISPLAY <i>(WXDXH) IN: 8.00 X 5.00 X 12.00 LBS: 3.00</i> <i>MM: 203 X 127 X 305 KG: 1</i> LOCATION: COUNTERTOP VOLTS: 120 HERTZ: 60 AMPS: 0.26 WATTS: 31	PARKER LABORATORIES, INC. 83-03 (LCD TEMP) THERMASONIC	OF/OI	NEW	\$223.00	\$223.00 GROUP: 3 MINOR MOVABLE
				MECH NOTE: 31W				

ROOM TOTAL : \$149,091.50

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: BLOOD BANK
ROOM NUMBER: Z0001

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	105904 EQ#: INC05	1	LAB INCUBATOR, COUNTER TOP CENTRIFUGE & INCUBATOR;INTEGRATED ID-MTS GEL CARDS;ALARM SYSTEM;TEMP. MONITOR;10 CARD CAPACITY CENTRIFUGE;20 CARD <i>(WXDXH) IN: 22.64 X 12.80 X 8.66</i> <i>LBS: 24.00</i> <i>MM: 575 X 325 X 220</i> <i>KG: 11</i> LOCATION: COUNTERTOP HOSPITAL TAG: 0103072 VOLTS: 120 HERTZ: 60 WATTS: 150	ORTHO CLINICAL DIAGNOSTICS, INC. ORTHO WORKSTATION 6904630	OF/OI	EXISTING	\$6,010.60	\$6,010.60 GROUP: 3 MINOR MOVABLE
								
2	1011583 EQ#: SFT01	1	LAB ANALYZER, HEMATOLOGY, AUTOMATED AUTOMATED TEST PROCESSING FUNCTIONS INCLUDING LIQUID PIPETTING, REAGENT <i>(WXDXH) IN: 48.00 X 30.00 X 30.00</i> <i>LBS: 621.00</i> <i>MM: 1219 X 762 X 762</i> <i>KG: 282</i> LOCATION: FLOOR DATA: HARD WIRED VOLTS: 120 HERTZ: 60 DEDICATED CIRCUIT: YES ELECT NOTE: POWER CONSUMPTION: 1000 VA	ORTHO DIAGNOSTIC SYSTEMS, INC. VISION SWIFT	OF/VI	NEW	\$50,000.00	\$50,000.00 GROUP: 3 MINOR MOVABLE
								
								DRAIN REQUIRED: YES
3	1007005 EQ#: FGE09	1	LAB CENTRIFUGE, SERO-FUGE USED FOR BLOOD GROUPING AND TYPING, CROSS MATCHING, AND OTHER CELL- <i>(WXDXH) IN: 13.00 X 15.00 X 9.00</i> <i>LBS: 27.00</i> <i>MM: 330 X 381 X 229</i> <i>KG: 12</i> LOCATION: COUNTERTOP NOTES: REPLACES SERO 2002, ASSET ID 0155329 VOLTS: 120 HERTZ: 60 ELECT NOTE: 95-253 VAC	DRUCKER COMPANY 00-483-009-000 SERO 12	OF/OI	NEW	\$4,216.92	\$4,216.92 GROUP: 3 MINOR MOVABLE
								

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: BLOOD BANK
ROOM NUMBER: Z0001

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
4	081721 EQ#: WRM01	1	LAB PLASMA SYSTEM 4 BAG CAP;4.75 GAL CHAMBER;SS;3M DRAIN TIME QUICK THAW TO INCLUDE: <i>(WXDXH) IN: 21.75 X 15.50 X 23.00 LBS: 58.00</i> <i>MM: 552 X 394 X 584 KG: 26</i> LOCATION: COUNTERTOP SPEC COMMENTS: CLEARANCE: MINIMUM 8" ABOVE THE THAWER FOR THE BASKET LIFT-OUT SYSTEM TO OPERATE DIMENSIONS SHOWN INCLUDE BASKETS EXTENDED, DRAIN PORT, PLASMA OVERWRAP HOLDER AND SWITCHES NOTES: REPLACES CYTOTHERM 4T, ASSET ID 0040113 VOLTS: 115 HERTZ: 60 AMPS: 8 ELECT NOTE: EQUIPMENT REQUIRES EMERGENCY POWER SUPPLY;15A DEDICATED GROUND CIRCUIT	HELMER LABS, INC. DH4/ACC QUICK THAW	OF/OI	NEW	\$13,100.00	\$13,100.00 <i>GROUP: 3 MINOR MOVABLE</i>
								
5	071853 EQ#: FZR03	1	FREEZER, PLASMA 115V;29.2CF;SGL DR;7 DRWR;-30DEG C;SMART DEFROST; ALARM TEST;REMOTE ALARM CONTACTS;4 CASTERS/2 LOCK <i>(WXDXH) IN: 34.00 X 38.00 X 80.00 LBS: 580.00</i> <i>MM: 864 X 965 X 2032 KG: 263</i> LOCATION: FLOOR HOSPITAL TAG: 0086614 VOLTS: 115 HERTZ: 60 AMPS: 16	REVCO, A THERMO FISHER COMPANY PLASMA UFP3030A	OF/OI	EXISTING	\$15,730.00	\$15,730.00 <i>GROUP: 3 MINOR MOVABLE</i>
								
6	100134	2	THERMOMETER THERMOMETER, REFRIGERATOR/FREEZER ALARM; FISHERBRAND; TRACEABLE; FOR VACCINES; W/5ML BOTTLE <i>(WXDXH) IN: 4.25 X 2.75 X 0.75 LBS: 0.24</i> <i>MM: 108 X 70 X 19 KG: 0</i> LOCATION: SPACE ELECT NOTE: AAA BATTERY	THERMO FISHER SCIENTIFIC 15-077-720 TRACEABLE	OF/OI	NEW	\$76.00	\$152.00 <i>GROUP: 3 MINOR MOVABLE</i>
								

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: BLOOD BANK
ROOM NUMBER: Z0001

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
7	068689	1	REFRIGERATOR, BLOOD BANK 115V;GLASS DOOR;29.2 CF;6 DRAWER;2-14 DEGREE C 7 DAY CHART RECORDER;ACCESS PORT;INTERIOR LIGHT <i>(WXDXH) IN: 34.00 X 37.00 X 80.00 LBS: 505.00</i> <i>MM: 864 X 940 X 2032 KG: 229</i> LOCATION: FLOOR HOSPITAL TAG: 0085511 VOLTS: 115 HERTZ: 60 AMPS: 96.4 PLUG TYPE: Type B (NEMA 5-15)	THERMO FISHER SCIENTIFIC/JEWETT JBB3004A JBB3004A	OF/OI	EXISTING	\$10,662.40	\$10,662.40 GROUP: 3 MINOR MOVABLE
EQ#: REF05								
8	1006936	1	LAB BATH, DRY DUAL TEMP DRY BATH INCUBATOR WITH 24 WELL HEAT BLOCK <i>(WXDXH) IN: 8.00 X 9.00 X 4.00</i> <i>MM: 203 X 229 X 102</i> LOCATION: COUNTERTOP HOSPITAL TAG: 0040119 VOLTS: 120 HERTZ: 60	FISHER SCIENTIFIC 11-718 DUAL TEMP DRY BATH INCUBATOR	OF/OI	EXISTING	\$320.00	\$320.00 GROUP: 3 MINOR MOVABLE
EQ#: BTH01								
9	062537	1	LAB VIEWER, TEST TUBE 5 WATT HALOGEN BULB;ON/OFF SWITCH;FLEXIBLE NECK; INCLUDES BULB;MIRROR AND POWER PACK <i>(WXDXH) IN: 5.00 X 8.00 X 12.00</i> <i>MM: 127 X 203 X 305</i> LOCATION: COUNTERTOP NOTES: REPLACES ASSET ID 0040118 VOLTS: 120 HERTZ: 60 WATTS: 18	THERMO FISHER SCIENTIFIC 22-363-560 AGGLUTINATION	OF/OI	NEW	\$868.00	\$868.00 GROUP: 3 MINOR MOVABLE
EQ#: VWR01								
10	1006973	2	LAB MIXER VARIABLE SPEED FROM 4-24 RPM'S; ACCOMMODATES A VARIETY OF BLOOD <i>(WXDXH) IN: 7.50 X 5.00 X 5.50 LBS: 2.21</i> <i>MM: 191 X 127 X 140 KG: 1</i> LOCATION: COUNTERTOP HOSPITAL TAG: 0086944, 0086945 VOLTS: 120 HERTZ: 60 AMPS: 1.25 ELECT NOTE: 12V DC; 100-240V AC ADAPTER	FISHER SCIENTIFIC 05-450-213 NUTATING MIXER	OF/OI	EXISTING	\$875.00	\$1,750.00 GROUP: 3 MINOR MOVABLE
EQ#: MXR01								

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: BLOOD BANK
ROOM NUMBER: Z0001

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
11	1006934 EQ#: CRT05	1	CART, COMPUTER, MOBILE MOBILE LAPTOP CART WITH MOUSE TRAY; HEIGHT ADJUSTABLE 26.6"-46.6" <i>(WXDXH) IN: 20.00 X 28.80 X 47.80</i> <i>LBS: 34.00</i> <i>MM: 508 X 732 X 1214</i> <i>KG: 15</i> LOCATION: FLOOR	ERGOTRON, INC. LAPTOP CART NEO-FLEX CART	OF/OI	EXISTING	\$1,632.54	\$1,632.54 GROUP: IT Equipment
								
12	055585 EQ#: STL01	1	STOOL, FOOT, STEP CHROME;RUBBER TIPS;CORRUGATED BLACK RUBBER TOP FIRST STEP IS 8"H;SECOND STEP IS 16"H <i>(WXDXH) IN: 16.00 X 12.00 X 16.25</i> <i>LBS: 35.00</i> <i>MM: 406 X 305 X 413</i> <i>KG: 16</i> LOCATION: FLOOR NOTES: REPLACES CURRENT STEP STOOL	PEDIGO PRODUCTS, INC. P-18 DOUBLE STEP	OF/OI	NEW	\$218.40	\$218.40 GROUP: 3 MINOR MOVABLE
								
13	090248 EQ#: DSPE02	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE LOCKING WALL CABINET AND 5.4-QT NEXT GEN COLLECTOR TO INCLUDE: <i>(WXDXH) IN: 13.75 X 5.25 X 13.50</i> <i>LBS: 5.00</i> <i>MM: 349 X 133 X 343</i> <i>KG: 2</i> LOCATION: WALL NOTES: GLOVES, WALL MOUNTED SHARPS, AND WALL MOUNTED LAB TEST TUBE RACK ARE ARCHITECT'S (DAVIS) RESPONSIBILITY TO SHOW ON DRAWINGS (PER MEETING HELD ON 6.17.2022)	BECTON DICKINSON 305017 / 305517	OF/CI	LEASED	\$85.00	\$170.00 GROUP: 3 MINOR MOVABLE
								
14	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00</i> <i>LBS: 2.00</i> <i>MM: 279 X 102 X 356</i> <i>KG: 1</i> LOCATION: WALL NOTES: GLOVES, WALL MOUNTED SHARPS, AND WALL MOUNTED LAB TEST TUBE RACK ARE ARCHITECT'S (DAVIS) RESPONSIBILITY TO SHOW ON DRAWINGS (PER MEETING HELD ON 6.17.2022)	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$152.11	\$152.11 GROUP: 3 MINOR MOVABLE
								

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: BLOOD BANK
ROOM NUMBER: Z0001

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
15	101925 EQ#: HAZ01	2	CONTAINER, BIOHAZARD 10 GAL;RED <i>(WXDXH) IN: 22.00 X 18.00 X 18.00</i> <i>MM: 559 X 457 X 457</i> LOCATION: FLOOR	GRAINGER, INC. 4RF68 945BIO	OF/OI	NEW	\$76.40 <i>GROUP: 3 MINOR MOVABLE</i>	\$152.80
			<i>LBS: 14.00</i> <i>KG: 6</i>					
16	101309 EQ#: WST01	1	WASTE RECEPTACLE 44 GAL;GRAY;HANDLES;VENTING CHANNELS TO INCLUDE: <i>(WXDXH) IN: 25.00 X 25.00 X 40.00</i> <i>MM: 635 X 635 X 1016</i> LOCATION: FLOOR NOTES: TYPICAL, NOT ACTUAL	RUBBERMAID COMM. PRODUCTS FG264360GRAY/ACC BRUTE	OF/OI	NEW	\$56.83 <i>GROUP: 3 MINOR MOVABLE</i>	\$56.83
								

ROOM TOTAL : \$105,192.60

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: HEMATOLOGY
ROOM NUMBER: Z0001

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	1003296 EQ#: DXH01	1	LAB ANALYZER, HEMATOLOGY, AUTOMATED DXH AUTOMATED HEMATOLOGY WORKCELL CONSISTING OF: 1 DXH 900 WITH STAND <i>(WXDXH) IN: 30.00 X 31.00 X 78.00</i> <i>LBS: 1,043.00</i> <i>MM: 762 X 787 X 1981</i> <i>KG: 473</i> LOCATION: FLOOR HOSPITAL TAG: 0143012, 0143013 SPEC COMMENTS: UPS: 13X26X15 WXDXH IN INCHES, 80LBS. COMPUTER: 32X30X62 WXDXH IN INCHES, 80LBS. DATA: HARD WIRED DATA NOTE: LIS CONNECTIVITY VOLTS: 120 HERTZ: 60 AMPS: 8.0 BTU: 4015/HR DEDICATED CIRCUIT: YES ELECT NOTE: THE FEMALE AC OUTLET IS WITHIN 6' OF THE INSTRUMENT THE MAIN AC OUTLET IS A 3-WIRE OUTLET SUPPLYING 100-240VAC PLUG TYPE NEMA 5-20 R THIRD-WIRE EARTH GROUND THAT CAN CARRY THE FULL CURRENT OF THE CIRCUIT DEDICATED CIRCUIT UPS AND COMPUTER INCLUDED DRAIN REQUIRED: YES PLUMB NOTE: CHEMICAL RESISTANT BIOHAZARD DRAIN REQUIRED; MUST BE LESS THAN 30" ABOVE THE FLOOR AND WITHIN 12'; THE DRAIN MUST BE LOCATED SO THAT THE WASTE DRAIN TUBING IS ALWAYS BELOW THE WASTE FITTING AT THE BASE OF THE INSTRUMENT	BECKMAN COULTER - DIAGNOSTICS DIVIS UNICELL DXH 900	OF/VI	NEW	\$471,938.95	\$471,938.95 GROUP: 3 MINOR MOVABLE
2	1006995 EQ#: STNR01	1	LAB STAINER GRAM STAINING AND CYTOCENTRIFUGE TECHNOLOGY IN ONE UNIT;100-2000 RPM ROTOR SPEED; 100-240 VAC, 60 HZ <i>(WXDXH) IN: 22.00 X 21.00 X 10.00</i> <i>LBS: 38.40</i> <i>MM: 559 X 533 X 254</i> <i>KG: 17</i> LOCATION: COUNTERTOP VOLTS: 120 HERTZ: 60 WATTS: 200 ELECT NOTE: 100-240 VAC, 200 WATTS MAXIMUM DRAIN REQUIRED: YES	ELITECH GROUP AEROSPRAY GRAM STAINER 7322	OF/OI	NEW	\$15,000.00	\$15,000.00 GROUP: 3 MINOR MOVABLE
3	067260 EQ#: MIC03	1	LAB MICROSCOPE 10 - 1500X MAG FOR OBSERVATION; 2 - 500X FOR 35MM PHOTOGRAPHY; CFI60 OPTICAL SYSTEM; BINOCULAR <i>(WXDXH) IN: 18.00 X 11.00 X 20.00</i> <i>LBS: 35.10</i> <i>MM: 457 X 279 X 508</i> <i>KG: 16</i> LOCATION: COUNTERTOP HOSPITAL TAG: 0085585 VOLTS: 120 HERTZ: 60	NIKON INSTRUMENTS INC. ECLIPSE E400	OF/OI	NEW	\$4,200.00	\$4,200.00 GROUP: 3 MINOR MOVABLE

FLOOR: 1
DEPARTMENT: DIAGNOSTICS
ROOM NAME: HEMATOLOGY
ROOM NUMBER: Z0001

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
4	1001900 EQ#: DIFF01	2	LAB COUNTER, DIFFERENTIAL 12 COUNTING KEYS;CALCULATES PERCENT AND WBC VALUES;LCD SCREEN <i>(WXDXH) IN: 6.00 X 9.00 X 2.25</i> <i>MM: 152 X 229 X 57</i> LOCATION: COUNTERTOP HOSPITAL TAG: 0143025, 0143030 VOLTS: 115 HERTZ: 60	MARKETLAB, INC. ML1979 DIFFCOUNT III	OF/OI	NEW	\$799.00	\$1,598.00 GROUP: 3 MINOR MOVABLE
			<i>LBS: 2.00</i> <i>KG: 1</i>					
5	053150 EQ#: RKR01	1	LAB ROCKER, TUBE HOLDS 16 10-20MM OR 7 22-30MM TUBES;REVERSIBLE PAD;WHITE SILICONE RUBBER FRICTION GRIP;LOAD/UNLOAD W/O TURNING OFF <i>(WXDXH) IN: 15.00 X 5.50 X 4.30</i> <i>MM: 381 X 140 X 109</i> LOCATION: COUNTERTOP VOLTS: 120 HERTZ: 60 AMPS: .08	THERMO FISHER SCIENTIFIC VARI-MIX M48725Q	OF/OI	NEW	\$925.59	\$925.59 GROUP: 3 MINOR MOVABLE
			<i>LBS: 5.80</i> <i>KG: 3</i>					
6	101925 EQ#: HAZ01	2	CONTAINER, BIOHAZARD 10 GAL;RED <i>(WXDXH) IN: 22.00 X 18.00 X 18.00</i> <i>MM: 559 X 457 X 457</i> LOCATION: FLOOR	GRAINGER, INC. 4RF68 945BIO	OF/OI	NEW	\$76.40	\$152.80 GROUP: 3 MINOR MOVABLE
			<i>LBS: 14.00</i> <i>KG: 6</i>					

ROOM TOTAL : \$493,815.34

DEPARTMENT TOTAL : \$3,605,890.38

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: CLEAN
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	066890	3	SHELVING, WIRE CHROME;5 SHELVES;MOBILE;LABEL HOLDERS;BOTTOM SHELF COVER;2 BRAKING CASTERS <i>(WDXH) IN: 24.00 X 60.00 X 80.00</i> <i>LBS: 125.00</i> <i>MM: 610 X 1524 X 2032</i> <i>KG: 57</i>	LOGIQUIP MB465CH-CL -	OF/VI	NEW	\$865.00	\$2,595.00
	EQ#: SHW01							<i>GROUP: 3 MINOR MOVABLE</i>
								
			LOCATION: FLOOR					

ROOM TOTAL : \$2,595.00

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: EMS SUPPLIES VESTIBULE
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	1004164 EQ#: REFF01	1	REFRIGERATOR/FREEZER, UPRIGHT 18.3CF;NO ICEMAKER;AUTO DEFROST;ADA COMPLIANT	FRIGIDAIRE FFH1835VS	OF/OI	NEW	\$1,049.00	\$1,049.00
 <p><i>(WXDXH) IN: 30.00 X 30.38 X 66.38 LBS: 155.80</i> <i>MM: 762 X 772 X 1686 KG: 71</i></p> <p>LOCATION: FLOOR SPEC COMMENTS: DEPTH WITH DOOR OPEN: 57" VOLTS: 115 HERTZ: 60 DEDICATED CIRCUIT: YES ELECT NOTE: 15A;3-PRONG RECEPTACLE</p>								
2	066890 EQ#: SHW01	1	SHELVING, WIRE CHROME;5 SHELVES;MOBILE;LABEL HOLDERS;BOTTOM SHELF COVER;2 BRAKING CASTERS	LOGIQUIP MB465CH-CL	OF/OI	NEW	\$865.00	\$865.00
 <p><i>(WXDXH) IN: 24.00 X 60.00 X 80.00 LBS: 125.00</i> <i>MM: 610 X 1524 X 2032 KG: 57</i></p> <p>LOCATION: FLOOR</p>								

ROOM TOTAL : \$1,914.00

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: EQUIPMENT
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	066890 EQ#: SHW01	2	SHELVING, WIRE CHROME;5 SHELVES;MOBILE;LABEL HOLDERS;BOTTOM SHELF COVER;2 BRAKING CASTERS <i>(WXDXH) IN: 24.00 X 60.00 X 80.00 LBS: 125.00</i> <i>MM: 610 X 1524 X 2032 KG: 57</i> LOCATION: FLOOR	LOGIQUIP MB465CH-CL -	OF/VI	NEW	\$865.00 <i>GROUP: 3 MINOR MOVABLE</i>	\$1,730.00
								
2	1004793 EQ#: GLS01	1	LARYNGOSCOPE, VIDEO GLIDESCOPE GS CORE 15 PREM VB QC LG + QC & GO + VB 2.0 LG; 15" HIGH-DEF TOUCHSCREEN MONITOR; DUAL VIEW; MAGNAVVIEW; STILL IMAGE AND <i>(WXDXH) IN: 26.00 X 26.00 X 65.00 LBS: 87.00</i> <i>MM: 660 X 660 X 1651 KG: 39</i> LOCATION: FLOOR DATA NOTE: USB PORTS VOLTS: 120 HERTZ: 60 ELECT NOTE: BATTERY: LITHIUM ION	VERATHON MEDICAL 0069-0080 GS CORE	OF/OI	NEW	\$42,520.00 <i>GROUP: 3 MINOR MOVABLE</i>	\$42,520.00
								
3	106008 EQ#: IFP01	1	INFUSER, PRESSURE HOLDS 250-1000ML BAGS;INDEPENDENTLY FUNCTIONING CHAMBERS;MAX DYNAMIC OPERATING PRESSURE 300MMHG; <i>(WXDXH) IN: 30.00 X 30.00 X 73.50 LBS: 58.70</i> <i>MM: 762 X 762 X 1867 KG: 27</i> LOCATION: FLOOR ELECT NOTE: 110-120V;50/60HZ;1A;15FT POWER CORD	ARIZANT HEALTHCARE, A 3M COMPANY 145-00 RANGER	OF/OI	NEW	\$3,925.00 <i>GROUP: 3 MINOR MOVABLE</i>	\$3,925.00
								
4	073291 EQ#: EKG01	1	ELECTROCARDIOGRAPH HD RESTING EKG;W/BAR CODE/CAMHD/COLOR/& TROLLEY 12SL PACE RHYTHM INTERPRETATIONS;MOBILELINK <i>(WXDXH) IN: 19.00 X 27.00 X 41.00 LBS: 70.00</i> <i>MM: 483 X 686 X 1041 KG: 32</i> LOCATION: FLOOR VOLTS: 115 HERTZ: 60 AMPS: .5 ELECT NOTE: 100-240VAC;50/60HZ;0.5A @115V BATTERY: NIMH RECHARGEABLE	GE MEDICAL SYSTEMS 2053900-001 MAC 5500 HD	OF/OI	NEW	\$20,000.00 <i>GROUP: 3 MINOR MOVABLE</i>	\$20,000.00
								

ROOM TOTAL : \$68,175.00

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: EVS
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	1002055 EQ#: CRH01	1	CART, HOUSEKEEPING LOCKING CABINET AND HOOD;8" NON-MARKING WHEELS; TWO 4"SWIVEL CASTERS;VINYL BAG (9T80);LOCKING CABINET DOOR KIT (9T85);LOCKING <i>(WXDXH) IN: 22.00 X 48.25 X 53.50 LBS: 74.00</i> <i>MM: 559 X 1226 X 1359 KG: 34</i> LOCATION: FLOOR	RUBBERMAID COMM. PRODUCTS FG9T7500BLA (1PBJ9) 9T75 HEALTHCARE MICROFIBER CART	OF/OI	NEW	\$436.66	\$436.66 GROUP: 3 MINOR MOVABLE
								
2	052317 EQ#: RKM01	1	RACK, MOP/BROOM WALL MOUNTED STORAGE STRIP,40LBS MAX LOAD TO INCLUDE: <i>(WXDXH) IN: 34.00 X 5.00 X 4.00 LBS: 1.50</i> <i>MM: 864 X 127 X 102 KG: 1</i> LOCATION: WALL	RUBBERMAID COMM. PRODUCTS 1993 1993/ACC	OF/CI	NEW	\$60.75	\$60.75 GROUP: 1 FIXED
								
3	077601 EQ#: DSP01	1	DISPENSER, CHEMICAL/CLEANER LEANING SOLUTION DISPENSER. WALL MOUNTED MULTI-PRODUCT DISPENSER WITH AIR GAP ASPIRATOR. FILLS BOTH MOP BUCKETS AND <i>(WXDXH) IN: 13.00 X 8.50 X 20.25 LBS: 7.90</i> <i>MM: 330 X 216 X 514 KG: 4</i> LOCATION: WALL	ECOLAB, INC. QC CENTRAL SUPPLY 9202-2028	OF/CI	NEW	\$300.00	\$300.00 GROUP: 1 FIXED
								
								COLD WATER: YES DRAIN REQUIRED: YES PLUMB NOTE: WATER SUPPLY REQUIREMENT: MIN: 30PSI MAX: 85PSI MAX TEMPERATURE FOR WATER SOURCE SHOULD NOT EXCEED 140 DEG F SEE CUTSHEET FOR DETAILS
4	1002420 EQ#: SHW01	1	SHELF, WALL MOUNTED 304 STAINLESS STEEL; SATIN FINISH; EXPOSED MOUNT; INCLUDES MOUNTING HARDWARE: 0.8MM INSERT PLATE, 1.2MM SUPPORT LEG, <i>(WXDXH) IN: 16.00 X 5.00 X 4.12 LBS: 2.45</i> <i>MM: 406 X 127 X 105 KG: 1</i> LOCATION: WALL	GRAINGER 1ECL6	OF/CI	NEW	\$31.00	\$31.00 GROUP: 1 FIXED
								

ROOM TOTAL : \$828.41

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: MEDS
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	104140 EQ#: MED01	1	DISPENSER, MEDICATION, AUTOMATED 6 DRAWER; LCD MONITOR; KEYBOARD; BARCODE SCANNER; BIOMETRIC ACCESS SYSTEM; SECURE HALF AND FULL HEIGHT CUBIE POCKETS AND <i>(WXDXH) IN: 23.00 X 27.00 X 55.00 LBS: 166.00</i> <i>MM: 584 X 686 X 1397 KG: 75</i>	BD CAREFUSION PYXIS MEDSTATION ES 323 6 DRAWER MAIN	OF/VI	LEASED	\$0.00	\$0.00 GROUP: 2 MAJOR MOVABLE
			LOCATION: FLOOR DATA: HARD WIRED AND WIRELESS VOLTS: 120 HERTZ: 60 AMPS: 3 WATTS: 80 ELECT NOTE: 1A NOM,3 AMPS MAX LOAD CURRENT EMERGENCY POWER REQUIRED	BTU: 409 MECH NOTE: 409 BTU/HR				
2	089011 EQ#: MED02	1	DISPENSER, MEDICATION, AUTOMATED SINGLE COLUMN AUXILIARY;4 DOORS <i>(WXDXH) IN: 31.00 X 28.00 X 80.00 LBS: 314.00</i> <i>MM: 787 X 711 X 2032 KG: 142</i>	BD CAREFUSION PYXIS SINGLE COLUMN AUX MEDSTATION ES SINGLE COLUMN AUX	OF/VI	LEASED	\$0.00	\$0.00 GROUP: 2 MAJOR MOVABLE
			LOCATION: FLOOR DATA: HARD WIRED DATA NOTE: CONNECTED TO MAIN STATION VIA CABLE VOLTS: 120 HERTZ: 60 AMPS: .5 WATTS: 65 ELECT NOTE: 1PH; EMERGENCY POWER;CONNECTS TO MAIN	BTU: 222 MECH NOTE: 222 BTU/HR				
3	053907	1	DISPENSER, MEDICATION, ACCESSORY MED DISPENSING UNIT REFRIGERATOR CONTROL;AUTOMATE TEMP INCLUDES: SOFTWARE MODULE, ELECTRIC LOCKING LATCH, TEMP SENSOR <i>(WXDXH) IN: 2.30 X 5.20 X 6.90 LBS: 3.90</i> <i>MM: 58 X 132 X 175 KG: 2</i>	BD CAREFUSION PYXIS REMOTE MANAGER SMART	OF/VI	LEASED	\$0.00	\$0.00 GROUP: 3 MINOR MOVABLE
			LOCATION: SPACE DATA: WIRELESS ELECT NOTE: 50 MILLI-AMPS AT 36 VDC;POWER IS SUPPLIED BY PYXIS MAIN					

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: MEDS
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION	
4	106782	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE 115V;ADA;3.9CF;SS;NO CASTERS;LED DIGITAL DISPLAY AUTO DEFROST;MECHANICAL LOCK W/KEYS <i>(WXDXH) IN: 23.75 X 25.62 X 31.38</i> <i>LBS: 170.00</i> <i>MM: 603 X 651 X 797</i> <i>KG: 77</i>	FOLLETT CORPORATION REF4P-0R-00-00 REF4P ADA-COMPATIBLE PERFORMANCE PLUS	OF/VI	NEW	\$4,000.00	\$4,000.00	
			EQ#: REUM01						<i>GROUP: 2 MAJOR MOVABLE</i>
									
			LOCATION: FLOOR						
			VOLTS: 115 HERTZ: 60 AMPS: 4.1						BTU: 2185
			DEDICATED CIRCUIT: YES						
			PLUG TYPE: Type B (NEMA 5-15)						
			ELECT NOTE: 1PH;4.1A RUN LOAD; NEMA 5-15P 90 DEG HOSPITAL GRADE PLUG; 7' POWER CORD. MFR RECOMMENDS 15A DEDICATED CIRCUIT BREAKER.						MECH NOTE: 2185/BTUS MAX HEAT REJECTION 415/BTUS NOMINAL HEAT REJECTION R134A REFRIGERANT

ROOM TOTAL : \$4,000.00

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: NOURISHMENT
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION	
1	087670	1	ICE MAKER W/WATER DISPENSER 50# STORAGE;425#/24HR;SENSORS/SAFE/INFRARED;W/BASE STAND;W/O FILTER;CHEWBLET <i>(WXDXH) IN: 22.75 X 24.38 X 69.00 LBS: 336.00</i> <i>MM: 578 X 619 X 1753 KG: 152</i> LOCATION: FLOOR VOLTS: 115 HERTZ: 60 AMPS: 11 WATTS: 800 PLUG TYPE: Type B (NEMA 5-15) ELECT NOTE: 1PH;7' CORD, NEMA 5-15; 90-DEG HOSPITAL GRADE PLUG	FOLLETT CORPORATION 50CI425A-S AIR COOLED	OF/CI	NEW	\$7,677.00	\$7,677.00 <i>GROUP: 2 MAJOR MOVABLE</i>	
			EQ#: ICE01						
									
2	1004074	1	COFFEE BREWER, PLUMBED PLUMBED COMMERCIAL COFFEE MAKER WITHOUT OPTIONAL RESERVOIR; CHOICE OF <i>(WXDXH) IN: 7.87 X 14.25 X 13.00 LBS: 15.00</i> <i>MM: 200 X 362 X 330 KG: 7</i> LOCATION: COUNTERTOP VOLTS: 120 HERTZ: 60 AMPS: 12 WATTS: 1450	KEURIG, INC. K-2500	OF/CI	NEW	\$500.00	\$500.00 <i>GROUP: 2 MAJOR MOVABLE</i>	
			EQ#: CFB01						
									
							COLD WATER: YES DRAIN REQUIRED: YES PLUMB NOTE: REFER TO VENDOR TECHNICAL INFORMATION		
							COLD WATER: YES PLUMB NOTE: SEE VENDOR INFORMATION FOR WATER & FILTER CONNECTION/INSTALLATION.		

ROOM TOTAL : \$8,177.00

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: SOILED
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	101713 EQ#: TRK01	1	TRUCK/BIN, LINEN CONVERTS FROM SHELF STORAGE FOR CLEAN LINEN AND BIN FOR SOILED LINEN;HD PERFORMA CASTERS;(2) CHEST HANDLES;DRAIN HOLES;(2) <i>(WXDXH) IN: 29.50 X 60.75 X 66.00 LBS: 240.00</i> <i>MM: 749 X 1543 X 1676 KG: 109</i> LOCATION: FLOOR	MCCLURE INDUSTRIES, INC. 650-LB TURN-ABOUT		NEW	\$1,744.00	\$1,744.00
								
2	083939 EQ#: TRK02	1	TRUCK, TILT 1 CU YD;1250LB CAP;BLACK;POLYETHYLENE;INSET WHEELS <i>(WXDXH) IN: 33.50 X 72.25 X 44.00 LBS: 111.00</i> <i>MM: 851 X 1835 X 1118 KG: 50</i> LOCATION: FLOOR	RUBBERMAID COMM. PRODUCTS 1315 STANDARD DUTY	OF/OI	NEW	\$1,116.00	\$1,116.00 GROUP: 3 MINOR MOVABLE
								
3	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00 LBS: 2.00</i> <i>MM: 279 X 102 X 356 KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 GROUP: 1 FIXED
								

ROOM TOTAL : \$2,875.00

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: STAFF STATION
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	049998	2	THERMOMETER, ELECTRONIC DIGITAL;ORAL PROBE W/PROBE WELL;TEMP RANGE:80 DEG F-110 DEG.F; POWER SOURCE:3EA-1.5VDC AA BATTERIES; CALIBRATION ACCURACY <i>(WXDXH) IN: 3.18 X 2.43 X 8.46 LBS: 1.00</i> <i>MM: 81 X 62 X 215 KG: 0</i> LOCATION: SPACE ELECT NOTE: (3) 1.5VDC AA BATTERIES	WELCH ALLYN, INC. 01690-200/02892-000 SURETEMP + 690	OF/OI	NEW	\$343.95	\$687.90 <i>GROUP: 3 MINOR MOVABLE</i>



ROOM TOTAL : \$687.90

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: TRAUMA
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	087944 EQ#: MTR01	1	MONITOR, PHYSIOLOGICAL 10.2" TOUCHSCREEN COLOR LCD DISPLAY;NETWORK CAPABLE;HIGHLY CUSTOMIZABLE;MULTI-LEAD ECG;RESP; <i>(WXDXH) IN: 12.00 X 3.00 X 11.00 LBS: 7.70</i> <i>MM: 305 X 76 X 279 KG: 3</i> LOCATION: WALL ELECT NOTE: AC 100-240V, 50/60HZ, 60VA MAX	FUKUDA DENSHI DS-8100N/ACC DS-8100	OF/VI	NEW	\$10,036.17	\$10,036.17 GROUP: 3 MINOR MOVABLE
2	1009631 EQ#: STR01	1	STRETCHER 700LB USER WT CAP;30" PATIENT SURFACE;BIG WHEEL ADVANCED MOBILITY; PWDR BLUE ID BUMPERS;NO TRANSFER BOARD;NO STRETCHER <i>(WXDXH) IN: 38.00 X 85.00 X 34.00 LBS: 435.00</i> <i>MM: 965 X 2159 X 864 KG: 197</i> LOCATION: FLOOR	STRYKER CORP/MEDICAL DIV 1115-000-030/ACC PRIME BIG WHEEL	OF/OI	NEW	\$8,782.54	\$8,782.54 GROUP: 3 MINOR MOVABLE
3	101583 EQ#: IUS01	1	IMAGING, ULTRASOUND SCANNER PORTABLE ULTRASOUND SYSTEM TO INCLUDE: <i>(WXDXH) IN: 21.00 X 22.00 X 60.00 LBS: 57.50</i> <i>MM: 533 X 559 X 1524 KG: 26</i> LOCATION: FLOOR DATA: HARD WIRED AND WIRELESS VOLTS: 120 HERTZ: 60 ELECT NOTE: OPERATES VIA BATTERY OR AC POWER RECHARGEABLE LITHIUM BATTERY 15 VDC OUTPUT	FUJIFILM SONOSITE INC L22406 SONOSITE S II	OF/VI	NEW	\$37,229.50	\$37,229.50 GROUP: 3 MINOR MOVABLE
4	1009245 EQ#: VNT01	1	VENTILATOR ADULT/PEDS MOBILE INTENSIVE CARE VENTILATOR; BATTERY LIFE 4.5 HOURS; 8.4" COLOR, BACKLIT, TOUCH SCREEN DISPLAY; <i>(WXDXH) IN: 24.80 X 24.80 X 53.50 LBS: 14.80</i> <i>MM: 630 X 630 X 1359 KG: 7</i> LOCATION: FLOOR VOLTS: 120 HERTZ: 60 AMPS: 1.5 ELECT NOTE: 120VAC/60HZ/1.5A	HAMILTON MEDICAL, INC. C1 HAMILTON-CI	OF/VI	NEW	\$16,000.00	\$16,000.00 GROUP: 3 MINOR MOVABLE

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: TRAUMA
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
5	069809 EQ#: DIA01	1	DIAGNOSTIC SET GREEN TECHNOLOGY;WALLBOARD;OPHTH/OTO;SPHYG;TEMP UNIT INCLUDES <i>(WXDXH) IN: 34.00 X 6.00 X 12.00 LBS: 25.00</i> <i>MM: 864 X 152 X 305 KG: 11</i> LOCATION: WALL VOLTS: 100-240 HERTZ: 50-60 AMPS: .18	WELCH ALLYN, INC. 77791-2MPX GS 777 SERIES	OF/CI	NEW	\$1,755.00	\$1,755.00 GROUP: 2 MAJOR MOVABLE
								
6	1007831 EQ#: DEF01	2	DEFIBRILLATOR R SERIES PLUS DEFIBRILLATOR W/EXPANSION PACK, SPO2, ONESTEP PACING, ETCO2 (MAINSTREAM) NIBP;GUIDELINES 2020 COMPATIBLE;AED <i>(WXDXH) IN: 10.50 X 12.50 X 8.20 LBS: 15.20</i> <i>MM: 267 X 318 X 208 KG: 7</i> LOCATION: COUNTERTOP DATA: WIRELESS DATA NOTE: WIFI 802.11 A/B/G/N /USB OPTIONAL; INTERNAL MEMORY VOLTS: 120 HERTZ: 60 AMPS: 2 WATTS: 275 DEDICATED CIRCUIT: YES ELECT NOTE: 1PH; RECHARGEABLE BATTERY; EMERGENCY POWER	ZOLL MEDICAL CORPORATION 30520005201310013 R SERIES PLUS	OF/OI	NEW	\$19,066.10	\$38,132.20 GROUP: 3 MINOR MOVABLE
								
7	086192 EQ#: IVP01	3	I.V. INFUSION PUMP POINT OF CARE UNIT;NEXT GENERATION W/MODULE SOFTWARE AND LICENSES <i>(WXDXH) IN: 8.00 X 8.00 X 15.00 LBS: 7.20</i> <i>MM: 203 X 203 X 381 KG: 3</i> LOCATION: SPACE DATA: HARD WIRED DATA NOTE: RS-232 W/AN RJ45 CONNECTOR VOLTS: 120 HERTZ: 60 AMPS: 1.25 WATTS: 150	BD CAREFUSION ALARIS PCU 8015 8015/8100	OF/OI	NEW	\$5,300.00	\$15,900.00 GROUP: 3 MINOR MOVABLE
								
8	065019 EQ#: CLK01	1	C-LOCKER LOCKER WITH TAMBOUR DOOR; W/O MOUNTING RAIL TO CONSIST OF: <i>(WXDXH) IN: 19.50 X 20.00 X 73.50 LBS: 130.00</i> <i>MM: 495 X 508 X 1867 KG: 59</i> LOCATION: FLOOR	HERMAN MILLER CO564FF/ACC CO-STRUC	OF/OI	NEW	\$2,868.00	\$2,868.00 GROUP: 3 MINOR MOVABLE
								

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: TRAUMA
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
9	061867 EQ#: CBW01	1	CABINET, WARMING SINGLE COMPARTMENT;GLASS DOOR;18" DEPTH; BLANKETS/FLUID;DIGITAL CONTROLS <i>(WXDXH) IN: 30.00 X 21.00 X 28.00 LBS: 131.00</i> <i>MM: 762 X 533 X 711 KG: 59</i> LOCATION: COUNTERTOP VOLTS: 120 HERTZ: 60 AMPS: 7 WATTS: 840 ELECT NOTE: 1 PHASE	STERIS CORPORATION DJ050124132 COUNTER TOP	OF/OI	NEW	\$6,018.40	\$6,018.40 GROUP: 2 MAJOR MOVABLE
								
10	090591 EQ#: LSD01	1	LIGHT, SURGICAL, DUAL LED;LIGHT FOR 9FT CEILING;DUAL 20" DIAMETER LIGHTHEADS;ILLUMINATION @ 39";7500FC FOCAL LENGTH;80,700 LUX;7.5" <i>(WXDXH) IN: 108.00 X 108.00 X 108.00 LBS: 118.00</i> <i>MM: 2743 X 2743 X 2743 KG: 54</i> LOCATION: CEILING VOLTS: 115 HERTZ: 60 AMPS: 0.7	MIDMARK CORPORATION RITTER 255 LED 255-004	OF/VI	NEW	\$4,696.50	\$4,696.50 GROUP: 1 FIXED
								
11	1000999 EQ#: CRC01	1	CART, RESUSCITATION, CARDIAC 6 DRAWER;RED;30";SIDE SHELF;PLASTIC TOP;PUSH HANDLES;ACCESSORY PANELS;LOCKING CASTERS;SWIVEL <i>(WXDXH) IN: 44.00 X 28.00 X 47.00 LBS: 165.00</i> <i>MM: 1118 X 711 X 1194 KG: 75</i> LOCATION: FLOOR	ARMSTRONG MEDICAL PAR-30	OF/OI	NEW	\$3,527.00	\$3,527.00 GROUP: 3 MINOR MOVABLE
								
12	037559 EQ#: SUC01	1	SUCTION MACHINE AC/BATTERY OPERATED;BUILT-IN AUTO BATTERY CARE 50MM TO GREATER THAN 550MMHG;PUMP AIRFLOW:APPROX. 50 LPM <i>(WXDXH) IN: 17.00 X 5.25 X 9.00 LBS: 10.65</i> <i>MM: 432 X 133 X 229 KG: 5</i> LOCATION: COUNTERTOP VOLTS: 110 HERTZ: 60 AMPS: 3.0 ELECT NOTE: OUTPUT: 40W/12V DC 3.3A 12V DC SEALED LEAD ACID BATTERY	SSCOR, INC. S-SCORT DUET 2314B	OF/OI	NEW	\$1,245.00	\$1,245.00 GROUP: 3 MINOR MOVABLE
								

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: TRAUMA
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
13	096445	1	HYPERTHERMIA UNIT CONTAINS BLOWER;HEATING ELEMENT;HAND CONTROLLER TO INCLUDE: <i>(WXDXH) IN: 7.70 X 4.00 X 13.00</i> <i>LBS: 7.00</i> <i>MM: 196 X 102 X 330</i> <i>KG: 3</i> LOCATION: WALL VOLTS: 120 HERTZ: 60 AMPS: 4.6	ARIZANT HEALTHCARE, A 3M COMPANY 87500/90074/90079 BAIR HUGGER 875	OF/OI	NEW	\$2,000.00	\$2,000.00 <i>GROUP: 3 MINOR MOVABLE</i>
				MECH NOTE: 1000 BTU/HR				
14	106008	1	INFUSER, PRESSURE HOLDS 250-1000ML BAGS;INDEPENDENTLY FUNCTIONING CHAMBERS;MAX DYNAMIC OPERATING PRESSURE 300MMHG; <i>(WXDXH) IN: 30.00 X 30.00 X 73.50</i> <i>LBS: 58.70</i> <i>MM: 762 X 762 X 1867</i> <i>KG: 27</i> LOCATION: FLOOR ELECT NOTE: 110-120V;50/60HZ;1A;15FT POWER CORD	ARIZANT HEALTHCARE, A 3M COMPANY 145-00 RANGER	OF/OI	NEW	\$3,925.00	\$3,925.00 <i>GROUP: 3 MINOR MOVABLE</i>
15	062332	1	CART, INTUBATION FOR HIGH LEVEL INTUBATION; 5DRW 3-3", 1-6", 1-9" BEIGE/DARK BLUE TO INCLUDE: <i>(WXDXH) IN: 37.21 X 25.00 X 55.94</i> <i>LBS: 154.00</i> <i>MM: 945 X 635 X 1421</i> <i>KG: 70</i> LOCATION: FLOOR	ARMSTRONG MEDICAL INDUSTRIES PBL-AA-24/ACC PREMIER	OF/OI	NEW	\$2,325.00	\$2,325.00 <i>GROUP: 3 MINOR MOVABLE</i>
16	100600	1	CART, PROCEDURE MOBILE;KEY LOCK;3 EA-4" AND 1 EA-8"DRAWERS;PEBBLE GREY <i>(WXDXH) IN: 24.00 X 18.00 X 33.00</i> <i>MM: 610 X 457 X 838</i> LOCATION: FLOOR	MIDMARK CORPORATION M41C.216.KCN M41C.216.KCN	OF/VI	NEW	\$1,012.50	\$1,012.50 <i>GROUP: 3 MINOR MOVABLE</i>

ROOM TOTAL : \$155,452.81

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: TREATMENT (QTY 6)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	087944 EQ#: MTR01	1	MONITOR, PHYSIOLOGICAL 10.2" TOUCHSCREEN COLOR LCD DISPLAY;NETWORK CAPABLE;HIGHLY CUSTOMIZABLE;MULTI-LEAD ECG;RESP; <i>(WXDXH) IN: 12.00 X 3.00 X 11.00 LBS: 7.70</i> <i>MM: 305 X 76 X 279 KG: 3</i> LOCATION: WALL ELECT NOTE: AC 100-240V, 50/60HZ, 60VA MAX	FUKUDA DENSHI DS-8100N/ACC DS-8100	OF/VI	NEW	\$10,036.17	\$10,036.17 GROUP: 3 MINOR MOVABLE
2	1009631 EQ#: STR01	1	STRETCHER 700LB USER WT CAP;30" PATIENT SURFACE;BIG WHEEL ADVANCED MOBILITY; PWDR BLUE ID BUMPERS;NO TRANSFER BOARD;NO STRETCHER <i>(WXDXH) IN: 38.00 X 85.00 X 34.00 LBS: 435.00</i> <i>MM: 965 X 2159 X 864 KG: 197</i> LOCATION: FLOOR	STRYKER CORP/MEDICAL DIV 1115-000-030/ACC PRIME BIG WHEEL	OF/OI	NEW	\$8,782.54	\$8,782.54 GROUP: 3 MINOR MOVABLE
3	069809 EQ#: DIA01	1	DIAGNOSTIC SET GREEN TECHNOLOGY;WALLBOARD;OPHTH/OTO;SPHYG;TEMP UNIT INCLUDES <i>(WXDXH) IN: 34.00 X 6.00 X 12.00 LBS: 25.00</i> <i>MM: 864 X 152 X 305 KG: 11</i> LOCATION: WALL VOLTS: 100-240 HERTZ: 50-60 AMPS: .18	WELCH ALLYN, INC. 77791-2MPX GS 777 SERIES	OF/CI	NEW	\$1,755.00	\$1,755.00 GROUP: 2 MAJOR MOVABLE
4	095859 EQ#: LSS01	1	LIGHT, SURGICAL, SINGLE LED;LIGHT FOR 8FT CEILING;SINGLE 20" DIAMETER LIGHTHEAD;ILLUMINATION @ 39";7500 FC FOCAL LENGTH;80,700 LUX;7.5" <i>(WXDXH) IN: 46.50 X 46.50 X 44.00 LBS: 64.00</i> <i>MM: 1181 X 1181 X 1118 KG: 29</i> LOCATION: CEILING VOLTS: 115 HERTZ: 60 AMPS: 0.7	MIDMARK CORPORATION RITTER 255 LED 255-001	OF/VI	NEW	\$2,348.25	\$2,348.25 GROUP: 1 FIXED
5	1005750 EQ#: STL01	1	STOOL, REVOLVING PNEUMATIC; 250LB CAP; 5 LEG BASE; BLACK VINYL UPHOLSTERY 3" HIGH DENSITY FOAM; 2" CASTERS; HEIGHT ADJUSTABLE; CONTROL <i>(WXDXH) IN: 22.00 X 22.00 X 21.75 LBS: 13.00</i> <i>MM: 559 X 559 X 552 KG: 6</i> LOCATION: FLOOR	ALCO SALES & SERVICE COMPANY AL-42727-08	OF/OI	NEW	\$149.00	\$149.00 GROUP: 3 MINOR MOVABLE

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: TREATMENT (QTY 6)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
6	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00</i> <i>LBS: 2.00</i> <i>MM: 279 X 102 X 356</i> <i>KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 GROUP: 1 FIXED
								
7	091479 EQ#: DSPE01	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE 5.4 QUART CONTAINER; BROWN INCLUDES: <i>(WXDXH) IN: 14.00 X 6.00 X 15.00</i> <i>LBS: 5.00</i> <i>MM: 356 X 152 X 381</i> <i>KG: 2</i> LOCATION: WALL	B.D. COMPANY, THE RECYKLEEN 305096	OF/CI	NEW	\$82.06	\$82.06 GROUP: 3 MINOR MOVABLE
								

ROOM TOTAL : \$23,168.02

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: TREATMENT SECURE
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	087944 EQ#: MTR01	1	MONITOR, PHYSIOLOGICAL 10.2" TOUCHSCREEN COLOR LCD DISPLAY;NETWORK CAPABLE;HIGHLY CUSTOMIZABLE;MULTI-LEAD ECG;RESP; <i>(WXDXH) IN: 12.00 X 3.00 X 11.00 LBS: 7.70</i> <i>MM: 305 X 76 X 279 KG: 3</i> LOCATION: WALL ELECT NOTE: AC 100-240V, 50/60HZ, 60VA MAX	FUKUDA DENSHI DS-8100N/ACC DS-8100	OF/VI	NEW	\$10,036.17	\$10,036.17 GROUP: 3 MINOR MOVABLE
2	1009631 EQ#: STR01	1	STRETCHER 700LB USER WT CAP;30" PATIENT SURFACE;BIG WHEEL ADVANCED MOBILITY; PWDR BLUE ID BUMPERS;NO TRANSFER BOARD;NO STRETCHER <i>(WXDXH) IN: 38.00 X 85.00 X 34.00 LBS: 435.00</i> <i>MM: 965 X 2159 X 864 KG: 197</i> LOCATION: FLOOR	STRYKER CORP/MEDICAL DIV 1115-000-030/ACC PRIME BIG WHEEL	OF/OI	NEW	\$8,782.54	\$8,782.54 GROUP: 3 MINOR MOVABLE
3	069809 EQ#: DIA01	1	DIAGNOSTIC SET GREEN TECHNOLOGY;WALLBOARD;OPHTH/OTO;SPHYG;TEMP UNIT INCLUDES <i>(WXDXH) IN: 34.00 X 6.00 X 12.00 LBS: 25.00</i> <i>MM: 864 X 152 X 305 KG: 11</i> LOCATION: WALL VOLTS: 100-240 HERTZ: 50-60 AMPS: .18	WELCH ALLYN, INC. 77791-2MPX GS 777 SERIES	OF/CI	NEW	\$1,755.00	\$1,755.00 GROUP: 2 MAJOR MOVABLE
4	1005750 EQ#: STL01	1	STOOL, REVOLVING PNEUMATIC; 250LB CAP; 5 LEG BASE; BLACK VINYL UPHOLSTERY 3" HIGH DENSITY FOAM; 2" CASTERS; HEIGHT ADJUSTABLE; CONTROL <i>(WXDXH) IN: 22.00 X 22.00 X 21.75 LBS: 13.00</i> <i>MM: 559 X 559 X 552 KG: 6</i> LOCATION: FLOOR	ALCO SALES & SERVICE COMPANY AL-42727-08	OF/OI	NEW	\$149.00	\$149.00 GROUP: 3 MINOR MOVABLE
5	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00 LBS: 2.00</i> <i>MM: 279 X 102 X 356 KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 GROUP: 1 FIXED

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: TREATMENT SECURE
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
6	091479	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	B.D. COMPANY, THE	OF/CI	NEW	\$82.06	\$82.06
	EQ#: DSPE01		5.4 QUART CONTAINER; BROWN INCLUDES: <i>(WXDXH) IN: 14.00 X 6.00 X 15.00</i> <i>LBS: 5.00</i> <i>MM: 356 X 152 X 381</i> <i>KG: 2</i>	RECYKLEEN 305096				<i>GROUP: 3 MINOR MOVABLE</i>
			LOCATION: WALL					

ROOM TOTAL : \$20,819.77

FLOOR: 1
DEPARTMENT: EMERGENCY
ROOM NAME: TRIAGE
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION	
1	1005918	1	MONITOR, VITAL SIGNS 10"LCD SCREEN;CO2 MEASUREMENT;TEMPERATURE;MOBILE STAND;NONINVASIVE BLOOD PRESSURE;LITHIUM ION BATTERY <i>(WXDXH) IN: 21.00 X 21.00 X 49.85 LBS: 19.00</i> <i>MM: 533 X 533 X 1266 KG: 9</i> LOCATION: FLOOR VOLTS: 120 HERTZ: 60 WATTS: 60 ELECT NOTE: RECHARGEABLE LITHIUM ION BATTERY 11.1V 7800MAH	PHILIPS HEALTHCARE - MONITORING SYSTEMS 863380 EARLYVUE VS30	OF/OI	NEW	\$3,725.81	\$3,725.81	
			EQ#: MVS01						GROUP: 3 MINOR MOVABLE
									
2	1005750	1	STOOL, REVOLVING PNEUMATIC; 250LB CAP; 5 LEG BASE; BLACK VINYL UPHOLSTERY 3" HIGH DENSITY FOAM; 2" CASTERS; HEIGHT ADJUSTABLE; CONTROL <i>(WXDXH) IN: 22.00 X 22.00 X 21.75 LBS: 13.00</i> <i>MM: 559 X 559 X 552 KG: 6</i> LOCATION: FLOOR	ALCO SALES & SERVICE COMPANY AL-42727-08	OF/OI	NEW	\$149.00	\$149.00	
			EQ#: STL01						GROUP: 3 MINOR MOVABLE
									
3	066112	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00 LBS: 2.00</i> <i>MM: 279 X 102 X 356 KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00	
			EQ#: GLV01						GROUP: 1 FIXED
									
4	080591	1	REFRIGERATOR, UNDERCOUNTER 2.4 CUBIC FEET; WHITE CABINET/DOOR; AUTOMATIC DEFROST; REVERSIBLE DOOR; 2 ADJUSTABLE WIRE SHELVES; DIAL THERMOSTAT; FACTORY <i>(WXDXH) IN: 18.50 X 17.75 X 24.88 LBS: 36.00</i> <i>MM: 470 X 451 X 632 KG: 16</i> LOCATION: FLOOR SPEC COMMENTS: DEPTH WITH DOOR AT 90 DEGREES: 34.5" VOLTS: 115 HERTZ: 60 AMPS: .7 PLUG TYPE: Type B (NEMA 5-15) MECH NOTE: REFRIGERANT TYPE: R600A REFRIGERANT AMOUNT: 0.7OZ.	SUMMIT APPLIANCE DIV. 761101029191 FF28LWH	OF/OI	NEW	\$300.00	\$300.00	
			EQ#: REFU01						GROUP: 3 MINOR MOVABLE
									

ROOM TOTAL : \$4,189.81

DEPARTMENT TOTAL : \$292,882.72

FLOOR: 1
DEPARTMENT: MATERIALS MANAGEMENT
ROOM NAME: BIO-MED WORKROOM
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	1002433	1	WORKBENCH CANTILEVER WORK BENCH, PLASTIC LAMINATE WORK SURFACE, T-MOLD EDGE; BIN HOLDER, 6" DRAWER, 12"D UPPER SHELF, DELUXE LIGHT <i>(WXDXH) IN: 60.00 X 30.00 X 84.00 LBS: 254.00</i> <i>MM: 1524 X 762 X 2134 KG: 115</i> LOCATION: FLOOR <i>VOLTS: 115VAC HERTZ: 60HZ</i>	GLOBAL WGB2334693 PRO-LINE BIB19	OF/OI	NEW	\$1,100.00	\$1,100.00 <i>GROUP: 3 MINOR MOVABLE</i>



ROOM TOTAL : \$1,100.00

FLOOR: 1
DEPARTMENT: MATERIALS MANAGEMENT
ROOM NAME: EVS SUPPLIES
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	076893	3	SHELVING, HIGH DENSITY (2)FIXED;(3)MOBILE UNITS;9'8"TRACK;SOLID BOTTOM ENCLOSURE PANELS;14'LONG;66" WIDE;36" AISLE SIZE (WXDXH) IN: 66.00 X 165.00 X 86.00 MM: 1676 X 4191 X 2184 LOCATION: FLOOR	INTERMETRO INDUSTRIES CORP. TOP TRACK SASE	OF/VI	NEW	\$6,157.60	\$18,472.80



ROOM TOTAL : \$18,472.80

FLOOR: 1
DEPARTMENT: MATERIALS MANAGEMENT
ROOM NAME: PHARMACY STORAGE
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	076893	2	SHELVING, HIGH DENSITY (2)FIXED;(3)MOBILE UNITS;9'8"TRACK;SOLID BOTTOM ENCLOSURE PANELS;14'LONG;66" WIDE;36" AISLE SIZE (WXDXH) IN: 66.00 X 165.00 X 86.00 MM: 1676 X 4191 X 2184 LOCATION: FLOOR	INTERMETRO INDUSTRIES CORP. TOP TRACK SASE	OF/VI	NEW	\$6,157.60	\$12,315.20



ROOM TOTAL : \$12,315.20

FLOOR: 1
DEPARTMENT: MATERIALS MANAGEMENT
ROOM NAME: STERILIZER
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	094604	1	STERILIZER ELEC STEAM;20X20X38 CHMBR;RECESS 1 WALL;DBL DOORS; PREVAC W/LIQUID CYCLE;INTEGRAL STEAM GENERATOR; (WDXH) IN: 44.00 X 30.00 X 75.00 LBS: 1,726.00 MM: 1118 X 762 X 1905 KG: 783 LOCATION: FLOOR VOLTS: 480 HERTZ: 50/60 AMPS: 36 ELECT NOTE: FOR CONTROLS: 120V, 50/60HZ, 1PH, 9.5A FOR INT STEAM GENERATOR: 480V, 50/60HZ, 3PH, 36A	STERIS CORPORATION SR0202210321 AMSCO 400 SMALL	OF/VI	NEW	\$86,934.40	\$86,934.40
								<i>GROUP: 1 FIXED</i>
							ROOM TOTAL : \$86,934.40	



FLOOR: 1
DEPARTMENT: MATERIALS MANAGEMENT
ROOM NAME: STORAGE
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	076893	3	SHELVING, HIGH DENSITY (2)FIXED;(3)MOBILE UNITS;9'8"TRACK;SOLID BOTTOM ENCLOSURE PANELS;14'LONG;66" WIDE;36" AISLE SIZE <i>(WXDXH) IN: 66.00 X 165.00 X 86.00</i> <i>MM: 1676 X 4191 X 2184</i> LOCATION: FLOOR	INTERMETRO INDUSTRIES CORP. TOP TRACK SASE	OF/VI	NEW	\$6,157.60	\$18,472.80



ROOM TOTAL : \$18,472.80

DEPARTMENT TOTAL : \$137,295.20

FLOOR: 1
DEPARTMENT: PHYSICAL THERAPY
ROOM NAME: HYDROTHERAPY
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION	
1	063686	1	EQUIPMENT HYDROTHERAPY POOL W/MOVEABLE FLOOR UNDERWATER TREADMILL <i>(WXDXH) IN: 72.00 X 0.00 X 114.00</i> <i>LBS: 35,999.00</i> <i>MM: 1829 X 0 X 2896</i> <i>KG: 16333</i>	HYDROWORX HYDROWORX 1200	OF/OI	NEW	\$120,000.00	\$120,000.00	
							<i>GROUP: 3 MINOR MOVABLE</i>		
			LOCATION: FLOOR			PLUMB NOTE: MIN. 2" DIAMETER WATER SUPPLY LINE W/ANTI-SIPHON DEVICE CONNECTED TO THE CIRCULATION REQUIRES SUMP PUMP W/PUMP OR FLOOR DRAIN FOR CONNECTION TO POOL MAINTENANCE SYSTEM AND MAIN DRAIN SANITARY SYSTEM SHOULD BE DESIGNED TO ACCOMMODATE 3,100 GAL. VIA GRAVITY THROUGH 2" PVC PIPE SEE INSTALLATION GUIDE FOR DETAILS			
ELECT NOTE: OWNER PROVIDED POWER TO HYDROWORX CONTROL PANEL 120/208V, 100 AMP, 3 PH; 5 WIRE WITH GROUND (L1, L2, L3, GROUND, AND NEUTRAL) TELEPHONE LINE RECOMMENDED FOR COMMUNICATION DURING SYSTEM MAINTENANCE									
2	1011539	1	SHIPPING AND HANDLING SHIPPING	HYDROWORX HW-SHIP SHIPPING	OF/VI	NEW	\$6,000.00	\$6,000.00	
							<i>GROUP: 3 MINOR MOVABLE</i>		
			LOCATION: SPACE						

ROOM TOTAL : \$126,000.00

FLOOR: 1
DEPARTMENT: PHYSICAL THERAPY
ROOM NAME: PT GYMNASIUM
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	065655	3	TABLE, TREATMENT WOOD;W/1 LOWER SHELF;ADJUSTABLE BACKREST;2" PAD STATIONARY;400LB CAPACITY <i>(WXDXH) IN: 30.00 X 72.00 X 31.00</i> <i>LBS: 174.00</i> <i>MM: 762 X 1829 X 787</i> <i>KG: 79</i> LOCATION: FLOOR	CLINTON INDUSTRIES CLINTON 1020-30	OF/OI	EXISTING	\$0.00	\$0.00
	EQ#: TBT01							<i>GROUP: 3 MINOR MOVABLE</i>
								
2	073123	1	ULTRASONIC/ELECTROTHERAPY UNIT, ACCESSORY SOUND HEAD APPLICATORS FOR 2 CHANNEL COMBO ELECTROTHERAPY/ULTRASOUND;2CM2 & 1CM2 SOUND HEADS <i>(WXDXH) IN: 12.00 X 13.00 X 7.00</i> <i>LBS: 5.00</i> <i>MM: 305 X 330 X 178</i> <i>KG: 2</i> LOCATION: SPACE NOTES: NO STAND. ALREADY HAVE ROLL AROUND CART ELECT NOTE: 100-240 VAC;50/60 HZ	CHATTANOOGA CORPORATION INTELECT TRANSPORT 2738 COMBO	OF/OI	EXISTING	\$0.00	\$0.00
	EQ#: ULTE01							<i>GROUP: 3 MINOR MOVABLE</i>
3	1006571	1	MAT, PLATFORM, EXERCISE METRON VALUE MAT PLATFORM; NATURAL TONE PLYWOOD FRAME; 2" FOAM PADDING; 500 LB WEIGHT CAPACITY; 5'W X 7'L <i>(WXDXH) IN: 60.00 X 84.00 X 18.00</i> <i>LBS: 150.00</i> <i>MM: 1524 X 2134 X 457</i> <i>KG: 68</i> LOCATION: FLOOR	PERFORMANCE HEALTH 9235321B METRON VALUE MAT PLATFORM	OF/OI	EXISTING	\$0.00	\$0.00
	EQ#: EXR07							<i>GROUP: 3 MINOR MOVABLE</i>
								
4	097622	1	EXERCISE, STEPPER RECUMBENT 450 LBS. CAPACITY;USER HEIGHT RANGE 4'6" - 6'7"; PREMIUM SEAT ADJUSTS UP/DOWN/FORWARD/BACK, 360 <i>(WXDXH) IN: 30.00 X 68.00 X 48.00</i> <i>LBS: 312.00</i> <i>MM: 762 X 1727 X 1219</i> <i>KG: 142</i> LOCATION: FLOOR ELECT NOTE: SELF-GENERATING	SCIFIT SYSTEMS, INC. PREMIUM SEAT STEPONE	OF/OI	EXISTING	\$0.00	\$0.00
	EQ#: EXR01							<i>GROUP: 3 MINOR MOVABLE</i>
								
5	091008	1	EXERCISE UNIT, BENCH, EXERCISE AND WEIGHT INCLINE, FLAT, DECLINE;7 ADJUSTABLE BACK PAD POSITIONS -20 TO 80 DEG;3 ADJ. SEAT POSITIONS <i>(WXDXH) IN: 25.00 X 66.00 X 47.00</i> <i>LBS: 77.00</i> <i>MM: 635 X 1676 X 1194</i> <i>KG: 35</i> LOCATION: FLOOR	HOIST FITNESS SYSTEMS 7 POSITION F.I.D HF-5165	OF/OI	EXISTING	\$0.00	\$0.00
	EQ#: EXR09							<i>GROUP: 3 MINOR MOVABLE</i>
								

FLOOR: 1
DEPARTMENT: PHYSICAL THERAPY
ROOM NAME: PT GYMNASIUM
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
6	098385	1	EXERCISE UNIT, TOTAL GYM FULL BODY WORKOUT;LAT BARS; ADJ GLIDEBOARD; REMOTE CONTROL HANDLES; 3 LEVEL SQUAT STAND; MAX WEIGHT <i>(WXDXH) IN: 106.00 X 38.00 X 65.00 LBS: 218.00</i> <i>MM: 2692 X 965 X 1651 KG: 99</i> LOCATION: FLOOR VOLTS: 115 HERTZ: 60 AMPS: 5 ELECT NOTE: 1PH	EFI/TOTAL GYM 5300-4 ENCOMPASS POWERTOWER 5300-04	OF/OI	EXISTING	\$0.00	\$0.00 GROUP: 3 MINOR MOVABLE
	EQ#: EXR08							
7	070150	1	TREADMILL, ELECTRIC LOW STARTING SPEED .1 AND RANGES UP TO 12 MPH WITH SPEED ADJUSTABLE .1 INCREMENTS;7 LCD DISPLAY; WALKING SURFACE OF <i>(WXDXH) IN: 34.00 X 83.00 X 63.00 LBS: 458.00</i> <i>MM: 864 X 2108 X 1600 KG: 208</i> LOCATION: FLOOR VOLTS: 110 HERTZ: 60 AMPS: 15 DEDICATED CIRCUIT: YES ELECT NOTE: DEDICATED 15 AMP CIRCUIT,GROUND	SCIFIT SYSTEMS, INC. AC5000-INT AC5000	OF/OI	NEW	\$8,500.00	\$8,500.00 GROUP: 3 MINOR MOVABLE
	EQ#: TRD01							
8	056476	1	EXERCISE UNIT, ERGOMETER TOTAL BODY;400LBS. CAP;ADJ. CRANK ARM <i>(WXDXH) IN: 31.00 X 64.00 X 57.00 LBS: 225.00</i> <i>MM: 787 X 1626 X 1448 KG: 102</i> LOCATION: FLOOR ELECT NOTE: SELF POWERED W/BATTERY BACK UP OR 12V WALL PACK TRANSFORMER	SCIFIT SYSTEMS, INC. SCI FIT PRO 2 SCI FIT PRO 2	OF/OI	EXISTING	\$0.00	\$0.00 GROUP: 3 MINOR MOVABLE
	EQ#: EXR05							
9	090999	1	EXERCISE UNIT, BICYCLE, RECUMBENT RECUMBENT BIKE;STANDARD DISPLAY;SELF-POWERED 20-900 WATT RESISTANCE;ADJUSTABLE FAN;400LB CAP <i>(WXDXH) IN: 25.00 X 65.00 X 52.00 LBS: 183.00</i> <i>MM: 635 X 1651 X 1321 KG: 83</i> LOCATION: FLOOR ELECT NOTE: SELF-POWERED	CYBEX INTERNATIONAL, INC. 770R BICYCLE RECUMB.	OF/OI	EXISTING	\$0.00	\$0.00 GROUP: 3 MINOR MOVABLE
	EQ#: EXR06							

FLOOR: 1
DEPARTMENT: PHYSICAL THERAPY
ROOM NAME: PT GYMNASIUM
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
10	070644	1	EXERCISE UNIT DUAL CABLE CROSS;ELECTROSTATICALLY POWDER COATED;ENHANCED PIVOT BOX;CABLE RATIO;SWIVEL PULLEYS;ROTATING ARMS;MOVING <i>(WXDXH) IN: 123.00 X 62.00 X 95.00 LBS: 1,150.00</i> <i>MM: 3124 X 1575 X 2413 KG: 522</i> LOCATION: FLOOR	ICON HEALTH & FITNESS FREEMOTION F624	OF/OI	NEW	\$6,098.00	\$6,098.00 GROUP: 3 MINOR MOVABLE
	EQ#: EXR04							
11	102415	1	PARALLEL BARS 10';400LB USER WT CAP;WIDTH ADJ BTW 19-26";HT ADJ BTW 26-44";1.5" DIAM STAINLESS STEEL HANDRAILS;POSI-LOK LOCKING SYSTEM;MOUNTING <i>(WXDXH) IN: 54.50 X 120.00 X 44.00 LBS: 72.00</i> <i>MM: 1384 X 3048 X 1118 KG: 33</i> LOCATION: FLOOR SPEC COMMENTS: WIDTH IS OVERALL WIDTH WITH BARS INSTALLED CORRECTLY AND ADJUSTED TO THEIR WIDEST SEPARATION	ARMEDICA MANUFACTURING CORPORATION AM-712 (081579010) PERFORMA HI-LO	OF/OI	EXISTING	\$0.00	\$0.00 GROUP: 3 MINOR MOVABLE
	EQ#: PBR01							
12	093000	1	HYDROCOLLATOR, MASTER HEATING UNIT MOBILE HEATING UNIT; FOUR 8CM SWIVEL CASTERS; STAINLESS STEEL; INCLUDES 12 STANDARD HOTPACS; <i>(WXDXH) IN: 27.00 X 16.00 X 33.00 LBS: 86.00</i> <i>MM: 686 X 406 X 838 KG: 39</i> LOCATION: FLOOR VOLTS: 120 HERTZ: 60 AMPS: 15 WATTS: 1000 ELECT NOTE: 110-120V, 60HZ, 1000 WATTS, 15 AMP	CHATTANOOGA CORPORATION 2402 M-2	OF/OI	EXISTING	\$0.00	\$0.00 GROUP: 2 MAJOR MOVABLE
	EQ#: HYD01							
13	003328	1	EXERCISE UNIT, STAIRCASE ONE-SIDED, STRAIGHT ENCLOSED ON THREE SIDES;SINGLE SET OF FOUR, 6" STEPS;30" WIDE;PLATFORM SIZE: 24 X 30 IN.;TWO SETS OF WOOD <i>(WXDXH) IN: 30.00 X 52.00 X 60.00 LBS: 235.00</i> <i>MM: 762 X 1321 X 1524 KG: 107</i> LOCATION: FLOOR	HAUSMANN INDUSTRIES, INC. 1567 -	OF/OI	EXISTING	\$0.00	\$0.00 GROUP: 3 MINOR MOVABLE
	EQ#: EXR01							
14	072023	1	EXERCISE UNIT MEDICINE BALL REBOUNDER;STEEL FRAME;WHITE FINISH BALL STORAGE RACK W/5 MEDICINE BALLS;7 ANGLES <i>(WXDXH) IN: 41.00 X 59.00 X 45.00 LBS: 100.00</i> <i>MM: 1041 X 1499 X 1143 KG: 45</i> LOCATION: FLOOR	IDEAL REBOUNDER BAY 67	OF/OI	EXISTING	\$0.00	\$0.00 GROUP: 3 MINOR MOVABLE
	EQ#: EXR02							

FLOOR: 1
DEPARTMENT: PHYSICAL THERAPY
ROOM NAME: PT GYMNASIUM
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
15	058851 EQ#: EXR03	1	EXERCISE UNIT RUBBERBAND RESISTANCE RAIL;STAINLESS;STORAGE RACK 14 EXERCISE BANDS;EXERCISE INSTRUCTIONAL MATERIALS <i>(WXDXH) IN: 6.00 X 2.00 X 84.00</i> <i>LBS: 30.00</i> <i>MM: 152 X 51 X 2134</i> <i>KG: 14</i> LOCATION: WALL	PRE PAK PRODUCTS 825 WEB-SLIDE DELUX	OF/CI	EXISTING	\$0.00	\$0.00 <i>GROUP: 3 MINOR MOVABLE</i>
16	001180 EQ#: LHM01 	1	HAMPER, LINEN TRIANGULAR;NON-SLIP FOOT PEDAL ACTIVATED LID; STAINLESS STEEL CONSTRUCTION; BUMPER GUARDS;SOLID BOTTOM SHELF;THREE 3"HARD <i>(WXDXH) IN: 21.75 X 20.88 X 32.00</i> <i>LBS: 20.00</i> <i>MM: 552 X 530 X 813</i> <i>KG: 9</i> LOCATION: FLOOR	BLICKMAN, INC. 096230100P 2301SS	OF/OI	NEW	\$465.85	\$465.85 <i>GROUP: 3 MINOR MOVABLE</i>
17	066112 EQ#: GLV01 	3	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00</i> <i>LBS: 2.00</i> <i>MM: 279 X 102 X 356</i> <i>KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$45.00 <i>GROUP: 1 FIXED</i>

ROOM TOTAL : \$15,108.85

FLOOR: 1
DEPARTMENT: PHYSICAL THERAPY
ROOM NAME: SOILED
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	101713 EQ#: TRK01	1	TRUCK/BIN, LINEN CONVERTS FROM SHELF STORAGE FOR CLEAN LINEN AND BIN FOR SOILED LINEN;HD PERFORMA CASTERS;(2) CHEST HANDLES;DRAIN HOLES;(2) <i>(WXDXH) IN: 29.50 X 60.75 X 66.00 LBS: 240.00</i> <i>MM: 749 X 1543 X 1676 KG: 109</i> LOCATION: FLOOR	MCCLURE INDUSTRIES, INC. 650-LB TURN-ABOUT		NEW	\$1,744.00	\$1,744.00
2	083939 EQ#: TRK02	1	TRUCK, TILT 1 CU YD;1250LB CAP;BLACK;POLYETHYLENE;INSET WHEELS <i>(WXDXH) IN: 33.50 X 72.25 X 44.00 LBS: 111.00</i> <i>MM: 851 X 1835 X 1118 KG: 50</i> LOCATION: FLOOR	RUBBERMAID COMM. PRODUCTS 1315 STANDARD DUTY	OF/OI	NEW	\$1,116.00	\$1,116.00 GROUP: 3 MINOR MOVABLE
3	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00 LBS: 2.00</i> <i>MM: 279 X 102 X 356 KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 GROUP: 1 FIXED

ROOM TOTAL : \$2,875.00

FLOOR: 1
DEPARTMENT: PHYSICAL THERAPY
ROOM NAME: TRACTION
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	051331	1	TABLE, TRACTION 3D ADJUSTABILITY USING TOUCH SCREEN W/CASTERS TO INCLUDE: <i>(WXDXH) IN: 25.00 X 78.00 X 35.00</i> <i>LBS: 200.00</i> <i>MM: 635 X 1981 X 889</i> <i>KG: 91</i> LOCATION: FLOOR ELECT NOTE: 120V/60HZ	SAUNDERS GROUP, INC. 3D ACTIVE TRAC 73000A/ACC	OF/OI	NEW	\$15,550.00	\$15,550.00
							<i>GROUP: 3 MINOR MOVABLE</i>	

ROOM TOTAL : \$15,550.00

FLOOR: 1
DEPARTMENT: PHYSICAL THERAPY
ROOM NAME: TREATMENT (QTY 4)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	065655	1	TABLE, TREATMENT	CLINTON INDUSTRIES	OF/OI	NEW	\$537.44	\$537.44
	EQ#: TBT01		WOOD;W/1 LOWER SHELF;ADJUSTABLE BACKREST;2" PAD STATIONARY;400LB CAPACITY	CLINTON 1020-30			<i>GROUP: 3 MINOR MOVABLE</i>	
			(WXDXH) IN: 30.00 X 72.00 X 31.00				LBS: 174.00	
			MM: 762 X 1829 X 787				KG: 79	
			LOCATION: FLOOR					

ROOM TOTAL : \$537.44

DEPARTMENT TOTAL : \$160,071.29

FLOOR: 1
DEPARTMENT: PROCEDURE
ROOM NAME: EVS STORAGE
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	066890	2	SHELVING, WIRE CHROME;5 SHELVES;MOBILE;LABEL HOLDERS;BOTTOM SHELF COVER;2 BRAKING CASTERS <i>(WXDXH) IN: 24.00 X 60.00 X 80.00</i> <i>LBS: 125.00</i> <i>MM: 610 X 1524 X 2032</i> <i>KG: 57</i> LOCATION: FLOOR	LOGIQUIP MB465CH-CL -	OF/VI	NEW	\$865.00	\$1,730.00
	EQ#: SHW01							<i>GROUP: 3 MINOR MOVABLE</i>



ROOM TOTAL : \$1,730.00

FLOOR: 1
DEPARTMENT: PROCEDURE
ROOM NAME: PRE/POST BAYS (QTY 4)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	087944 EQ#: MTR01	1	MONITOR, PHYSIOLOGICAL 10.2" TOUCHSCREEN COLOR LCD DISPLAY;NETWORK CAPABLE;HIGHLY CUSTOMIZABLE;MULTI-LEAD ECG;RESP; <i>(WXDXH) IN: 12.00 X 3.00 X 11.00 LBS: 7.70</i> <i>MM: 305 X 76 X 279 KG: 3</i> LOCATION: WALL ELECT NOTE: AC 100-240V, 50/60HZ, 60VA MAX	FUKUDA DENSHI DS-8100N/ACC DS-8100	OF/VI	NEW	\$10,036.17	\$10,036.17 GROUP: 3 MINOR MOVABLE
2	1009631 EQ#: STR01	1	STRETCHER 700LB USER WT CAP;30" PATIENT SURFACE;BIG WHEEL ADVANCED MOBILITY; PWDR BLUE ID BUMPERS;NO TRANSFER BOARD;NO STRETCHER <i>(WXDXH) IN: 38.00 X 85.00 X 34.00 LBS: 435.00</i> <i>MM: 965 X 2159 X 864 KG: 197</i> LOCATION: FLOOR	STRYKER CORP/MEDICAL DIV 1115-000-030/ACC PRIME BIG WHEEL	OF/OI	NEW	\$8,782.54	\$8,782.54 GROUP: 3 MINOR MOVABLE
3	1007208	1	SCOPE, VIDEO SYSTEM ALL-IN-ONE HD VIDEO SYSTEM;ENDO CART W/31" SONY 4K/3D MONITOR;NCARE RECORDER W/15" TOUCH PANEL <i>(WXDXH) IN: 26.18 X 26.57 X 81.61 LBS: 186.00</i> <i>MM: 665 X 675 X 2073 KG: 84</i> LOCATION: FLOOR VOLTS: 110 HERTZ: 60	OLYMPUS AMERICA OTV-S200 / WM-NP3 VISERA ELITE II	OF/VI	NEW	\$103,334.28	\$103,334.28 GROUP: 3 MINOR MOVABLE
4	096445 EQ#: HYP01	1	HYPERTHERMIA UNIT CONTAINS BLOWER;HEATING ELEMENT;HAND CONTROLLER TO INCLUDE: <i>(WXDXH) IN: 7.70 X 4.00 X 13.00 LBS: 7.00</i> <i>MM: 196 X 102 X 330 KG: 3</i> LOCATION: WALL VOLTS: 120 HERTZ: 60 AMPS: 4.6	ARIZANT HEALTHCARE, A 3M COMPANY 87500/90074/90079 BAIR HUGGER 875	OF/OI	NEW	\$2,000.00	\$2,000.00 GROUP: 3 MINOR MOVABLE
5	106408 EQ#: CPT01	1	CART, PROCEDURE SURESEAL AUTO LOCKING;5 DRAWER;MASTER CODE FOR ALL PROGRAMMING;UP TO 250 USER CODES POSSIBLE; MANUAL OR <i>(WXDXH) IN: 21.50 X 20.63 X 34.75 LBS: 70.00</i> <i>MM: 546 X 524 X 883 KG: 32</i> LOCATION: FLOOR ELECT NOTE: BATTERY OPERATED	ARMSTRONG MEDICAL INDUSTRIES MINI-CART AMC-4-B	OF/OI	NEW	\$1,921.40	\$1,921.40 GROUP: 3 MINOR MOVABLE

FLOOR: 1
DEPARTMENT: PROCEDURE
ROOM NAME: PRE/POST BAYS (QTY 4)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
6	103784 EQ#: OBT01	1	TABLE, OVERBED SINGLE TOP;75LB CAP;CONCEALED 1.46"DUAL-WHEEL CASTERS;NO-GRASP HEIGHT ADJUSTMENT HANDLE;DURA-EDGE SPILL CONTAINMENT <i>(WXDXH) IN: 22.00 X 37.00 X 44.00</i> <i>LBS: 45.00</i> <i>MM: 559 X 940 X 1118</i> <i>KG: 20</i> LOCATION: FLOOR	STRYKER CORP/MEDICAL DIV 4810000000 MICHAEL GRAVES	OF/OI	NEW	\$514.12	\$514.12 <i>GROUP: 3 MINOR MOVABLE</i>
								
7	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00</i> <i>LBS: 2.00</i> <i>MM: 279 X 102 X 356</i> <i>KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 <i>GROUP: 1 FIXED</i>
								
8	091479 EQ#: DSPE01	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE 5.4 QUART CONTAINER; BROWN INCLUDES: <i>(WXDXH) IN: 14.00 X 6.00 X 15.00</i> <i>LBS: 5.00</i> <i>MM: 356 X 152 X 381</i> <i>KG: 2</i> LOCATION: WALL	B.D. COMPANY, THE RECYKLEEN 305096	OF/CI	NEW	\$82.06	\$82.06 <i>GROUP: 3 MINOR MOVABLE</i>
								

ROOM TOTAL : \$126,685.57

FLOOR: 1
DEPARTMENT: PROCEDURE
ROOM NAME: PROCEDURE (QTY 2)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	087944 EQ#: MTR01	1	MONITOR, PHYSIOLOGICAL 10.2" TOUCHSCREEN COLOR LCD DISPLAY;NETWORK CAPABLE;HIGHLY CUSTOMIZABLE;MULTI-LEAD ECG;RESP; <i>(WXDXH) IN: 12.00 X 3.00 X 11.00 LBS: 7.70</i> <i>MM: 305 X 76 X 279 KG: 3</i> LOCATION: WALL ELECT NOTE: AC 100-240V, 50/60HZ, 60VA MAX	FUKUDA DENSHI DS-8100N/ACC DS-8100	OF/VI	NEW	\$10,036.17	\$10,036.17 GROUP: 3 MINOR MOVABLE
2	1009631 EQ#: STR01	1	STRETCHER 700LB USER WT CAP;30" PATIENT SURFACE;BIG WHEEL ADVANCED MOBILITY; PWDR BLUE ID BUMPERS;NO TRANSFER BOARD;NO STRETCHER <i>(WXDXH) IN: 38.00 X 85.00 X 34.00 LBS: 435.00</i> <i>MM: 965 X 2159 X 864 KG: 197</i> LOCATION: FLOOR	STRYKER CORP/MEDICAL DIV 1115-000-030/ACC PRIME BIG WHEEL	OF/OI	NEW	\$8,782.54	\$8,782.54 GROUP: 3 MINOR MOVABLE
3	1009767	1	ANESTHESIA MACHINE 3-VAP;FRAME TROLLEY;4-DRAWER;W/B850 MONITOR TO INCLUDE: <i>(WXDXH) IN: 26.80 X 32.30 X 75.00 LBS: 419.00</i> <i>MM: 681 X 820 X 1905 KG: 190</i> LOCATION: FLOOR SPEC COMMENTS: W/VERTICAL ARM EXTENDED 83.1" MONITOR: 13.9X4X12.8 WXDXH IN INCHES, 16.5LBS DATA: HARD WIRED DATA NOTE: RS-232C COMPATIBLE SERIAL INTERFACE ETHERNET DATEX OHMEDA DEVICE INTERFACE SOLUTIONS PORT USB PORT VGA PORT VOLTS: 120 HERTZ: 60 DEDICATED CIRCUIT: YES ELECT NOTE: ELECTRICAL SHOWN FOR ANES. MACHINE: 15A;16FT POWER CORD MONITOR: 120V;60HZ;55W, E-POWER	GE MEDICAL SYSTEMS AISYS CS2 1011-9050-000	OF/OI	NEW	\$123,697.70	\$123,697.70 GROUP: 3 MINOR MOVABLE
4	096445 EQ#: HYP01	1	HYPERTHERMIA UNIT CONTAINS BLOWER;HEATING ELEMENT;HAND CONTROLLER TO INCLUDE: <i>(WXDXH) IN: 7.70 X 4.00 X 13.00 LBS: 7.00</i> <i>MM: 196 X 102 X 330 KG: 3</i> LOCATION: WALL VOLTS: 120 HERTZ: 60 AMPS: 4.6 MECH NOTE: 1000 BTU/HR	ARIZANT HEALTHCARE, A 3M COMPANY 87500/90074/90079 BAIR HUGGER 875	OF/OI	NEW	\$2,000.00	\$2,000.00 GROUP: 3 MINOR MOVABLE

FLOOR: 1
DEPARTMENT: PROCEDURE
ROOM NAME: PROCEDURE (QTY 2)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
5	106408	1	CART, PROCEDURE SURESEAL AUTO LOCKING;5 DRAWER;MASTER CODE FOR ALL PROGRAMMING;UP TO 250 USER CODES POSSIBLE; MANUAL OR <i>(WXDXH) IN: 21.50 X 20.63 X 34.75</i> <i>LBS: 70.00</i> <i>MM: 546 X 524 X 883</i> <i>KG: 32</i> LOCATION: FLOOR ELECT NOTE: BATTERY OPERATED	ARMSTRONG MEDICAL INDUSTRIES MINI-CART AMC-4-B	OF/OI	NEW	\$1,921.40	\$1,921.40 <i>GROUP: 3 MINOR MOVABLE</i>
	EQ#: CPT01							
6	066112	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00</i> <i>LBS: 2.00</i> <i>MM: 279 X 102 X 356</i> <i>KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 <i>GROUP: 1 FIXED</i>
	EQ#: GLV01							
7	091479	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE 5.4 QUART CONTAINER; BROWN INCLUDES: <i>(WXDXH) IN: 14.00 X 6.00 X 15.00</i> <i>LBS: 5.00</i> <i>MM: 356 X 152 X 381</i> <i>KG: 2</i> LOCATION: WALL	B.D. COMPANY, THE RECYKLEEN 305096	OF/CI	NEW	\$82.06	\$82.06 <i>GROUP: 3 MINOR MOVABLE</i>
	EQ#: DSPE01							
8	053669	1	CABINET, STORAGE TAMBOUR DOOR;LOCKING;SLOPED METAL TOP;UP TO 4 CATH MANAGERS CAN BE MOUNTED UNDER SHELF <i>(WXDXH) IN: 25.00 X 18.00 X 84.00</i> <i>LBS: 155.00</i> <i>MM: 635 X 457 X 2134</i> <i>KG: 70</i> LOCATION: FLOOR	INNERSPACE BY SOLAIRE 3250VC	OF/OI	NEW	\$1,632.54	\$1,632.54 <i>GROUP: 3 MINOR MOVABLE</i>
								
9	098708	1	CART, SUPPLY ALUMINUM W/ROLL TOP;8"BASKETS & TRAYS TO INCLUDE: <i>(WXDXH) IN: 40.42 X 27.87 X 80.00</i> <i>LBS: 170.00</i> <i>MM: 1027 X 708 X 2032</i> <i>KG: 77</i> LOCATION: FLOOR	SOLAIRE MEDICAL/INNERSPACE ROOM 2 SR2RT	OF/OI	NEW	\$4,200.38	\$4,200.38 <i>GROUP: 3 MINOR MOVABLE</i>
	EQ#: CAS01							

FLOOR: 1
DEPARTMENT: PROCEDURE
ROOM NAME: PROCEDURE (QTY 2)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
10	088644	1	I.V. POLE 6 LEG BASE W/HEAVY DUTY CASTERS AND PIGGYBACK HOOK;ADJ. FROM 75-101";3" RUBBER CASTERS <i>(WXDXH) IN: 22.00 X 22.00 X 101.00 LBS: 33.00</i> <i>MM: 559 X 559 X 2565 KG: 15</i> LOCATION: FLOOR	B. BRAUN MEDICAL INC. N7516	OF/OI	NEW	\$194.38	\$194.38 GROUP: 3 MINOR MOVABLE
								
11	092372	1	MONITOR ACCESSORY, BRACKET VHM-P (NON-LOCKING) MONITOR MOUNT W/KEYBOARD TO INCLUDE: <i>(WXDXH) IN: 3.00 X 31.50 X 24.00 LBS: 30.50</i> <i>MM: 76 X 800 X 610 KG: 14</i> LOCATION: WALL SPEC COMMENTS: NON EXTENDED SIZE 25.6" D X 4" W X 8" H	GCX CORPORATION WS-0012-19 VHM-P	OF/CI	NEW	\$1,181.00	\$1,181.00 GROUP: 3 MINOR MOVABLE
								
12	086597	1	STIMULATOR, NERVE DBL BURST;BUILT IN TRAIN OF FOUR: 4 PULSES/2 SEC TWITCH 1 PULSE/SEC;TETANUS 50/100HZ;LOW BAT IND RED LED/AUDIBLE INDICATOR <i>(WXDXH) IN: 3.00 X 1.00 X 4.00 LBS: 0.25</i> <i>MM: 76 X 25 X 102 KG: 0</i> LOCATION: SPACE ELECT NOTE: 9V ALKALINE BATTERY	SUNMED, LLC 8-1053-62 SUNSTIM PLUS	OF/OI	NEW	\$260.00	\$260.00 GROUP: 3 MINOR MOVABLE
								
13	097110	2	PUMP, SYRINGE +/- 2% ACCURACY AT 0.01-1130ML/HR FLOW RATES IPX 3 FLUID RESISTANCE;EXTENDED MEMORY FOR <i>(WXDXH) IN: 11.00 X 6.00 X 7.00 LBS: 5.00</i> <i>MM: 279 X 152 X 178 KG: 2</i> LOCATION: SPACE NOTES: MINIMUM 1 PER OR - PREFER TOTAL OF 6 FOR CYSTO/ENDO	SMITHS MEDICAL MEDFUSION 4000 4000-0106-01	OF/OI	NEW	\$4,145.43	\$8,290.86 GROUP: 3 MINOR MOVABLE
								
14	093712	1	STOOL, WITH BACK ERGO;W/BACK AND ARMS;PNEUMATIC HGT ADJ;2" CASTERS;18X18 1/2" CONTOURED SEAT CUSHION W/ADJUSTMENT;300 LB CAPACITY;ADJ ARM <i>(WXDXH) IN: 30.00 X 25.00 X 51.00 LBS: 38.00</i> <i>MM: 762 X 635 X 1295 KG: 17</i> LOCATION: FLOOR NOTES: FOR ANESTHESIA- COLUMBIA BLUE	PEDIGO PRODUCTS, INC. T-583 ANESTHESIA	OF/OI	NEW	\$703.61	\$703.61 GROUP: 3 MINOR MOVABLE
								

FLOOR: 1
DEPARTMENT: PROCEDURE
ROOM NAME: PROCEDURE (QTY 2)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
15	093712	1	STOOL, WITH BACK ERGO;W/BACK AND ARMS;PNEUMATIC HGT ADJ;2" CASTERS;18X18 1/2" CONTOURED SEAT CUSHION W/ADJUSTMENT;300 LB CAPACITY;ADJ ARM <i>(WXDXH) IN: 30.00 X 25.00 X 51.00 LBS: 38.00</i> <i>MM: 762 X 635 X 1295 KG: 17</i> LOCATION: FLOOR NOTES: FOR ANESTHESIA- COLUMBIA BLUE	PEDIGO PRODUCTS, INC. T-583 ANESTHESIA	OF/OI	NEW	\$683.11	\$683.11 <i>GROUP: 3 MINOR MOVABLE</i>
								
16	098704	1	PUMP, IRRIGATION CONTINUOUS;PERISTALTIC;500ML/MIN;W/FOOTSWITCH TO INCLUDE: <i>(WXDXH) IN: 8.10 X 8.30 X 4.90 LBS: 6.60</i> <i>MM: 206 X 211 X 124 KG: 3</i> LOCATION: SPACE VOLTS: 120 HERTZ: 60 AMPS: 0.4 WATTS: 20	ERBE USA, INC EIP2 10325-000	OF/OI	NEW	\$1,553.45	\$1,553.45 <i>GROUP: 3 MINOR MOVABLE</i>
								
17	098723	1	SHIELD, LEAD, BARRIER GLASSES;RAYSHIELD OVER-SHIELD MED 60MM LENS LOCATION: SPACE NOTES: GLASSES	AADCO MEDICAL, INC. RAYSHIELD LG-190M	OF/OI	NEW	\$225.00	\$225.00 <i>GROUP: 3 MINOR MOVABLE</i>
18	098709	3	CART, SUPPLY ALUMINUM W/ROLL TOP;8"BASKETS & TRAYS TO INCLUDE: <i>(WXDXH) IN: 23.28 X 27.87 X 80.00 LBS: 120.00</i> <i>MM: 591 X 708 X 2032 KG: 54</i> LOCATION: FLOOR	SOLAIRE MEDICAL/INNERSPACE ROAM 1 SR1RT	OF/OI	NEW	\$2,558.83	\$7,676.49 <i>GROUP: 3 MINOR MOVABLE</i>
								
19	099123	1	CART ACCESSORY HIGH IMPACT POLYPROPYLENE STRUCTURAL FOAM CASTER PROTECTOR TO PREVENT TANGLING OF HOSES AND CORDS; <i>(WXDXH) IN: 7.00 X 7.00 X 4.00 LBS: 1.50</i> <i>MM: 178 X 178 X 102 KG: 1</i> LOCATION: SPACE NOTES: CASTRGARD - PN 45SM-4Y (45SM-002 model in yellow) QTY is 4 per set. 2 sets needed.	CASTRGARD 45SM-002	OF/OI	NEW	\$198.00	\$198.00 <i>GROUP: 3 MINOR MOVABLE</i>
								

FLOOR: 1
DEPARTMENT: PROCEDURE
ROOM NAME: PROCEDURE (QTY 2)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
20	098705	2	CART, PROCEDURE ALUMINUM;5 DRAWER;BLUE;PUSH HANDLES;SIDE STORAGE 3-3",1-6",1-9" DRAWER <i>(WXDXH) IN: 29.56 X 20.90 X 35.98 LBS: 130.00</i> <i>MM: 751 X 531 X 914 KG: 59</i> LOCATION: FLOOR	SOLAIRE MEDICAL/INNERSPACE ROAM ST24B5	OF/OI	NEW	\$1,184.82	\$2,369.64 <i>GROUP: 3 MINOR MOVABLE</i>
								
21	098190	1	MAT, FLOOR, SAFETY/FATIGUE ABRASION, SLIP AND WEAR RESISTANT SURFACE: ANTI-BACTERIAL; SMARTTECH POLYURETHANE;ADA 20-DEG <i>(WXDXH) IN: 36.00 X 24.00 X 1.00 LBS: 9.00</i> <i>MM: 914 X 610 X 25 KG: 4</i> LOCATION: FLOOR	SMART STEP FLOORING SUPREME SS32BLK	OF/OI	NEW	\$89.96	\$89.96 <i>GROUP: 3 MINOR MOVABLE</i>
								
22	099275	1	ELECTROSURGICAL UNIT WITH CART AND APC 2 ARGON COAGULATOR & ERBEJET WATER SYSTEM <i>(WXDXH) IN: 25.00 X 26.00 X 43.00 LBS: 21.00</i> <i>MM: 635 X 660 X 1092 KG: 10</i> LOCATION: FLOOR NOTES: INCLUDES (\$2,000) DISCOUNT IF PO ISSUED BY 7/13 <i>VOLTS: 120 HERTZ: 60 AMPS: 8</i>	ERBE USA, INC VIO 300D 10140-100	OF/OI	NEW	\$87,633.40	\$87,633.40 <i>GROUP: 3 MINOR MOVABLE</i>
								
23	098859	1	BOARD, PATIENT TRANSFER HALF-SIZE 22X36"POLYPROPYLENE PLASTIC RADIOLUCENT BOARD; WITH WALL HANGER <i>(WXDXH) IN: 22.00 X 1.00 X 36.00 LBS: 9.00</i> <i>MM: 559 X 25 X 914 KG: 4</i> LOCATION: WALL	AADCO MEDICAL, INC. MINIMOVER/EASYSLIDER N-522/N-537	OF/CI	NEW	\$142.00	\$142.00 <i>GROUP: 3 MINOR MOVABLE</i>
								
24	001178	1	HAMPER, LINEN ROUND;SS;W/O LID;26 IN. DIAMETER;3-2" CASTERS <i>(WXDXH) IN: 26.00 X 26.00 X 35.00 LBS: 20.00</i> <i>MM: 660 X 660 X 889 KG: 9</i> LOCATION: FLOOR	BLICKMAN, INC. 0928773000 8773SS PORTER LARGE	OF/OI	NEW	\$192.43	\$192.43 <i>GROUP: 3 MINOR MOVABLE</i>
								

FLOOR: 1
DEPARTMENT: PROCEDURE
ROOM NAME: PROCEDURE (QTY 2)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
25	051069	1	FLOWMETER, OXYGEN 0-15LPM;OHMEDA CONNECTOR;POWER TAKE OFF;CHROME	PRECISION MEDICAL 715-1MFA1005PTO	OF/OI	NEW	\$48.08	\$48.08
			<i>(WXDXH) IN: 1.10 X 3.40 X 5.50</i> <i>MM: 28 X 86 X 140</i>					
			<i>LBS: 0.35</i> <i>KG: 0</i>					
			LOCATION: SPACE					
26	069121	3	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT PUSH TO SET;ANALOG;OHIO DIAMOND ADAPTER;W/LOCKING GLAND AND OVERFLOW SAFETY TRAP	OHIO MEDICAL CORPORATION 8701-1251-905	OF/OI	NEW	\$361.00	\$1,083.00
			<i>(WXDXH) IN: 2.80 X 4.80 X 6.50</i> <i>MM: 71 X 122 X 165</i>					
			<i>LBS: 1.25</i> <i>KG: 1</i>					
			LOCATION: SPACE					
27	075431	3	DISPENSER, GLOVE FOUR BOXES;20GA SS;3-WAY KEYHOLES FOR MOUNTING	BOWMAN MANUFACTURING COMPANY QUAD GS-060	OF/CI	NEW	\$64.32	\$192.96
			<i>(WXDXH) IN: 23.00 X 4.00 X 10.00</i> <i>MM: 584 X 102 X 254</i>					
			<i>LBS: 3.00</i> <i>KG: 1</i>					
			LOCATION: WALL					
			NOTES: SOLD BY CASE OF 4					
28	089678	1	WASTE RECEPTACLE, STEP-ON 23 GAL.;RECTANGULAR;HINGED LID;RECTANGULAR;WHITE	GRAINGER 6GAK3 TOUGH GUY	OF/OI	NEW	\$108.04	\$108.04
			<i>(WXDXH) IN: 17.00 X 16.00 X 32.00</i> <i>MM: 432 X 406 X 813</i>					
			<i>LBS: 13.38</i> <i>KG: 6</i>					
			LOCATION: FLOOR					
29	098743	1	APRON, LEAD VARITY OF SIZES AND STYLES; MONOGRAMED FOR WVU 2 EA LP-CX702C .5MM COMFORTLITE WRAPAROUND LARGE	AADCO MEDICAL, INC.	OF/OI	NEW	\$1,652.10	\$1,652.10
			LOCATION: SPACE					

FLOOR: 1
DEPARTMENT: PROCEDURE
ROOM NAME: PROCEDURE (QTY 2)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
30	094709	1	WASTE RECEPTACLE 32 GAL;WHITE TO INCLUDE; <i>(WXDXH) IN: 22.00 X 22.00 X 30.00</i> <i>LBS: 10.00</i> <i>MM: 559 X 559 X 762</i> <i>KG: 5</i> LOCATION: FLOOR	RUBBERMAID COMM. PRODUCTS 2632/2640 FG263200WHITE	OF/OI	NEW	\$119.34	\$119.34 <i>GROUP: 3 MINOR MOVABLE</i>
								
31	073084	2	WASTE RECEPTACLE 10 GAL; NO LID; FIRE-SAFE; UL LISTED; BEIGE <i>(WXDXH) IN: 15.00 X 11.25 X 20.00</i> <i>LBS: 7.00</i> <i>MM: 381 X 286 X 508</i> <i>KG: 3</i> LOCATION: FLOOR	GRAINGER, INC. 4PGL9 TOUGH GUY	OF/OI	NEW	\$34.14	\$68.28 <i>GROUP: 3 MINOR MOVABLE</i>
								

ROOM TOTAL : \$267,032.92

FLOOR: 1
DEPARTMENT: PROCEDURE
ROOM NAME: SCOPE WASH CLEAN
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION	
1	107271	1	CABINET, SCOPE DRYING CABINET;SS;HINGE LEFT LOAD AND UNLOAD TO INCLUDE: <i>(WXDXH) IN: 24.00 X 22.00 X 75.00 LBS: 375.00</i> <i>MM: 610 X 559 X 1905 KG: 170</i> LOCATION: FLOOR ELECT NOTE: 100-240VAC,50/60HZ;POWER INPUT:75W; FUSE:T2A (INTERNAL DEVICE) 15A (CIRCUIT);RJ45 INTERFACE	MEDIVATORS REPROCESSING SYSTEMS ENDODRY CABINET DRY-1001	OF/OI	NEW	\$40,830.00	\$40,830.00	
							<i>GROUP: 3 MINOR MOVABLE</i>		
2	101931	1	 CLEANER, SCOPE AUTOMATED RAPICIDE ENDOSCOPE DISINFECTOR WITH DUAL ASYNCHRONOUS REPROCESSING BASINS;INDIVIDUAL CHANNEL <i>(WXDXH) IN: 49.00 X 31.00 X 62.00 LBS: 400.00</i> <i>MM: 1245 X 787 X 1575 KG: 181</i> LOCATION: FLOOR SPEC COMMENTS: SEE SITE REQUIREMENTS FOR FILTER AND PLUMBING DATA: HARD WIRED DATA NOTE: ETHERNET AND USB CONNECTIONS. VOLTS: 120 HERTZ: 60 WATTS: 1000 DEDICATED CIRCUIT: YES PLUG TYPE: Type B (NEMA 5-15) ELECT NOTE: NEMA 5-15R OUTLET, GFI PROTECTED, ACCESSIBLE BY USER A UPS WITH A MINIMUM RATING OF 1500 VA/865 WATTS IS REQUIRED	MEDIVATORS REPROCESSING SYSTEMS ADV-1008 /ACC ADVANTAGE PLUS	OF/VI	NEW	\$49,797.61	\$49,797.61	
							<i>GROUP: 2 MAJOR MOVABLE</i>		
				BTU: 2000/HR	COLD WATER: YES HOT WATER: YES				
				MECH NOTE: 10 TO 12 ROOM AIR EXCHANGES PER HOUR OPTIONAL VENTILATION SYSTEM AVAILABLE 500 BTU/HR IDLE 1400 BTU/HR CYCLE (1 BASIN) 2000 BTU/HR CYCLE (2 BASINS)	DRAIN REQUIRED: YES		PLUMB NOTE: SEE VENDOR SITE REQUIREMENTS FOR DETAILS -WATER - DRAIN -COMPRESSED AIR REQUIREMENT - ROOM VENTILATION		
3	503923	6	SCOPE, ENDOSCOPE	ZZZ - GENERIC DESCRIPTIONS	OF/OI	LEASED	\$0.00	\$0.00	
							<i>GROUP: 3 MINOR MOVABLE</i>		

FLOOR: 1
DEPARTMENT: PROCEDURE
ROOM NAME: SCOPE WASH CLEAN
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
4	098712	1	CLEANER, SCOPE, ACCESSORY ENDOSCOPE FLUSHING AID;MANUAL PRE-CLEANING PHASE;ELECTRONIC CONTROL;DIGITAL TIMER;DIAPHRAGM PUMP;3 TUBING <i>(WXDXH) IN: 6.00 X 8.00 X 9.50</i> <i>LBS: 10.00</i> <i>MM: 152 X 203 X 241</i> <i>KG: 5</i> LOCATION: WALL VOLTS: 120 HERTZ: 60 ELECT NOTE: POWER CORD & CONNECTOR: MEDICAL GRADE-6 FT 18AWG #3 CONNECTOR	MEDIVATORS REPROCESSING SYSTEMS SCOPE BUDDY EFA-US-G/ACC	OF/CI	NEW	\$8,000.00	\$8,000.00



ROOM TOTAL : \$98,627.61

PLUMB NOTE: NO FIXED PLUMBING;MUST BE LOCATED W/IN 3' ABOVE THE FLUID BASIN. THE DISTANCE BETWEEN THE SINK SOLUTION & SCOPE BUDDY MUST NOT EXCEED 3'.

FLOOR: 1
DEPARTMENT: PROCEDURE
ROOM NAME: SOILED
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	101713 EQ#: TRK01	1	TRUCK/BIN, LINEN CONVERTS FROM SHELF STORAGE FOR CLEAN LINEN AND BIN FOR SOILED LINEN;HD PERFORMA CASTERS;(2) CHEST HANDLES;DRAIN HOLES;(2) <i>(WXDXH) IN: 29.50 X 60.75 X 66.00 LBS: 240.00</i> <i>MM: 749 X 1543 X 1676 KG: 109</i> LOCATION: FLOOR	MCCLURE INDUSTRIES, INC. 650-LB TURN-ABOUT		NEW	\$1,744.00	\$1,744.00
2	083939 EQ#: TRK02	1	TRUCK, TILT 1 CU YD;1250LB CAP;BLACK;POLYETHYLENE;INSET WHEELS <i>(WXDXH) IN: 33.50 X 72.25 X 44.00 LBS: 111.00</i> <i>MM: 851 X 1835 X 1118 KG: 50</i> LOCATION: FLOOR	RUBBERMAID COMM. PRODUCTS 1315 STANDARD DUTY	OF/OI	NEW	\$1,116.00	\$1,116.00 GROUP: 3 MINOR MOVABLE
3	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00 LBS: 2.00</i> <i>MM: 279 X 102 X 356 KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 GROUP: 1 FIXED

ROOM TOTAL : \$2,875.00

FLOOR: 1
DEPARTMENT: PROCEDURE
ROOM NAME: STORAGE
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	1000999 EQ#: CRC01	1	CART, RESUSCITATION, CARDIAC 6 DRAWER;RED;30";SIDE SHELF;PLASTIC TOP;PUSH HANDLES;ACCESSORY PANELS;LOCKING CASTERS;SWIVEL <i>(WXDXH) IN: 44.00 X 28.00 X 47.00 LBS: 165.00</i> <i>MM: 1118 X 711 X 1194 KG: 75</i> LOCATION: FLOOR	ARMSTRONG MEDICAL PAR-30	OF/VI	NEW	\$3,527.00	\$3,527.00 <i>GROUP: 3 MINOR MOVABLE</i>
								
2	062332 EQ#: CRI01	1	CART, INTUBATION FOR HIGH LEVEL INTUBATION; 5DRW 3-3", 1-6", 1-9" BEIGE/DARK BLUE TO INCLUDE: <i>(WXDXH) IN: 37.21 X 25.00 X 55.94 LBS: 154.00</i> <i>MM: 945 X 635 X 1421 KG: 70</i> LOCATION: FLOOR	ARMSTRONG MEDICAL INDUSTRIES PBL-AA-24/ACC PREMIER	OF/VI	NEW	\$2,325.00	\$2,325.00 <i>GROUP: 3 MINOR MOVABLE</i>
								
3	1007831 EQ#: DEF01	1	DEFIBRILLATOR R SERIES PLUS DEFIBRILLATOR W/EXPANSION PACK, SPO2, ONESTEP PACING, ETCO2 (MAINSTREAM) NIBP;GUIDELINES 2020 COMPATIBLE;AED <i>(WXDXH) IN: 10.50 X 12.50 X 8.20 LBS: 15.20</i> <i>MM: 267 X 318 X 208 KG: 7</i> LOCATION: COUNTERTOP DATA: WIRELESS DATA NOTE: WIFI 802.11 A/B/G/N /USB OPTIONAL; INTERNAL MEMORY VOLTS: 120 HERTZ: 60 AMPS: 2 WATTS: 275 DEDICATED CIRCUIT: YES ELECT NOTE: 1PH; RECHARGEABLE BATTERY; EMERGENCY POWER	ZOLL MEDICAL CORPORATION 30520005201310013 R SERIES PLUS	OF/OI	NEW	\$19,066.10	\$19,066.10 <i>GROUP: 3 MINOR MOVABLE</i>
								
4	037559 EQ#: SUC01	1	SUCTION MACHINE AC/BATTERY OPERATED;BUILT-IN AUTO BATTERY CARE 50MM TO GREATER THAN 550MMHG;PUMP AIRFLOW:APPROX. 50 LPM <i>(WXDXH) IN: 17.00 X 5.25 X 9.00 LBS: 10.65</i> <i>MM: 432 X 133 X 229 KG: 5</i> LOCATION: COUNTERTOP VOLTS: 110 HERTZ: 60 AMPS: 3.0 ELECT NOTE: OUTPUT: 40W/12V DC 3.3A 12V DC SEALED LEAD ACID BATTERY	SSCOR, INC. S-SCORT DUET 2314B	OF/OI	NEW	\$1,245.00	\$1,245.00 <i>GROUP: 3 MINOR MOVABLE</i>
								

ROOM TOTAL : \$26,163.10

DEPARTMENT TOTAL : \$523,114.20

FLOOR: 1
DEPARTMENT: STAFF
ROOM NAME: MOTHERS ROOM
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	080591	1	REFRIGERATOR, UNDERCOUNTER	SUMMIT APPLIANCE DIV.	OF/OI	NEW	\$300.00	\$300.00
	EQ#: REFU01		2.4 CUBIC FEET; WHITE CABINET/DOOR; AUTOMATIC DEFROST; REVERSIBLE DOOR; 2 ADJUSTABLE WIRE SHELVES; DIAL THERMOSTAT; FACTORY	761101029191 FF28LWH			<i>GROUP: 3 MINOR MOVABLE</i>	
			<i>(WXDXH) IN: 18.50 X 17.75 X 24.88</i>	<i>LBS: 36.00</i>				
			<i>MM: 470 X 451 X 632</i>	<i>KG: 16</i>				
			LOCATION: FLOOR					
			SPEC COMMENTS: DEPTH WITH DOOR AT 90 DEGREES: 34.5"					
			VOLTS: 115 HERTZ: 60 AMPS: .7					
			PLUG TYPE: Type B (NEMA 5-15)					
				MECH NOTE: REFRIGERANT TYPE: R600A REFRIGERANT AMOUNT: 0.7OZ.				

ROOM TOTAL : \$300.00

DEPARTMENT TOTAL : \$300.00

FLOOR: 1
DEPARTMENT: WOUND CARE
ROOM NAME: HYPERBARIC CHAMBER
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	1006641	1	CHAMBER, HYPERBARIC SINGLE CHAMBER; 500LB PATIENT LIMIT; INTERNAL DIMS: 32.5" DIAM X 90" LENGTH; MAX OPERATING PRESSURE: 30 PSIG <i>(WXDXH) IN: 46.00 X 105.50 X 57.50 LBS: 2,029.00</i> <i>MM: 1168 X 2680 X 1461 KG: 921</i>	SECHRIST INDUSTRIES, INC. 3300E	OF/VI	NEW	\$136,000.00	\$136,000.00
							<i>GROUP: 2 MAJOR MOVABLE</i>	
			LOCATION: FLOOR					
			SPEC COMMENTS: DIMENSIONS ARE EXTERNAL CHAMBER DIMENSIONS ONLY; SEE CUT SHEET FOR RECOMMENDED ROOM SIZES					
			VOLTS: 115 HERTZ: 60					
			ELECT NOTE: GROUNDING SYSTEM REQUIRED; SEE CUT SHEET FOR DETAILS	VENT REQUIRED: YES			MEDICAL GAS: YES	
				MECH NOTE: DEDICATED VENT LINE REQUIRED; SEE CUT SHEET FOR DETAILS			PLUMB NOTE: SEE CUT SHEET FOR GAS SUPPLY OPTIONS AND REQUIREMENTS	

ROOM TOTAL : \$136,000.00



FLOOR: 1
DEPARTMENT: WOUND CARE
ROOM NAME: MEDICATION
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	104140 EQ#: MED01	1	DISPENSER, MEDICATION, AUTOMATED 6 DRAWER; LCD MONITOR; KEYBOARD; BARCODE SCANNER; BIOMETRIC ACCESS SYSTEM; SECURE HALF AND FULL HEIGHT CUBIE POCKETS AND <i>(WXDXH) IN: 23.00 X 27.00 X 55.00</i> <i>LBS: 166.00</i> <i>MM: 584 X 686 X 1397</i> <i>KG: 75</i>	BD CAREFUSION PYXIS MEDSTATION ES 323 6 DRAWER MAIN	OF/VI	LEASED	\$0.00	\$0.00 <i>GROUP: 2 MAJOR MOVABLE</i>
			LOCATION: FLOOR DATA: HARD WIRED AND WIRELESS VOLTS: 120 HERTZ: 60 AMPS: 3 WATTS: 80 BTU: 409 ELECT NOTE: 1A NOM,3 AMPS MAX LOAD CURRENT EMERGENCY POWER REQUIRED MECH NOTE: 409 BTU/HR					
2	089011 EQ#: MED02	1	DISPENSER, MEDICATION, AUTOMATED SINGLE COLUMN AUXILIARY;4 DOORS <i>(WXDXH) IN: 31.00 X 28.00 X 80.00</i> <i>LBS: 314.00</i> <i>MM: 787 X 711 X 2032</i> <i>KG: 142</i>	BD CAREFUSION PYXIS SINGLE COLUMN AUX MEDSTATION ES SINGLE COLUMN AUX	OF/VI	LEASED	\$0.00	\$0.00 <i>GROUP: 2 MAJOR MOVABLE</i>
			LOCATION: FLOOR DATA: HARD WIRED DATA NOTE: CONNECTED TO MAIN STATION VIA CABLE VOLTS: 120 HERTZ: 60 AMPS: .5 WATTS: 65 BTU: 222 ELECT NOTE: 1PH; EMERGENCY POWER;CONNECTS TO MAIN MECH NOTE: 222 BTU/HR					
3	053907	1	DISPENSER, MEDICATION, ACCESSORY MED DISPENSING UNIT REFRIGERATOR CONTROL;AUTOMATE TEMP INCLUDES: SOFTWARE MODULE, ELECTRIC LOCKING LATCH, TEMP SENSOR <i>(WXDXH) IN: 2.30 X 5.20 X 6.90</i> <i>LBS: 3.90</i> <i>MM: 58 X 132 X 175</i> <i>KG: 2</i>	BD CAREFUSION PYXIS REMOTE MANAGER SMART	OF/VI	LEASED	\$0.00	\$0.00 <i>GROUP: 3 MINOR MOVABLE</i>
			LOCATION: SPACE DATA: WIRELESS ELECT NOTE: 50 MILLI-AMPS AT 36 VDC;POWER IS SUPPLIED BY PYXIS MAIN					

FLOOR: 1
DEPARTMENT: WOUND CARE
ROOM NAME: MEDICATION
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION	
4	106782	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE 115V;ADA;3.9CF;SS;NO CASTERS;LED DIGITAL DISPLAY AUTO DEFROST;MECHANICAL LOCK W/KEYS <i>(WXDXH) IN: 23.75 X 25.62 X 31.38</i> <i>LBS: 170.00</i> <i>MM: 603 X 651 X 797</i> <i>KG: 77</i>	FOLLETT CORPORATION REF4P-0R-00-00 REF4P ADA-COMPATIBLE PERFORMANCE PLUS	OF/VI	NEW	\$4,000.00	\$4,000.00	
			EQ#: REUM01						<i>GROUP: 2 MAJOR MOVABLE</i>
									
			LOCATION: FLOOR						
			VOLTS: 115 HERTZ: 60 AMPS: 4.1						BTU: 2185
			DEDICATED CIRCUIT: YES						
			PLUG TYPE: Type B (NEMA 5-15)						
			ELECT NOTE: 1PH;4.1A RUN LOAD; NEMA 5-15P 90 DEG HOSPITAL GRADE PLUG; 7' POWER CORD. MFR RECOMMENDS 15A DEDICATED CIRCUIT BREAKER.						MECH NOTE: 2185/BTUS MAX HEAT REJECTION 415/BTUS NOMINAL HEAT REJECTION R134A REFRIGERANT

ROOM TOTAL : \$4,000.00

FLOOR: 1
DEPARTMENT: WOUND CARE
ROOM NAME: SOILED
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	101713 EQ#: TRK01	1	TRUCK/BIN, LINEN CONVERTS FROM SHELF STORAGE FOR CLEAN LINEN AND BIN FOR SOILED LINEN;HD PERFORMA CASTERS;(2) CHEST HANDLES;DRAIN HOLES;(2) <i>(WXDXH) IN: 29.50 X 60.75 X 66.00 LBS: 240.00</i> <i>MM: 749 X 1543 X 1676 KG: 109</i> LOCATION: FLOOR	MCCLURE INDUSTRIES, INC. 650-LB TURN-ABOUT		NEW	\$1,744.00	\$1,744.00
								
2	083939 EQ#: TRK02	1	TRUCK, TILT 1 CU YD;1250LB CAP;BLACK;POLYETHYLENE;INSET WHEELS <i>(WXDXH) IN: 33.50 X 72.25 X 44.00 LBS: 111.00</i> <i>MM: 851 X 1835 X 1118 KG: 50</i> LOCATION: FLOOR	RUBBERMAID COMM. PRODUCTS 1315 STANDARD DUTY	OF/OI	NEW	\$1,116.00	\$1,116.00 GROUP: 3 MINOR MOVABLE
								
3	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00 LBS: 2.00</i> <i>MM: 279 X 102 X 356 KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 GROUP: 1 FIXED
								

ROOM TOTAL : \$2,875.00

FLOOR: 1
DEPARTMENT: WOUND CARE
ROOM NAME: TREATMENT (QTY 4)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	101420	1	BED, MED-SURG 500LB USER WT CAP;650LB WORK LOAD WT CAP;GCI TOUCHSCREEN LEFT SIDE;(4) IV POLE SOCKETS;3-MODE <i>(WXDXH) IN: 40.00 X 99.00 X 33.00 LBS: 563.00</i> <i>MM: 1016 X 2515 X 838 KG: 255</i> LOCATION: FLOOR DATA: WIRELESS VOLTS: 120 HERTZ: 60	HILL-ROM CENTRELLA SMART+ CNT-255/ACC	OF/OI	NEW	\$7,491.71	\$7,491.71
	EQ#: BED01							<i>GROUP: 3 MINOR MOVABLE</i>



ROOM TOTAL : \$7,491.71

FLOOR: 1
DEPARTMENT: WOUND CARE
ROOM NAME: WC SUPPLY
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	066890	3	SHELVING, WIRE CHROME;5 SHELVES;MOBILE;LABEL HOLDERS;BOTTOM SHELF COVER;2 BRAKING CASTERS <i>(WXDXH) IN: 24.00 X 60.00 X 80.00</i> <i>LBS: 125.00</i> <i>MM: 610 X 1524 X 2032</i> <i>KG: 57</i> LOCATION: FLOOR	LOGIQUIP MB465CH-CL -	OF/VI	NEW	\$865.00	\$2,595.00 <i>GROUP: 3 MINOR MOVABLE</i>



ROOM TOTAL : \$2,595.00

FLOOR: 1
DEPARTMENT: WOUND CARE
ROOM NAME: WC WORKROOM
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	052338 EQ#: SCL01 	1	SCALE, WHEELCHAIR WALL MNT.FOLD-UP WHEELCHAIR SCALE;660LBS CAPACITY;ACCURACY 1/10LB;WEIGHING RANGE TO 660 LBS;DIGITAL READOUT IN LBS OR <i>(WXDXH) IN: 40.00 X 4.00 X 40.00</i> <i>LBS: 70.00</i> <i>MM: 1016 X 102 X 1016</i> <i>KG: 32</i> LOCATION: WALL DATA: HARD WIRED DATA NOTE: OPTIONAL RS232 OUTPUT ELECT NOTE: QTY (6) D-CELL BATTERIES	SCALE-TRONIX DIV. OF WELCH ALLYN STOW-A-WEIGH 6202	OF/CI	NEW	\$4,101.76	\$4,101.76 GROUP: 2 MAJOR MOVABLE
2	1005918 	1	MONITOR, VITAL SIGNS 10"LCD SCREEN;CO2 MEASUREMENT;TEMPERATURE;MOBILE STAND;NONINVASIVE BLOOD PRESSURE;LITHIUM ION BATTERY <i>(WXDXH) IN: 21.00 X 21.00 X 49.85</i> <i>LBS: 19.00</i> <i>MM: 533 X 533 X 1266</i> <i>KG: 9</i> LOCATION: FLOOR VOLTS: 120 HERTZ: 60 WATTS: 60 ELECT NOTE: RECHARGEABLE LITHIUM ION BATTERY 11.1V 7800MAH	PHILIPS HEALTHCARE - MONITORING SYSTEMS 863380 EARLYVUE VS30	OF/OI	NEW	\$3,725.81	\$3,725.81 GROUP: 3 MINOR MOVABLE
3	049998 	1	THERMOMETER, ELECTRONIC DIGITAL;ORAL PROBE W/PROBE WELL;TEMP RANGE:80 DEG F-110 DEG.F; POWER SOURCE:3EA-1.5VDC AA BATTERIES; CALIBRATION ACCURACY <i>(WXDXH) IN: 3.18 X 2.43 X 8.46</i> <i>LBS: 1.00</i> <i>MM: 81 X 62 X 215</i> <i>KG: 0</i> LOCATION: SPACE ELECT NOTE: (3) 1.5VDC AA BATTERIES	WELCH ALLYN, INC. 01690-200/02892-000 SURETEMP + 690	OF/OI	NEW	\$343.95	\$343.95 GROUP: 3 MINOR MOVABLE
4	106876	1	OXIMETER FINGERTIP PULSE OXIMETER;SPO2;PULSE RATE;PERFUSION INDEX;PLETH WAVEFORM;150 DEG VIEWING ANGLE;1.2" <i>(WXDXH) IN: 3.00 X 2.00 X 2.00</i> <i>LBS: 1.00</i> <i>MM: 76 X 51 X 51</i> <i>KG: 0</i> LOCATION: SPACE ELECT NOTE: (2) 1.5V AAA BATTERIES	MASIMO CORPORATION 9709 MIGHTYSAT RX	OF/OI	NEW	\$600.00	\$600.00 GROUP: 3 MINOR MOVABLE

ROOM TOTAL : \$8,771.52

DEPARTMENT TOTAL : \$161,733.23

FLOOR: 2
DEPARTMENT: INPATIENT
ROOM NAME: EQUIP STORAGE
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	1001057 EQ#: LGTE01	2	LIGHT, EXAM/TREATMENT 2" SINGLE LED LIGHT ON 5-LEG MOBILE STAND;2" CASTERS;TYPICAL WORKING DISTANCE OF 16";FLEXIBLE ARM <i>(WXDXH) IN: 19.00 X 19.00 X 36.32 LBS: 12.20</i> <i>MM: 483 X 483 X 923 KG: 6</i> LOCATION: FLOOR VOLTS: 110-240 HERTZ: 50/60 AMPS: .05 ELECT NOTE: 8' POWER CORD WITH HOSPITAL GRADE PLUG	MIDMARK CORPORATION 253-011/9A628001 RITTER 253	OF/OI	NEW	\$624.00	\$1,248.00 GROUP: 3 MINOR MOVABLE
								
2	1006292	2	LIFT, PATIENT, STAND ASSIST POWER LEG SPREADER;400LB WT CAP;REMOVABLE FOOTPLATE;SHIN PADS;BATTERY PACK W/ON-BOARD CHARGING <i>(WXDXH) IN: 27.50 X 39.00 X 48.00 LBS: 126.00</i> <i>MM: 699 X 991 X 1219 KG: 57</i> LOCATION: FLOOR VOLTS: 120 HERTZ: 50/60 PLUG TYPE: Type A (NEMA 1)	EZ WAY, INC S400C CLASSIC	OF/OI	EXISTING	\$0.00	\$0.00 GROUP: 3 MINOR MOVABLE
								

ROOM TOTAL : \$1,248.00

FLOOR: 2
DEPARTMENT: INPATIENT
ROOM NAME: INPATIENT PT
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	003328	1	EXERCISE UNIT, STAIRCASE	HAUSMANN INDUSTRIES, INC.	OF/OI	NEW	\$1,433.96	\$1,433.96
	EQ#: EXR09		ONE-SIDED, STRAIGHT ENCLOSED ON THREE SIDES;SINGLE SET OF FOUR, 6" STEPS;30" WIDE;PLATFORM SIZE: 24 X 30 IN.;TWO SETS OF WOOD	1567				<i>GROUP: 3 MINOR MOVABLE</i>
			<i>(WDXH) IN: 30.00 X 52.00 X 60.00</i>					<i>LBS: 235.00</i>
			<i>MM: 762 X 1321 X 1524</i>					<i>KG: 107</i>
			LOCATION: FLOOR					



ROOM TOTAL : \$1,433.96

FLOOR: 2
DEPARTMENT: INPATIENT
ROOM NAME: MEDS
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION	
1	104140 EQ#: MED01	1	DISPENSER, MEDICATION, AUTOMATED 6 DRAWER; LCD MONITOR; KEYBOARD; BARCODE SCANNER; BIOMETRIC ACCESS SYSTEM; SECURE HALF AND FULL HEIGHT CUBIE POCKETS AND <i>(WXDXH) IN: 23.00 X 27.00 X 55.00</i> <i>LBS: 166.00</i> <i>MM: 584 X 686 X 1397</i> <i>KG: 75</i> LOCATION: FLOOR DATA: HARD WIRED AND WIRELESS <i>VOLTS: 120 HERTZ: 60 AMPS: 3 WATTS: 80</i> BTU: 409 ELECT NOTE: 1A NOM,3 AMPS MAX LOAD CURRENT EMERGENCY POWER REQUIRED MECH NOTE: 409 BTU/HR	BD CAREFUSION PYXIS MEDSTATION ES 323 6 DRAWER MAIN	OF/VI	LEASED	\$0.00	\$0.00	<i>GROUP: 2 MAJOR MOVABLE</i>
									
2	089011 EQ#: MED02	1	DISPENSER, MEDICATION, AUTOMATED SINGLE COLUMN AUXILIARY;4 DOORS <i>(WXDXH) IN: 31.00 X 28.00 X 80.00</i> <i>LBS: 314.00</i> <i>MM: 787 X 711 X 2032</i> <i>KG: 142</i> LOCATION: FLOOR DATA: HARD WIRED DATA NOTE: CONNECTED TO MAIN STATION VIA CABLE <i>VOLTS: 120 HERTZ: 60 AMPS: .5 WATTS: 65</i> BTU: 222 ELECT NOTE: 1PH; EMERGENCY POWER;CONNECTS TO MAIN MECH NOTE: 222 BTU/HR	BD CAREFUSION PYXIS SINGLE COLUMN AUX MEDSTATION ES SINGLE COLUMN AUX	OF/VI	LEASED	\$0.00	\$0.00	<i>GROUP: 2 MAJOR MOVABLE</i>
									
3	053907	1	DISPENSER, MEDICATION, ACCESSORY MED DISPENSING UNIT REFRIGERATOR CONTROL;AUTOMATE TEMP INCLUDES: SOFTWARE MODULE, ELECTRIC LOCKING LATCH, TEMP SENSOR <i>(WXDXH) IN: 2.30 X 5.20 X 6.90</i> <i>LBS: 3.90</i> <i>MM: 58 X 132 X 175</i> <i>KG: 2</i> LOCATION: SPACE DATA: WIRELESS ELECT NOTE: 50 MILLI-AMPS AT 36 VDC;POWER IS SUPPLIED BY PYXIS MAIN	BD CAREFUSION PYXIS REMOTE MANAGER SMART	OF/VI	LEASED	\$0.00	\$0.00	<i>GROUP: 3 MINOR MOVABLE</i>
									

FLOOR: 2
DEPARTMENT: INPATIENT
ROOM NAME: MEDS
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
4	106782	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE 115V;ADA;3.9CF;SS;NO CASTERS;LED DIGITAL DISPLAY AUTO DEFROST;MECHANICAL LOCK W/KEYS (WXDXH) IN: 23.75 X 25.62 X 31.38 LBS: 170.00 MM: 603 X 651 X 797 KG: 77 LOCATION: FLOOR VOLTS: 115 HERTZ: 60 AMPS: 4.1 DEDICATED CIRCUIT: YES PLUG TYPE: Type B (NEMA 5-15) ELECT NOTE: 1PH;4.1A RUN LOAD; NEMA 5-15P 90 DEG HOSPITAL GRADE PLUG; 7' POWER CORD. MFR RECOMMENDS 15A DEDICATED CIRCUIT BREAKER.	FOLLETT CORPORATION REF4P-0R-00-00 REF4P ADA-COMPATIBLE PERFORMANCE PLUS	OF/VI	NEW	\$4,000.00	\$4,000.00
							<i>GROUP: 2 MAJOR MOVABLE</i>	
							ROOM TOTAL : \$4,000.00	



FLOOR: 2
DEPARTMENT: INPATIENT
ROOM NAME: NOURISHMENT
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION	
1	087670	1	ICE MAKER W/WATER DISPENSER 50# STORAGE;425#/24HR;SENSORS/SAFE/INFRARED;W/BASE STAND;W/O FILTER;CHEWBLET <i>(WXDXH) IN: 22.75 X 24.38 X 69.00 LBS: 336.00</i> <i>MM: 578 X 619 X 1753 KG: 152</i> LOCATION: FLOOR VOLTS: 115 HERTZ: 60 AMPS: 11 WATTS: 800 PLUG TYPE: Type B (NEMA 5-15) ELECT NOTE: 1PH;7' CORD, NEMA 5-15; 90-DEG HOSPITAL GRADE PLUG	FOLLETT CORPORATION 50CI425A-S AIR COOLED	OF/CI	NEW	\$7,677.00	\$7,677.00 <i>GROUP: 2 MAJOR MOVABLE</i>	
			EQ#: ICE01						
									
2	1004074	1	COFFEE BREWER, PLUMBED PLUMBED COMMERCIAL COFFEE MAKER WITHOUT OPTIONAL RESERVOIR; CHOICE OF <i>(WXDXH) IN: 7.87 X 14.25 X 13.00 LBS: 15.00</i> <i>MM: 200 X 362 X 330 KG: 7</i> LOCATION: COUNTERTOP VOLTS: 120 HERTZ: 60 AMPS: 12 WATTS: 1450	KEURIG, INC. K-2500	OF/CI	NEW	\$500.00	\$500.00 <i>GROUP: 2 MAJOR MOVABLE</i>	
			EQ#: CFB01						
									
							COLD WATER: YES DRAIN REQUIRED: YES PLUMB NOTE: REFER TO VENDOR TECHNICAL INFORMATION		
							COLD WATER: YES PLUMB NOTE: SEE VENDOR INFORMATION FOR WATER & FILTER CONNECTION/INSTALLATION.		

ROOM TOTAL : \$8,177.00

FLOOR: 2
DEPARTMENT: INPATIENT
ROOM NAME: NURSE STATION SUPPORT
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	049998	3	THERMOMETER, ELECTRONIC DIGITAL;ORAL PROBE W/PROBE WELL;TEMP RANGE:80 DEG F-110 DEG.F; POWER SOURCE:3EA-1.5VDC AA BATTERIES; CALIBRATION ACCURACY <i>(WXDXH) IN: 3.18 X 2.43 X 8.46 LBS: 1.00</i> <i>MM: 81 X 62 X 215 KG: 0</i> LOCATION: SPACE ELECT NOTE: (3) 1.5VDC AA BATTERIES	WELCH ALLYN, INC. 01690-200/02892-000 SURETEMP + 690	OF/OI	NEW	\$343.95	\$1,031.85 <i>GROUP: 3 MINOR MOVABLE</i>
								
2	1000999	1	CART, RESUSCITATION, CARDIAC 6 DRAWER;RED;30";SIDE SHELF;PLASTIC TOP;PUSH HANDLES;ACCESSORY PANELS;LOCKING CASTERS;SWIVEL <i>(WXDXH) IN: 44.00 X 28.00 X 47.00 LBS: 165.00</i> <i>MM: 1118 X 711 X 1194 KG: 75</i> LOCATION: FLOOR	ARMSTRONG MEDICAL PAR-30	OF/VI	NEW	\$3,527.00	\$3,527.00 <i>GROUP: 3 MINOR MOVABLE</i>
								
3	062332	1	CART, INTUBATION FOR HIGH LEVEL INTUBATION; 5DRW 3-3", 1-6", 1-9" BEIGE/DARK BLUE TO INCLUDE: <i>(WXDXH) IN: 37.21 X 25.00 X 55.94 LBS: 154.00</i> <i>MM: 945 X 635 X 1421 KG: 70</i> LOCATION: FLOOR	ARMSTRONG MEDICAL INDUSTRIES PBL-AA-24/ACC PREMIER	OF/VI	NEW	\$2,325.00	\$2,325.00 <i>GROUP: 3 MINOR MOVABLE</i>
								
4	1007831	1	DEFIBRILLATOR R SERIES PLUS DEFIBRILLATOR W/EXPANSION PACK, SPO2, ONESTEP PACING, ETCO2 (MAINSTREAM) NIBP;GUIDELINES 2020 COMPATIBLE;AED <i>(WXDXH) IN: 10.50 X 12.50 X 8.20 LBS: 15.20</i> <i>MM: 267 X 318 X 208 KG: 7</i> LOCATION: COUNTERTOP DATA: WIRELESS DATA NOTE: WIFI 802.11 A/B/G/N /USB OPTIONAL; INTERNAL MEMORY VOLTS: 120 HERTZ: 60 AMPS: 2 WATTS: 275 DEDICATED CIRCUIT: YES ELECT NOTE: 1PH; RECHARGEABLE BATTERY; EMERGENCY POWER	ZOLL MEDICAL CORPORATION 30520005201310013 R SERIES PLUS	OF/VI	NEW	\$19,066.10	\$19,066.10 <i>GROUP: 3 MINOR MOVABLE</i>
								

FLOOR: 2
DEPARTMENT: INPATIENT
ROOM NAME: NURSE STATION SUPPORT
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
5	037559	1	SUCTION MACHINE AC/BATTERY OPERATED;BUILT-IN AUTO BATTERY CARE 50MM TO GREATER THAN 550MMHG;PUMP AIRFLOW:APPROX. 50 LPM <i>(WXDXH) IN: 17.00 X 5.25 X 9.00</i> <i>LBS: 10.65</i> <i>MM: 432 X 133 X 229</i> <i>KG: 5</i> LOCATION: COUNTERTOP <i>VOLTS: 110 HERTZ: 60 AMPS: 3.0</i> ELECT NOTE: OUTPUT: 40W/12V DC 3.3A 12V DC SEALED LEAD ACID BATTERY	SSCOR, INC. S-SCORT DUET 2314B	OF/OI	NEW	\$1,245.00	\$1,245.00 <i>GROUP: 3 MINOR MOVABLE</i>



ROOM TOTAL : \$27,194.95

FLOOR: 2
DEPARTMENT: INPATIENT
ROOM NAME: PATIENT ROOM (BARIATRIC)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	087944 EQ#: MTR01	1	MONITOR, PHYSIOLOGICAL 10.2" TOUCHSCREEN COLOR LCD DISPLAY;NETWORK CAPABLE;HIGHLY CUSTOMIZABLE;MULTI-LEAD ECG;RESP; <i>(WXDXH) IN: 12.00 X 3.00 X 11.00 LBS: 7.70</i> <i>MM: 305 X 76 X 279 KG: 3</i> LOCATION: WALL ELECT NOTE: AC 100-240V, 50/60HZ, 60VA MAX	FUKUDA DENSHI DS-8100N/ACC DS-8100	OF/VI	NEW	\$10,036.17	\$10,036.17 GROUP: 3 MINOR MOVABLE
2	093943 EQ#: BED02	1	BED, BARIATRIC 1000# CAP;POWER DECK WIDTH EXPANSION 40"-50" POWER LENGTH ADJUSTMENT 80"-88";LOW POSITION 18.5" <i>(WXDXH) IN: 53.00 X 98.00 X 30.00 LBS: 994.00</i> <i>MM: 1346 X 2489 X 762 KG: 451</i> LOCATION: FLOOR DATA: HARD WIRED VOLTS: 120 HERTZ: 60 AMPS: 12. ELECT NOTE: ELECTRICAL SHOWN FOR BED NEMA-15P (US) AIR SUPPLY: 120V;60HZ;1.2A	HILL-ROM COMPELLA	OF/VI	NEW	\$37,800.00	\$37,800.00 GROUP: 3 MINOR MOVABLE
3	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00 LBS: 2.00</i> <i>MM: 279 X 102 X 356 KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 GROUP: 1 FIXED
4	091479 EQ#: DSPE01	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE 5.4 QUART CONTAINER; BROWN INCLUDES: <i>(WXDXH) IN: 14.00 X 6.00 X 15.00 LBS: 5.00</i> <i>MM: 356 X 152 X 381 KG: 2</i> LOCATION: WALL	B.D. COMPANY, THE RECYKLEEN 305096	OF/CI	NEW	\$82.06	\$82.06 GROUP: 3 MINOR MOVABLE
5	103784 EQ#: TBO01	1	TABLE, OVERBED SINGLE TOP;75LB CAP;CONCEALED 1.46"DUAL-WHEEL CASTERS;NO-GRASP HEIGHT ADJUSTMENT HANDLE;DURA-EDGE SPILL CONTAINMENT <i>(WXDXH) IN: 22.00 X 37.00 X 44.00 LBS: 45.00</i> <i>MM: 559 X 940 X 1118 KG: 20</i> LOCATION: FLOOR	STRYKER CORP/MEDICAL DIV 4810000000 MICHAEL GRAVES	OF/VI	NEW	\$514.12	\$514.12 GROUP: 3 MINOR MOVABLE

FLOOR: 2
DEPARTMENT: INPATIENT
ROOM NAME: PATIENT ROOM (BARIATRIC)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
6	101925	1	CONTAINER, BIOHAZARD 10 GAL;RED	GRAINGER, INC. 4RF68 945BIO	OF/OI	NEW	\$76.40	\$76.40
			<i>(WXDXH) IN: 22.00 X 18.00 X 18.00</i>	<i>LBS: 14.00</i>				<i>GROUP: 3 MINOR MOVABLE</i>
			<i>MM: 559 X 457 X 457</i>	<i>KG: 6</i>				
			LOCATION: FLOOR					



ROOM TOTAL : \$48,523.75

FLOOR: 2
DEPARTMENT: INPATIENT
ROOM NAME: PATIENT ROOM (QTY 7)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	087944 EQ#: MTR01	1	MONITOR, PHYSIOLOGICAL 10.2" TOUCHSCREEN COLOR LCD DISPLAY;NETWORK CAPABLE;HIGHLY CUSTOMIZABLE;MULTI-LEAD ECG;RESP; <i>(WXDXH) IN: 12.00 X 3.00 X 11.00 LBS: 7.70</i> <i>MM: 305 X 76 X 279 KG: 3</i> LOCATION: WALL ELECT NOTE: AC 100-240V, 50/60HZ, 60VA MAX	FUKUDA DENSHI DS-8100N/ACC DS-8100	OF/VI	NEW	\$10,036.17	\$10,036.17 GROUP: 3 MINOR MOVABLE
2	101420 EQ#: BED01	1	BED, MED-SURG 500LB USER WT CAP;650LB WORK LOAD WT CAP;GCI TOUCHSCREEN LEFT SIDE;(4) IV POLE SOCKETS;3-MODE <i>(WXDXH) IN: 40.00 X 99.00 X 33.00 LBS: 563.00</i> <i>MM: 1016 X 2515 X 838 KG: 255</i> LOCATION: FLOOR DATA: WIRELESS VOLTS: 120 HERTZ: 60	HILL-ROM CENTRELLA SMART+ CNT-255/ACC	OF/OI	NEW	\$7,491.71	\$7,491.71 GROUP: 3 MINOR MOVABLE
3	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00 LBS: 2.00</i> <i>MM: 279 X 102 X 356 KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 GROUP: 1 FIXED
4	091479 EQ#: DSPE01	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE 5.4 QUART CONTAINER; BROWN INCLUDES: <i>(WXDXH) IN: 14.00 X 6.00 X 15.00 LBS: 5.00</i> <i>MM: 356 X 152 X 381 KG: 2</i> LOCATION: WALL	B.D. COMPANY, THE RECYKLEEN 305096	OF/CI	NEW	\$82.06	\$82.06 GROUP: 3 MINOR MOVABLE
5	103784 EQ#: TBO01	1	TABLE, OVERBED SINGLE TOP;75LB CAP;CONCEALED 1.46"DUAL-WHEEL CASTERS;NO-GRASP HEIGHT ADJUSTMENT HANDLE;DURA-EDGE SPILL CONTAINMENT <i>(WXDXH) IN: 22.00 X 37.00 X 44.00 LBS: 45.00</i> <i>MM: 559 X 940 X 1118 KG: 20</i> LOCATION: FLOOR	STRYKER CORP/MEDICAL DIV 4810000000 MICHAEL GRAVES	OF/VI	NEW	\$514.12	\$514.12 GROUP: 3 MINOR MOVABLE

FLOOR: 2
DEPARTMENT: INPATIENT
ROOM NAME: PATIENT ROOM (QTY 7)
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
6	101925	1	CONTAINER, BIOHAZARD 10 GAL;RED	GRAINGER, INC. 4RF68 945BIO	OF/OI	NEW	\$76.40	\$76.40
			<i>(WXDXH) IN: 22.00 X 18.00 X 18.00</i>	<i>LBS: 14.00</i>				<i>GROUP: 3 MINOR MOVABLE</i>
			<i>MM: 559 X 457 X 457</i>	<i>KG: 6</i>				
			LOCATION: FLOOR					



ROOM TOTAL : \$18,215.46

FLOOR: 2
DEPARTMENT: INPATIENT
ROOM NAME: SOILED
ROOM NUMBER: Z000

LINE	ID #	QTY	GENERIC	MANUFACTURER	RESP	STATUS	PRICE	EXTENSION
1	101713 EQ#: TRK01	1	TRUCK/BIN, LINEN CONVERTS FROM SHELF STORAGE FOR CLEAN LINEN AND BIN FOR SOILED LINEN;HD PERFORMA CASTERS;(2) CHEST HANDLES;DRAIN HOLES;(2) <i>(WXDXH) IN: 29.50 X 60.75 X 66.00 LBS: 240.00</i> <i>MM: 749 X 1543 X 1676 KG: 109</i> LOCATION: FLOOR	MCCLURE INDUSTRIES, INC. 650-LB TURN-ABOUT		NEW	\$1,744.00	\$1,744.00
								
2	083939 EQ#: TRK02	1	TRUCK, TILT 1 CU YD;1250LB CAP;BLACK;POLYETHYLENE;INSET WHEELS <i>(WXDXH) IN: 33.50 X 72.25 X 44.00 LBS: 111.00</i> <i>MM: 851 X 1835 X 1118 KG: 50</i> LOCATION: FLOOR	RUBBERMAID COMM. PRODUCTS 1315 STANDARD DUTY	OF/OI	NEW	\$1,116.00	\$1,116.00 <i>GROUP: 3 MINOR MOVABLE</i>
								
3	066112 EQ#: GLV01	1	DISPENSER, GLOVE WHITE-COATED WIRE;TRIPLE; SOLD 10/CASE <i>(WXDXH) IN: 11.00 X 4.00 X 14.00 LBS: 2.00</i> <i>MM: 279 X 102 X 356 KG: 1</i> LOCATION: WALL	MEDLINE INDUSTRIES, INC. MDS193094	OF/CI	NEW	\$15.00	\$15.00 <i>GROUP: 1 FIXED</i>
								

ROOM TOTAL : \$2,875.00

DEPARTMENT TOTAL : \$111,668.12

****REPORT TOTAL** \$5,065,425.39**

Appendix 1
Audited Financials

**Grant County
Public Hospital District No. 2
doing business as
Quincy Valley Medical Center**

Basic Financial Statements and
Independent Auditors' Reports

December 31, 2021 and 2020



DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

**Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
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DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Board of Commissioners
Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Quincy, Washington

Report on the Financial Statements

Opinion

We have audited the accompanying financial statements of Grant County Public Hospital District No. 2 doing business as Quincy Valley Medical Center (the District) as of and for the years ended December 31, 2021 and 2020, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the District as of December 31, 2021 and 2020, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the District, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Management has not presented the management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by this missing information.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated August 15, 2022, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters for the year ended December 31, 2021. We issued a similar report for the year ended December 31, 2020, dated May 17, 2021, which has not been included with the 2021 financial and compliance report. The purpose of those reports is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. Those reports are an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
August 15, 2022

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Statements of Net Position
December 31, 2021 and 2020

ASSETS	2021	2020
<i>Current assets</i>		
Cash and cash equivalents	\$ 4,194,146	\$ 3,395,988
Receivables:		
Patient accounts	1,563,948	922,278
Taxes	28,088	31,765
Estimated third-party payor settlements	225,517	512,843
Inventories	118,323	121,005
Prepaid expenses	50,982	31,767
Total current assets	6,181,004	5,015,646
<i>Noncurrent assets</i>		
Cash and cash equivalents limited as to use	58,068	54,806
Capital assets, net of accumulated depreciation	1,257,869	1,143,495
Total noncurrent assets	1,315,937	1,198,301
Total assets	\$ 7,496,941	\$ 6,213,947

See accompanying notes to basic financial statements.

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Statements of Net Position (Continued)
December 31, 2021 and 2020

LIABILITIES AND NET POSITION	2021	2020
<i>Current liabilities</i>		
Accounts payable	\$ 417,311	\$ 247,613
Registered warrants payable	-	2,303,750
Accrued compensation and related liabilities	107,545	101,629
Accrued vacation	135,933	149,918
Unearned CARES Act Provider Relief Fund	342,565	3,249,078
Current maturities of long-term debt	104,527	123,977
Current maturities of capital lease obligations	40,231	38,992
Total current liabilities	1,148,112	6,214,957
<i>Noncurrent liabilities</i>		
Paycheck Protection Program loan	-	754,274
Long-term debt, less current maturities	1,172,744	1,282,456
Capital lease obligations, less current maturities	69,066	109,297
Total noncurrent liabilities	1,241,810	2,146,027
Total liabilities	2,389,922	8,360,984
<i>Net position</i>		
Invested in capital assets, net of related debt	(128,699)	(411,227)
Unrestricted	5,235,718	(1,735,810)
Total net position	5,107,019	(2,147,037)
Total liabilities and net position	\$ 7,496,941	\$ 6,213,947

See accompanying notes to basic financial statements.

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Statements of Revenues, Expenses, and Changes in Net Position
Years Ended December 31, 2021 and 2020

	2021	2020
<i>Operating revenues</i>		
Net patient service revenue	\$ 9,707,126	\$ 7,926,028
Grants	107,914	86,082
Other	92,772	53,489
Total operating revenues	9,907,812	8,065,599
<i>Operating expenses</i>		
Salaries and wages	3,370,535	3,508,162
Employee benefits	724,308	703,912
Supplies	1,435,920	1,041,607
Professional fees	1,423,882	1,397,689
Purchased services	1,448,012	891,675
Utilities	113,188	116,301
Repairs and maintenance	154,979	155,619
Rentals and leases	255,607	247,898
Depreciation and amortization	251,815	267,687
Insurance	64,457	65,050
Other	154,486	79,167
Total operating expenses	9,397,189	8,474,767
<i>Operating income (loss)</i>	510,623	(409,168)
<i>Nonoperating revenues (expenses)</i>		
Taxation for operations	2,470,460	1,593,699
Other income	15,840	4,352
Interest expense	(117,023)	(189,711)
CARES Act Provider Relief Fund	3,262,198	50,000
COVID-19 grants	352,684	353,136
Donations	5,000	-
Total nonoperating revenues, net	5,989,159	1,811,476
Excess of revenues over expenses before gain on forgiveness of Paycheck Protection Program loan	6,499,782	1,402,308
<i>Gain on forgiveness of Paycheck Protection Program loan</i>	754,274	-
Change in net position	7,254,056	1,402,308
Net position, beginning of year	(2,147,037)	(3,549,345)
Net position, end of year	\$ 5,107,019	\$ (2,147,037)

See accompanying notes to basic financial statements.

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Statements of Cash Flows
Years Ended December 31, 2021 and 2020

	2021	2020
<i>Increase (Decrease) in Cash and Cash Equivalents</i>		
<i>Cash flows from operating activities</i>		
Receipts from and on behalf of patients	\$ 9,352,782	\$ 7,015,704
Receipts from grants	107,914	86,082
Other receipts	92,772	53,489
Payments to employees	(4,102,912)	(4,312,214)
Payments to suppliers and contractors	(4,897,366)	(4,054,290)
Net cash provided by (used in) operating activities	553,190	(1,211,229)
<i>Cash flows from noncapital financing activities</i>		
Taxation for maintenance and operations	2,474,137	1,595,517
Interest paid on outstanding registered warrants	(51,477)	(94,244)
Noncapital contributions	5,000	-
Payments of registered warrants payable	(2,303,750)	(1,210,496)
Receipt of CARES Act Provider Relief Fund	355,685	3,299,078
Receipt of Paycheck Protection Program loan	-	754,274
Receipt of COVID-19 grants	352,684	353,136
Net cash provided by noncapital financing activities	832,279	4,697,265
<i>Cash flows from capital and related financing activities</i>		
Principal paid on long-term debt and capital lease obligations	(168,154)	(161,319)
Interest paid on long-term debt and capital lease obligations	(65,546)	(95,467)
Purchase of capital assets	(366,189)	(16,058)
Net cash used in capital and related financing activities	(599,889)	(272,844)
<i>Cash flows from investing activities, interest received</i>		
	15,840	4,352
Net increase in cash and cash equivalents	801,420	3,217,544
Cash and cash equivalents, beginning of year	3,450,794	233,250
Cash and cash equivalents, end of year	\$ 4,252,214	\$ 3,450,794

See accompanying notes to basic financial statements.

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Statements of Cash Flows (Continued)
Years Ended December 31, 2021 and 2020

	2021	2020
<i>Reconciliation of Cash and Cash Equivalents to the Statements of Net Position</i>		
Cash and cash equivalents	\$ 4,194,146	\$ 3,395,988
Cash and cash equivalents limited as to use	58,068	54,806
Total cash and cash equivalents	\$ 4,252,214	\$ 3,450,794

Reconciliation of Operating Income (Loss) to Net Cash Provided by (Used in) Operating Activities

Operating income (loss)	\$ 510,623	\$ (409,168)
<i>Adjustments to reconcile operating income (loss) to net cash provided by (used in) operating activities</i>		
Depreciation and amortization	251,815	267,687
Provision for bad debts	1,028,433	801,009
(Increase) decrease in assets:		
Receivables:		
Patient accounts receivable, net	(1,670,103)	(999,077)
Estimated third-party payor settlements	287,326	(407,431)
Inventories	2,682	(6,620)
Prepaid expenses	(19,215)	(4,673)
Increase (decrease) in liabilities:		
Accounts payable	169,698	(47,991)
Estimated third-party payor settlements	-	(304,825)
Accrued compensation and related liabilities	5,916	(116,407)
Accrued vacation	(13,985)	16,267
Net cash provided by (used in) operating activities	\$ 553,190	\$ (1,211,229)

Noncash capital financing activities

During the year ended December 31, 2020, the District entered into a capital lease obligation in the amount of \$18,770 to finance the purchase of a John Deere tractor.

During the year ended December 31, 2020, the District entered into a capital lease obligation in the amount of \$40,673 to finance the purchase of an AC evaporator and condensing system.

See accompanying notes to basic financial statements.

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Notes to Basic Financial Statements
Years Ended December 31, 2021 and 2020

1. Reporting Entity and Summary of Significant Accounting Policies:

a. Reporting Entity

Grant County Public Hospital District No. 2 doing business as Quincy Valley Medical Center (the District) owns and operates Quincy Valley Hospital, a 10-bed acute care facility, and Quincy Valley Medical Center, a Medicare certified rural health clinic. The District provides healthcare services to patients in Quincy, Washington, and the surrounding area. Services provided by the District include an acute care hospital, emergency room, physician's clinic, and other related ancillary procedures (laboratory, imaging, therapy, etc.) associated with those services.

b. Summary of Significant Accounting Policies

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Enterprise fund accounting – The District's accounting policies conform to accounting principles generally accepted in the United States of America as applicable to proprietary funds of governments. The District uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

Cash and cash equivalents – Electronic funds transfer (EFT) cash receipts are deposited to the District's depository account at a bank. Periodically, such cash is transferred to the Grant County Treasurer (the Treasurer), who acts as the District Treasurer. Non-EFT cash receipts are deposited directly to the Treasurer. Warrants are issued by the District against the cash placed with the Treasurer. The Treasurer invests cash in interest-bearing investments at the discretion of the District. For purposes of the statements of cash flows, the District considers all cash and cash investments with original maturity dates of less than 90 days as cash and cash equivalents.

Inventories – Inventories are stated at cost on the first-in, first-out method. Inventories consist of pharmaceutical, medical-surgical, and other supplies used in the District's operation.

Capital assets – Capital assets are defined by the District as assets with initial individual cost of more than \$5,000. Capital assets are recorded at historical cost. Donations are recorded at estimated fair value at the date of donation. Assets under capital lease obligations are amortized over the shorter of the lease term or their respective estimated useful lives. Amortization of assets subject to leases is reported with depreciation expense.

Major expenses for capital assets, including capital leases and major repairs that increase useful lives, are capitalized. Maintenance, repairs, and minor renewals are accounted for as expenses when incurred.

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Notes to Basic Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

1. Reporting Entity and Summary of Significant Accounting Policies (continued):

b. Summary of Significant Accounting Policies (continued)

Capital assets (continued) – All capital assets other than land and construction in progress are depreciated by the straight-line method of depreciation using these asset lives:

Land improvements	5 to 20 years
Buildings and improvements	5 to 40 years
Equipment	3 to 20 years

Accrued vacation – The District’s policy is to permit employees to earn paid time off (PTO) based upon years of service. The related liability is accrued during the period in which it is earned. Depending on years of service, PTO accrues from 184 to 271 hours per year. The District’s policy is to permit employees to carry these hours from one year to the next. On termination of employment, an employee shall be paid all accrued, but unused hours, provided the employee has given the notice required by personnel policies and the employee has not been terminated for cause.

Net position – Net position of the District is classified into three components. *Net position invested in capital assets net of related debt* consists of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted net position* is noncapital net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the District. *Unrestricted net position* is remaining net position that does not meet the definition of *invested in capital assets net of related debt* or *restricted*. The District did not have any *restricted net position* in 2021 or 2020.

Operating revenues and expenses – The District’s statements of revenues, expenses, and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions, including grants for specific operating activities associated with providing healthcare services — the District’s principal activity. Nonexchange revenues, including taxes and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide healthcare services, other than financing costs.

Restricted resources – When the District has both restricted and unrestricted resources available to finance a particular program, it is the District’s policy to use restricted resources before unrestricted resources.

Grants and contributions – From time to time, the District receives grants from the state of Washington and others, as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses. Grants that are for specific projects or a purpose related to the District’s operating activities are reported as operating revenue. Grants that are used to subsidize operating deficits are reported as nonoperating revenue. Contributions, except for capital contributions, are reported as nonoperating revenue.

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Notes to Basic Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

1. Reporting Entity and Summary of Significant Accounting Policies (continued):

b. Summary of Significant Accounting Policies (continued)

Subsequent events – The District has evaluated subsequent events through August 15, 2022, the date on which the financial statements were available to be issued.

Upcoming accounting standard pronouncements – In June 2017, the Governmental Accounting Standards Board (GASB) issued Statement No. 87, *Leases*, which increases the usefulness of governments’ financial statements by requiring recognition of certain lease assets and liabilities for leases previously classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this statement, a lessee is required to recognize a lease liability and an intangible asset representing the lessee’s right to use the leased asset, thereby enhancing the relevance and consistency of information about governments’ leasing activities. The new guidance is effective for the District’s year ending December 31, 2022, although earlier application is encouraged. The District has not elected to implement this statement early; however, management is still evaluating the impact, if any, of this statement in the year of adoption.

In May 2020, the GASB issued Statement No. 96, Subscription-Based Information Technology Arrangements. The objectives of this statement are to (1) define a subscription-based information technology arrangement (SBITA); (2) establish that a SBITA results in a right-to-use subscription asset—an intangible asset—and a corresponding subscription liability; (3) provide the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) require note disclosures regarding a SBITA. The new guidance is effective for the District’s year ending December 31, 2023. Management is currently evaluating the effect this statement will have on the financial statements and related disclosures.

2. Bank Deposits and Registered Warrants Outstanding:

Investments – The *Revised Code of Washington* (RCW), Chapter 39, authorizes municipal governments to invest their funds in a variety of investments including federal, state, and local government certificates, notes, or bonds; the Washington State Local Government Investment Pool; savings accounts in qualified public depositories; and certain other investments.

All cash, cash equivalents, and cash investments held by the District Treasurer are insured by the state of Washington Public Deposit Protection Commission (PDPC), as provided by the *Revised Code of Washington*, Chapter 39.58, and are entirely covered by federal depository insurance or by collateral held in a multiple financial institution collateral pool administered by the Washington PDPC. Qualified public depositories, including US Bank, pledge securities with this commission, which are available to insure public deposits within the state of Washington.

The District had no investments at either December 31, 2021 or 2020.

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Notes to Basic Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

2. Bank Deposits and Registered Warrants Outstanding (continued):

The District has the following assets limited as to use as of the following dates:

	2021	2020
<i>Internally designated by the Board for payment of unclaimed property liability</i>		
Cash and cash equivalents	\$ 6,051	\$ 3,221
<i>Internally designated by the Board for limited tax obligation bonds:</i>		
Cash and cash equivalents	52,017	51,585
Total	\$ 58,068	\$ 54,806

At December 31, 2020, the amount of warrants outstanding was \$2,303,750, of which all were registered warrants and bore interest of 3.5 percent.

3. Patient Accounts Receivable:

Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the District analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts. For receivables associated with services provided to patients who have third-party coverage, the District analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which include both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the District records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

The District's allowance for uncollectible accounts for self-pay patients has increased significantly from the prior year due to an increase in self-pay accounts receivable. The District does not maintain a material allowance for uncollectible accounts from third-party payors, nor did it have significant writeoffs from third-party payors.

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Notes to Basic Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

3. Patient Accounts Receivable (continued):

Patient accounts receivable reported as current assets by the District consisted of the following amounts:

	2021	2020
Patients and their insurance carriers	\$ 3,761,155	\$ 2,552,448
Medicare	338,077	251,352
Medicaid	197,133	91,358
Total patient accounts receivable	4,296,365	2,895,158
Less allowance for uncollectible accounts	2,732,417	1,972,880
Patient accounts receivable, net	\$ 1,563,948	\$ 922,278

4. Capital Assets:

Capital asset balances and activity were as follows:

	Balance December 31, 2020	Additions	Retirements	Transfers	Balance December 31, 2021
<i>Capital assets not being depreciated</i>					
Land	\$ 444,175	\$ -	\$ -	\$ -	\$ 444,175
Total capital assets not being depreciated	444,175	-	-	-	444,175
<i>Capital assets being depreciated</i>					
Land improvements	206,539	-	-	-	206,539
Building and improvements	5,118,492	130,402	(171,537)	-	5,077,357
Equipment	4,453,149	236,386	(2,794,297)	-	1,895,238
Total capital assets being depreciated	9,778,180	366,788	(2,965,834)	-	7,179,134
<i>Less accumulated depreciation for</i>					
Land improvements	206,539	-	-	-	206,539
Building and improvements	4,753,418	138,305	(171,537)	-	4,720,186
Equipment	4,118,903	113,510	(2,793,698)	-	1,438,715
Total accumulated depreciation	9,078,860	251,815	(2,965,235)	-	6,365,440
<i>Total capital assets being depreciated, net</i>					
Capital assets, net	\$ 1,143,495	\$ 114,973	\$ (599)	\$ -	\$ 1,257,869

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Notes to Basic Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

4. Capital Assets (continued):

Capital asset balances and activity were as follows:

	Balance December 31, 2019		Additions	Retirements	Transfers	Balance December 31, 2020	
<i>Capital assets not being depreciated</i>							
Land	\$	444,175	\$ -	\$ -	\$ -	\$	444,175
Construction in progress		19,470	22,129	-	(41,599)		-
Total capital assets not being depreciated		463,645	22,129	-	(41,599)		444,175
<i>Capital assets being depreciated</i>							
Land improvements		208,696	-	(2,157)	-		206,539
Building and improvements		5,072,331	8,514	(3,952)	41,599		5,118,492
Equipment		4,449,179	87,091	(83,121)	-		4,453,149
Total capital assets being depreciated		9,730,206	95,605	(89,230)	41,599		9,778,180
<i>Less accumulated depreciation for</i>							
Land improvements		208,378	318	(2,157)	-		206,539
Building and improvements		4,606,738	150,632	(3,952)	-		4,753,418
Equipment		4,043,054	156,625	(80,776)	-		4,118,903
Total accumulated depreciation		8,858,170	307,575	(86,885)	-		9,078,860
Total capital assets being depreciated, net		872,036	(211,970)	(2,345)	41,599		699,320
Capital assets, net	\$	1,335,681	\$ (189,841)	\$ (2,345)	\$ -	\$	1,143,495

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Notes to Basic Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

5. Long-term Debt and Capital Lease Obligations:

A schedule of changes in the District's noncurrent liabilities consisted of the following amounts:

	Balance December 31, 2020			Balance December 31, 2021		
		Additions	Reductions			Amounts Due Within One Year
<i>Long-term debt</i>						
2001 LTGO Bonds	\$ 1,382,433	\$ -	\$ (105,162)	\$ 1,277,271	\$	104,527
Darktrace Loan Payable	24,000	-	(24,000)	-		-
Total long-term debt	1,406,433	-	(129,162)	1,277,271		104,527
<i>Capital lease obligations</i>	148,289	-	(38,992)	109,297		40,231
Total noncurrent liabilities	\$ 1,554,722	\$ -	\$ (168,154)	\$ 1,386,568	\$	144,758

	Balance December 31, 2019			Balance December 31, 2020		
		Additions	Reductions			Amounts Due Within One Year
<i>Long-term debt</i>						
2001 LTGO Bonds	\$ 1,473,051	\$ -	\$ (90,618)	\$ 1,382,433	\$	99,977
EPOWERdoc Note Payable	10,335	-	(10,335)	-		-
Darktrace Loan Payable	48,000	-	(24,000)	24,000		24,000
Total long-term debt	1,531,386	-	(124,953)	1,406,433		123,977
<i>Capital lease obligations</i>	125,212	59,443	(36,366)	148,289		38,992
Total noncurrent liabilities	\$ 1,656,598	\$ 59,443	\$ (161,319)	\$ 1,554,722	\$	162,969

Long-term debt – The terms and due dates of the District's long-term debt are as follows:

- Limited tax general obligation (LTGO) bonds, dated December 3, 2001, in the original amount of \$2,634,725, held by the United States Department of Agriculture; for the purpose of refinancing an interim loan used for construction, bond refinancing, and capital purchases, as well as additional financing for capital additions. Payments of \$80,465 are due semiannually on June 1 and December 1, including interest at a fixed rate of 4.5 percent per annum, which matures in 2031.
- Note payable with Darktrace paid in full during 2021.

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Notes to Basic Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

5. Long-term Debt and Capital Lease Obligations (continued):

Capital lease obligations – Capital lease obligations to various lenders, due in monthly payments between \$313 and \$2,864, including interest from 4.40 percent to 10.44 percent through December 2025, collateralized by equipment with a cost of \$208,769 and \$236,907 and accumulated amortization of \$62,868 and \$67,076 as of December 31, 2021 and 2020, respectively. The lease obligations are reflected in the District’s assets and liabilities.

Scheduled principal and interest repayments on long-term debt and capital lease obligations are as follows:

Years Ending December 31,	Long-term Debt			Capital Lease Obligations		
	Principal	Interest	Total	Principal	Interest	Total
2022	\$ 104,527	\$ 56,403	\$ 160,930	\$ 40,231	\$ 6,963	\$ 47,194
2023	109,283	51,647	160,930	43,715	3,480	47,195
2024	114,122	46,808	160,930	20,869	553	21,422
2025	119,450	41,480	160,930	4,482	58	4,540
2026	124,885	36,045	160,930	-	-	-
2027-2031	705,004	89,709	794,713	-	-	-
	\$ 1,277,271	\$ 322,092	\$ 1,599,363	\$ 109,297	\$ 11,054	\$ 120,351

6. Paycheck Protection Program Note Payable:

In April 2020, the District was granted a loan from Washington Trust Bank in the aggregate amount of \$754,274, pursuant to the Paycheck Protection Program (PPP) under Division A, Title I of the Coronavirus Aid, Relief and Economic Security Act (CARES Act) Provider Relief Fund, which was enacted March 27, 2020. The District applied for PPP loan forgiveness in August 2020, and full forgiveness was approved in January 2021. The loan forgiveness is recorded as a Gain on Forgiveness of Paycheck Protection Program loan in the statements of revenues, expenses, and changes in net position for the year ended December 31, 2021.

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Notes to Basic Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

7. Net Patient Service Revenue:

The District recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients who do not qualify for charity care, the District recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated, or provided by policy). On the basis of historical experience, a significant portion of the District's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the District records a significant provision for bad debts related to uninsured patients in the period the services are provided. The District's provisions for bad debts and writeoffs have not changed significantly from the prior year. The District has not changed its charity care and uninsured discount policies during 2021 or 2020. Patient service revenue, net of contractual adjustments and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows:

	2021	2020
Patient service revenue (net of contractual adjustments and discounts):		
Medicare	\$ 3,121,587	\$ 2,891,409
Medicaid	2,287,592	1,731,583
Other third-party payors	4,657,881	3,472,040
Patients	847,024	763,414
	10,914,084	8,858,446
Less:		
Charity care	178,525	131,409
Provision for bad debts	1,028,433	801,009
Net patient service revenue	\$ 9,707,126	\$ 7,926,028

The District has agreements with third-party payors that provide for payments at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

- *Medicare* – The District has been designated a critical access hospital and the clinic a rural health clinic by Medicare and they are reimbursed for inpatient, outpatient, and clinic services on a cost basis as defined and limited by the Medicare program. The Medicare program's administrative procedures preclude final determination of amounts due to the District for such services until three years after the District's cost reports are audited or otherwise reviewed and settled upon by the Medicare administrative contractor. Nonrural health clinic physician services are reimbursed on a fee schedule.
- *Medicaid* – The majority of Medicaid beneficiaries are covered through health maintenance organizations operated by commercial insurance companies. The District is reimbursed for inpatient and outpatient services on a prospectively determined rate that is based on historical revenues and expenses for the District.

**Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Notes to Basic Financial Statements (Continued)
Years Ended December 31, 2021 and 2020**

7. Net Patient Service Revenue (continued):

- *Other Commercial Payors* – The District has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the District under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Net patient service revenue increased by approximately \$520,000 and \$186,000 for the years ended December 31, 2021 and 2020, respectively, due to differences between original estimates and preliminary settlements and/or revised estimates. Such revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

The District provides charity care to patients who are financially unable to pay for the healthcare services they receive. The District's policy is not to pursue collection of amounts determined to qualify as charity care. Accordingly, the District does not report these amounts in net operating revenues or in the allowance for uncollectible accounts. The District determines the costs associated with providing charity care by aggregating the applicable direct and indirect costs, including salaries and wages, benefits, supplies, and other operating expenses, based on data from its costing system. The costs of caring for charity care patients for the years ended December 31, 2021 and 2020, were approximately \$119,000 and \$111,000, respectively.

8. Property Taxes:

The County Treasurer acts as an agent to collect property taxes levied in the County for all taxing authorities. Taxes are levied annually on January 1 on property values listed as of the prior May 31. Assessed values are established by the County Assessor at 100 percent of fair market value. A revaluation of all property is required every four years.

Taxes are due in two equal installments on April 30 and October 31. Collections are distributed monthly to the District by the County Treasurer.

The District is permitted by law to levy up to \$0.75 per \$1,000 of assessed valuation for general District purposes. The Washington State Constitution and Washington State Law, RCW 84.55.010, limit the rate. The District may also levy taxes at a lower rate. Further amounts of tax need to be authorized by a vote of the residents of the District.

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Notes to Basic Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

8. Property Taxes (continued):

For 2021, the District's regular tax levy was approximately \$0.31 per \$1,000 on a total assessed valuation of \$5,250,798,192, for a total regular levy of \$1,603,142. For 2021, the District's supplemental levy was approximately \$0.17 per \$1,000 on a total assessed valuation of \$5,250,798,192, for a total supplemental levy of \$875,000. For 2020, the District's regular tax levy was approximately \$0.31 per \$1,000 on a total assessed valuation of \$5,118,844,129, for a total regular levy of \$1,600,024.

Property taxes are recorded as receivables when levied. Since state law allows for sale of property for failure to pay taxes, no estimate of uncollectible taxes is made.

9. CARES Act Provider Relief Fund:

In April 2020, the District received \$3,299,078 of funding from the CARES Act Provider Relief Fund. In 2021, the District received additional funding of \$355,685. These funds are required to be used to reimburse the District for healthcare-related expenses or lost revenues that are attributable to coronavirus. During the years ending December 31, 2021 and 2020, the District recognized \$3,262,198 and \$50,000 of grant revenue from these funds, respectively. The District had \$342,565 and \$3,249,078 remaining funds as of December 31, 2021 and 2020, respectively, to use for healthcare-related expenses or lost revenues that are attributable to coronavirus in the next fiscal year.

10. Defined Contribution Plans:

The District provides employees with the Quincy Valley Hospital 403(b) Retirement Plan (the Plan), a deferred compensation pension plan, for its benefit-eligible employees. The Plan is administered by Lincoln National Life Insurance Company. Benefit terms, including contribution requirements, for the Plan are established and can be amended by the District. The District is not required to contribute to the Plan; however, the District may make a voluntary contribution to participating employees up to two percent of the eligible employee's annual compensation. After one year of service, an employee vests ten percent of the employer's contribution, and after five years of service, an employee vests 100 percent of the employer contribution. The District has not elected to make voluntary contributions as of December 31, 2021 and 2020. The District makes contributions up to \$5,000 annually to highly compensated employees. Total employer contributions for these employees for the years ended December 31, 2021 and 2020, totaled approximately \$8,000 and \$14,000, respectively. Employees are permitted to make contributions up to applicable Internal Revenue Code limits. Employees are immediately vested in their own contributions and earnings on those contributions. For the years ended December 31, 2021 and 2020, employee contributions totaled approximately \$59,000 and \$86,000, respectively.

The District had no liability to the Plan at December 31, 2021 or 2020.

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Notes to Basic Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

11. Risk Management and Contingencies:

Risk management – The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

Industry regulations – The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditations, and government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity continues with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the District is in compliance with fraud and abuse statutes, as well as other applicable government laws and regulations.

While no regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

Medical malpractice claims – The District purchases malpractice liability insurance through Coverys Specialty Insurance Company. The policy provides protection on a “claims-made” basis whereby only malpractice claims reported to the insurance carrier in the current year are covered by the current policies. If there are unreported incidents which result in a malpractice claim in the current year, such claims will be covered in the year the claim is reported to the insurance carrier only if the District purchases claims-made insurance in that year or the District purchases “tail” insurance to cover claims incurred before but reported to the insurance carrier after cancellation or expiration of a claims-made policy.

The current malpractice insurance provides \$1,000,000 per claim of primary coverage with an annual aggregate limit of \$5,000,000. There is no deductible associated with the current malpractice policy.

No liability has been accrued for future coverage for acts, if any, occurring in this or prior years. Also, it is possible that claims may exceed coverage available in any given year.

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Notes to Basic Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

12. Concentration of Risk:

Patient accounts receivable – The District grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The majority of these patients are area residents.

The mix of receivables from patients was as follows:

	2021	2020
Medicare	11 %	15 %
Medicaid	5	4
Other third-party payors	25	11
Patients	59	70
	100 %	100 %

Physicians – The District is dependent on local physicians practicing in its service area to provide admissions and utilize hospital services on an outpatient basis. A decrease in the number of physicians providing these services or change in their utilization patterns may have an adverse effect on hospital operations.

13. Subsequent Event:

Grant County Hospital District #2, Proposition 1, was approved by voters during the Grant County August 2, 2022, Primary Election. This measure will allow the district to issue no more than \$55 million in general obligation bonds within 30 years. The funding will be used to build a new hospital to replace the current, aging facility and equip it with appropriate medical equipment.

SINGLE AUDIT

AUDITORS' SECTION



INDEPENDENT AUDITORS' REPORT ON
INTERNAL CONTROL OVER FINANCIAL REPORTING AND
ON COMPLIANCE AND OTHER MATTERS BASED ON AN
AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Commissioners
Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Quincy, Washington

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Grant County Public Hospital District No. 2 doing business as Quincy Valley Medical Center (the District) as of and for the year ended December 31, 2021, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents, and have issued our report thereon dated August 15, 2022.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, and contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
August 15, 2022



INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR
THE MAJOR PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Commissioners
Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Quincy, Washington

Report on Compliance for the Major Federal Program

Opinion on the District's Major Federal Program

We have audited Grant County Public Hospital District No. 2 doing business as Quincy Valley Medical Center (the District) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on the District's major federal program for the year ended December 31, 2021. The District's major federal program is identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, the District complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended December 31, 2021.

Basis for Opinion on the Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for the major federal program. Our audit does not provide a legal determination of the District's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the District's federal program.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the District's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Purpose of this Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
August 15, 2022

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Schedule of Audit Findings and Questioned Costs
Year Ended December 31, 2021

Section I – Summary of Auditors’ Results

Financial Statements:

Type of auditors' report issued:

Unmodified

Internal control over financial reporting:

- Material weakness identified?
- Significant deficiency identified?

_____	yes	X	no
_____	yes	X	none reported

Noncompliance material to financial statements noted?

_____	yes	X	no
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Federal Awards:

Internal control over major federal programs:

- Material weakness identified?
- Significant deficiency identified?

_____	yes	X	no
_____	yes	X	none reported

Type of auditors' report issued on compliance for major federal program:

Unmodified

Any audit findings disclosed that are required to be reported
in accordance with 2 CFR 200.516(a)?

_____	yes	X	no
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Identification of major federal program:

Federal Assistance Listing Number

Name of Federal Program or Cluster

93.498	Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution
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Dollar threshold used to distinguish between type A and type B programs: \$750,000

Auditee qualified as low-risk auditee? _____ yes X no

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Schedule of Audit Findings and Questioned Costs (continued)
Year Ended December 31, 2021

Section II – Financial Statement Findings

There are no matters reported for 2021. Therefore, no corrective action plan is necessary, nor has one been prepared.

Section III – Federal Award Findings and Questioned Costs

There are no matters reported for 2021. Therefore, no corrective action plan is necessary, nor has one been prepared.

AUDITEE'S SECTION

Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Schedule of Expenditures of Federal Awards
Year Ended December 31, 2021

Federal Grantor/Pass-through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Additional Award Identification	Total Federal Expenditures
U.S. Department of Health and Human Services Direct Programs:				
COVID-19 Testing and Mitigation for Rural Health Clinics	93.697		COVID-19	\$ 100,000
Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution	93.498		COVID-19	3,262,198
Total U.S. Department of Health and Human Services Direct Programs				3,362,198
U.S. Department of Health and Human Services Pass-through Programs From:				
<i>Washington State Department of Health</i> Rural Health Research Center	93.155	HSP26410-0	COVID-19	\$ 252,684
<i>Washington State Health Care Authority</i> Opioid STR	93.788	Not available		10,000
Total U.S. Department of Health and Human Services Pass-through Programs				\$ 262,684
Total Expenditures of Federal Awards				\$ 3,624,882

See accompanying independent auditors' report and notes to the schedule of expenditures of federal awards.

Notes to the Schedule of Expenditures of Federal Awards

1. Basis of Presentation:

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of the District under programs of the federal government for the year ended December 31, 2021. Amounts reported on the Schedule for Federal Assistance Listing Number 93.498 – Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution are based upon the June 30, 2021, Provider Relief Fund report. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the District, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the District.

2. Summary of Significant Accounting Policies:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The District has not elected to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance.

**Grant County Public Hospital District No. 2
doing business as Quincy Valley Medical Center
Summary Schedule of Prior Audit Findings
Year Ended December 31, 2021**

The audit for the year ended December 31, 2021, reported no audit findings, nor were there any unresolved prior year findings from years ended December 31, 2020, or prior. Therefore, there are no matters to report in this schedule for the year ended December 31, 2021.