

# Development of Chinese Medicine Hospital

## Schedule of Accommodation

The schedule of accommodation (SoA) of the Hospital is a consolidated brief of accommodation facilities and provisions taking into account the operational, spatial and locational requirements for the Hospital. Items listed in the SoA are for reference only, and they are subject to change without notice. This document should be read with the following documents:

- (a) Planning and Design Brief available at  
[https://www.fhb.gov.hk/download/press\\_and\\_publications/otherinfo/200900\\_pdb/e\\_pdb.pdf](https://www.fhb.gov.hk/download/press_and_publications/otherinfo/200900_pdb/e_pdb.pdf)
- (b) Indicative furniture and equipment list available at  
[https://www.fhb.gov.hk/download/press\\_and\\_publications/otherinfo/200900\\_fne/e\\_fne.pdf](https://www.fhb.gov.hk/download/press_and_publications/otherinfo/200900_fne/e_fne.pdf)

# Development of Chinese Medicine Hospital

## Schedule of Accommodation

### Table of Content

<u>Department</u>	<u>Approved Area (m<sup>2</sup>)</u>	<u>Page</u>
<b>A. Inpatient &amp; Day-patient Zones</b>		
A1 General Inpatient Services (125 beds)	3,723.1	3
A2 Special Inpatient Services (125 beds)	4,062.8	8
A3 Day-patient Services		
A3.1 General Day-patient Services (45 beds)	1,607.9	16
A3.2 Special Day-patient Services (45 beds)	1,622.3	19
A.3.3 Common Facilities of Day-patient Services	392.0	22
A4 Paediatrics Services (40 beds)	1,963.0	24
<b>B. Outpatient Zones</b>		
B1 Subsidized Outpatient Services		
B1.1 General Outpatient Clinic	649.0	28
B1.2 Referral Outpatient Clinic	1,149.0	31
B1.3 Intervention Areas	1,001.0	34
B1.4 General Support	152.2	38
B2 Add-On Market Oriented Outpatient Services		
B2.1 Special Disease Centres	949.5	40
B2.2 Private Clinics	444.0	44
B2.3 Preventive Care and Health Maintenance Centre	459.0	47
B2.4 Intervention Areas	892.0	50
B2.5 General Support	165.9	54
<b>C. Ambulatory Care Zone</b>		
C1 Day Procedure (Endoscopy, Minor OT, Electrophysiology & Respiratory)	1,369.8	57
C2 Central Sterile Supplies Unit (CSSU)	602.3	62
C3 Allied Health Services and Integrated Rehabilitation Centre	1,543.4	66
C4 Pharmacy	2,639.0	71
C5 Radiology	1,400.4	76
C6 Pathology	788.2	83
<b>D. Education, Training and Research</b>		
D1 Education and Training Facilities	2,382.6	87
D2 Clinical Trial and Research Centre (20 beds)	1,045.8	92
<b>E. General Supporting Services</b>		
E1 Community Health Services	594.0	96
E2 Admission & Building Amenities	1,200.3	101
E3 Dining, Catering & Kitchen	1,104.6	106
E4 Information Technology & Communications	475.0	112
E5 Health Information and Records Management	702.5	114

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## Schedule of Accommodation

### Table of Content

<u>Department</u>	<u>Approved Area (m<sup>2</sup>)</u>	<u>Page</u>
E6 Mortuary	512.6	117
E7 Staff Accommodation and Facilities	1,519.5	120
E8 Office & Administration	3,229.4	124
E9 Purchasing & Stores	1,825.1	131
E10 Laundry & Linen Services	1,336.8	134
E11 Plant Maintenance	943.3	137
E12 Supporting Services	995.3	141
E13 Security & Carpark	146.1	144
<b>Grand Total:</b>		<b>45,588.7</b>

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section A Inpatient & Day-patient Zones - Section A1 General Inpatient Services (125 bed)

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description  (Please indicate new posts with '*')	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area  (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b>Cellular Office</b> <sup>(Note 2)</sup>					
<a href="#">A1.1</a> A1.1.1	<a href="#">General Ward (A) - 64 beds</a> Office - SNO/NO	4	6.3	25.2		Shared cellular office for 1 Ward Manager and 3 Nursing Officers (CM/WM).
<a href="#">A1.2</a> A1.2.1	<a href="#">General Ward (B) - 61 beds</a> Office - SNO/NO	4	6.3	25.2		Shared cellular office for 1 Ward Manager and 3 Nursing Officers (CM/WM).
	<b>Open Plan</b>					
	<b>Circulation Allowance for cellular office</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Staff)</b>			50.4	0.0	
	<b>Total area (Staff)</b>			50.4		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)	
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>	
				Cellular Office	Open Plan		
<a href="#">A1.1</a>	<a href="#">General Ward (A) - 64 beds</a>						
A1.1.2	6-Bed Room (ensuite)	9	68.0	612.0		9 sq.m per bed x 6 + 13 sq.m circulation space + 1 sq.m area for wash hand basin.	
A1.1.3	Single Room (ensuite)	6	15.0	90.0			
A1.1.4	Single Isolation Room (ensuite)	4	15.0	60.0			
A1.1.5	Anteroom	4	5.5	22.0			
A1.1.6	Admission Room	2	15.0	30.0			
A1.1.7	CM Intervention cum Teaching Room	6	20.0	120.0			
A1.1.8	CM Intervention cum Teaching Room (Moxibustion)	6	25.0	150.0			
A1.1.9	CM Consultation cum Teaching Room	2	20.0	40.0			
A1.1.10	Assessment Room	2	20.0	40.0			
A1.1.11	Treatment Room	2	20.0	40.0			
A1.1.12	Patient Counselling/ Interview Room	2	8.0	16.0			
A1.1.13	Medicine Preparation Room (CM/WM)	2	15.0	30.0			
A1.1.14	Night Pharmacy	1	20.0	20.0			
A1.1.15	Patient Activity Training Room	2	35.0	70.0			
A1.1.16	Patient Meal Preparation Room	2	9.0	18.0			
A1.1.17	Store - General	2	20.0	40.0			
A1.1.18	Store - Medical Equipment	2	20.0	40.0			24-hour A/C provision.
A1.1.19	Store - PPE	2	10.0	20.0			24-hour A/C provision.
A1.1.20	Store - Linen	2	10.0	20.0			24-hour A/C provision.
A1.1.21	Staff Common Room	2	6.0	12.0			
A1.1.22	Gown-up Room	2	5.0	10.0			
A1.1.23	Gown-down Room	2	5.0	10.0			
A1.1.24	Dirty Utility / Sluice Room	2	10.0	20.0			
A1.1.25	Cleaner's Room	2	NA	as appropriate			Subject to the design by the works agent.
A1.1.26	Nurse Station	2	24.0		48.0		
A1.1.27	Helpdesk	2	10.0		20.0		
A1.1.28	Alcove - Workstation	19	1.0		19.0		
A1.1.29	Alcove - Scale	2	7.0		14.0		

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '+')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
A1.1.30	Alcove - E-Trolley	4	1.5		6.0	
A1.1.31	Alcove - Medical Records Trolley	4	1.5		6.0	
A1.1.32	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
A1.1.33	Alcove - Trolleys	8	2.0		16.0	
A1.1.34	Ensuite Toilet / Shower	19	NA	as appropriate		For items A1.1.2, A1.1.3 & A1.1.4. Subject to the design by the works agent.
A1.1.35	Patient Toilet & Shower (Assisted)	2	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A1.1.36	Patient Toilet & Bath (Assisted)	2	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A1.1.37	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A1.1.38	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
<b>A1.2</b>	<b>General Ward (B) - 61 beds</b>					
A1.2.2	6-Bed Room (ensuite)	8	68.0	544.0		9 sq.m per bed x 6 + 13 sq.m circulation space + 1 sq.m area for wash hand basin.
A1.2.3	Single Room (ensuite)	5	15.0	75.0		
A1.2.4	Single Isolation Room (ensuite)	4	15.0	60.0		
A1.2.5	4-Bed Room (HDU) (ensuite)	1	45.7	45.7		9 sq.m per bed x 4 + 8.7 sq.m circulation space + 1 sq.m area for wash hand basin.
A1.2.6	Anteroom	4	5.5	22.0		
A1.2.7	Admission Room	2	15.0	30.0		
A1.2.8	CM Intervention cum Teaching Room	6	20.0	120.0		
A1.2.9	CM Intervention cum Teaching Room (Moxibustion)	6	25.0	150.0		
A1.2.10	CM Consultation cum Teaching Room	2	20.0	40.0		
A1.2.11	Assessment Room	2	20.0	40.0		
A1.2.12	Treatment Room	2	20.0	40.0		
A1.2.13	Patient Counselling/ Interview Room	2	8.0	16.0		
A1.2.14	Medicine Preparation Room (CM/WM)	2	15.0	30.0		
A1.2.15	Patient Activity Training Room	2	35.0	70.0		
A1.2.16	Patient Meal Preparation Room	2	9.0	18.0		
A1.2.17	Store - General	2	20.0	40.0		
A1.2.18	Store - Medical Equipment	2	20.0	40.0		24-hour A/C provision.
A1.2.19	Store - PPE	2	10.0	20.0		24-hour A/C provision.
A1.2.20	Store - Linen	2	10.0	20.0		24-hour A/C provision.
A1.2.21	Staff Common Room	2	6.0	12.0		

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)	
Ref. No.	Description of Facilities (Please indicate new items with '*' )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>	
				Cellular Office	Open Plan		
A1.2.22	Gown-up Room	2	5.0	10.0		Subject to the design by the works agent.	
A1.2.23	Gown-down Room	2	5.0	10.0			
A1.2.24	Dirty Utility / Sluice Room	2	10.0	20.0			
A1.2.25	Cleaner's Room	2	NA	as appropriate			
A1.2.26	Nurse Station	2	24.0		48.0		
A1.2.27	Helpdesk	2	10.0		20.0		
A1.2.28	Alcove - Workstation	21	1.0		21.0		
A1.2.29	Alcove - Scale	2	7.0		14.0		
A1.2.30	Alcove - E-Trolley	4	1.5		6.0		
A1.2.31	Alcove - Medical Records Trolley	4	1.5		6.0		
A1.2.32	Alcove - Wheelchair/Stretchers	6	2.5		15.0		
A1.2.33	Alcove - Trolleys	8	2.0		16.0		
A1.2.34	Ensuite Toilet / Shower	18	NA	as appropriate			For items A1.2.2, A1.2.3, A1.2.4 & A1.2.5. Subject to the design by the works agent.
A1.2.35	Patient Toilet & Shower (Assisted)	2	NA	as appropriate			Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A1.2.36	Patient Toilet & Bath (Assisted)	2	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.	
A1.2.37	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.	
A1.2.38	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.	
<b>A1.3</b>	<b><u>Common Facilities for General Inpatient Services</u></b>						
A1.3.1	Satellite Rehabilitation Room	1	200.0	200.0		Items A1.3.1 and A1.3.2 shall be located adjacent to each other having mobile partition in between.	
A1.3.2	Multi-purpose Activity Room	1	150.0	150.0			
A1.3.3	Satellite X-ray Examination Room	1	30.0	30.0			

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '+' )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Others (e.g. Carparks for government vehicles, outdoor space)					
	Circulation Allowance for cellular room <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>3382.7</b>	<b>290.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>3672.7</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>3,723.1</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.



## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section A Inpatient & Day-patient Zones - Section A2 Special Inpatient Services (125 beds)

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b>Cellular Office</b> <sup>(Note 2)</sup>					
<a href="#">A2.1</a>	<a href="#">Special Ward (C) - 32 beds</a>					
A2.1.1	Office - SNO/NO	3	6.3	18.9		Shared cellular office for 1 Ward Manager and 2 Nursing Officers (CM/WM).
<a href="#">A2.2</a>	<a href="#">Special Ward (D) - 31 beds</a>					
A2.2.1	Office - SNO/NO	3	6.3	18.9		Shared cellular office for 1 Ward Manager and 2 Nursing Officers (CM/WM).
<a href="#">A2.3</a>	<a href="#">Special Ward (E) - 31 beds</a>					
A2.3.1	Office - SNO/NO	3	6.3	18.9		Shared cellular office for 1 Ward Manager and 2 Nursing Officers (CM/WM).
<a href="#">A2.4</a>	<a href="#">Special Ward (F) - 31 beds</a>					
A2.4.1	Office - SNO/NO	3	6.3	18.9		Shared cellular office for 1 Ward Manager and 2 Nursing Officers (CM/WM).
	<b>Open Plan</b>					
	<b>Circulation Allowance for cellular office</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Sub-total (Staff)			75.6	0.0	
	Total area (Staff)			75.6		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area  (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<a href="#">A2.1</a>	<a href="#">Special Ward (C) - 32 beds</a>					
A2.1.2	3-Bed Room (ensuite)	6	41.0	246.0		9 sq.m per bed x 3 + 13 sq.m circulation space + 1 sq.m area for wash hand basin.
A2.1.3	2-Bed Room (ensuite)	4	27.7	110.8		9 sq.m per bed x 2 + 8.7 sq.m circulation space + 1 sq.m area for wash hand basin.
A2.1.4	Single Room (ensuite)	6	15.0	90.0		
A2.1.5	Family / Parent Overnight Room (ensuite)	1	10.0	10.0		
A2.1.6	Admission Room	1	15.0	15.0		
A2.1.7	CM Intervention cum Teaching Room	3	20.0	60.0		
A2.1.8	CM Intervention cum Teaching Room (Moxibustion)	3	25.0	75.0		
A2.1.9	CM Consultation cum Teaching Room	1	20.0	20.0		
A2.1.10	Assessment Room	1	20.0	20.0		
A2.1.11	Treatment Room	1	20.0	20.0		
A2.1.12	Patient Counselling/ Interview Room	1	8.0	8.0		
A2.1.13	Medicine Preparation Room (CM/WM)	1	15.0	15.0		
A2.1.14	Patient Activity Training Room	1	35.0	35.0		
A2.1.15	Patient Meal Preparation Room	1	9.0	9.0		
A2.1.16	Store - General	1	20.0	20.0		
A2.1.17	Store - Medical Equipment	1	20.0	20.0		24-hour A/C provision.
A2.1.18	Store - PPE	1	10.0	10.0		24-hour A/C provision.
A2.1.19	Store - Linen	1	10.0	10.0		24-hour A/C provision.
A2.1.20	Staff Common Room	1	6.0	6.0		
A2.1.21	Gown-up Room	1	5.0	5.0		
A2.1.22	Gown-down Room	1	5.0	5.0		
A2.1.23	Dirty Utility / Sluice Room	1	10.0	10.0		
A2.1.24	Cleaner's Room	1	NA	as appropriate		Subject to the design by the works agent.
A2.1.25	Nurse Station	1	24.0		24.0	
A2.1.26	Helpdesk	1	10.0		10.0	
A2.1.27	Alcove - Workstation	16	1.0		16.0	
A2.1.28	Alcove - Scale	1	7.0		7.0	

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '†')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
A2.1.29	Alcove - E-Trolley	2	1.5		3.0	
A2.1.30	Alcove - Medical Records Trolley	2	1.5		3.0	
A2.1.31	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
A2.1.32	Alcove - Trolleys	8	2.0		16.0	
A2.1.33	Ensuite Toilet / Shower	17	NA	as appropriate		For items A2.1.2, A2.1.3 & A2.1.4. Subject to the design by the works agent.
A2.1.34	Ensuite Toilet / Shower (Family / Parent Overnight Room)	1	NA	as appropriate		For item A2.1.5. Subject to the design by the works agent.
A2.1.35	Patient Toilet & Shower (Assisted)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A2.1.36	Patient Toilet & Bath (Assisted)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A2.1.37	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A2.1.38	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
<b>A2.2</b>	<b>Special Ward (D) - 31 beds</b>					
A2.2.2	3-Bed Room (ensuite)	6	41.0	246.0		9 sq.m per bed x 3 + 13 sq.m circulation space + 1 sq.m area for wash hand basin.
A2.2.3	2-Bed Room (ensuite)	4	27.7	110.8		9 sq.m per bed x 2 + 8.7 sq.m circulation space + 1 sq.m area for wash hand basin.
A2.2.4	Single Room (ensuite)	5	15.0	75.0		
A2.2.5	Family/ Parent Overnight Room (ensuite)	1	10.0	10.0		
A2.2.6	Admission Room	1	15.0	15.0		
A2.2.7	CM Intervention cum Teaching Room	3	20.0	60.0		
A2.2.8	CM Intervention cum Teaching Room (Moxibustion)	3	25.0	75.0		
A2.2.9	CM Consultation cum Teaching Room	1	20.0	20.0		
A2.2.10	Assessment Room	1	20.0	20.0		
A2.2.11	Treatment Room	1	20.0	20.0		
A2.2.12	Patient Counselling/ Interview Room	1	8.0	8.0		
A2.2.13	Medicine Preparation Room (CM/WM)	1	15.0	15.0		
A2.2.14	Patient Activity Training Room	1	35.0	35.0		
A2.2.15	Patient Meal Preparation Room	1	9.0	9.0		
A2.2.16	Store - General	1	20.0	20.0		
A2.2.17	Store - Medical Equipment	1	20.0	20.0		24-hour A/C provision.
A2.2.18	Store - PPE	1	10.0	10.0		24-hour A/C provision.
A2.2.19	Store - Linen	1	10.0	10.0		24-hour A/C provision.
A2.2.20	Staff Common Room	1	6.0	6.0		

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)	
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>	
				Cellular Office	Open Plan		
A2.2.21	Gown-up Room	1	5.0	5.0		Subject to the design by the works agent.	
A2.2.22	Gown-down Room	1	5.0	5.0			
A2.2.23	Dirty Utility / Sluice Room	1	10.0	10.0			
A2.2.24	Cleaner's Room	1	NA	as appropriate			
A2.2.25	Nurse Station	1	24.0		24.0		
A2.2.26	Helpdesk	1	10.0		10.0		
A2.2.27	Alcove - Workstation	15	1.0		15.0		
A2.2.28	Alcove - Scale	1	7.0		7.0		
A2.2.29	Alcove - E-Trolley	2	1.5		3.0		
A2.2.30	Alcove - Medical Records Trolley	2	1.5		3.0		
A2.2.31	Alcove - Wheelchair/Stretchers	6	2.5		15.0		
A2.2.32	Alcove - Trolleys	8	2.0		16.0		
A2.2.33	Ensuite Toilet / Shower	15	NA	as appropriate			For items A2.2.2, A2.2.3 & A2.2.4. Subject to the design by the works agent.
A2.2.34	Ensuite Toilet / Shower (Family / Parent Overnight Room)	1	NA	as appropriate			For item A2.2.5. Subject to the design by the works agent.
A2.2.35	Patient Toilet & Shower (Assisted)	1	NA	as appropriate			Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A2.2.36	Patient Toilet & Bath (Assisted)	1	NA	as appropriate			Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A2.2.37	Staff Shower (F)	1	NA	as appropriate			Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A2.2.38	Staff Shower (M)	1	NA	as appropriate			Maximum no. of concurrent users : 1 Subject to the design by the works agent.
<b>A2.3</b>	<b>Special Ward (E) - 31 beds</b>						
A2.3.2	3-Bed Room (ensuite)	6	41.0	246.0			9 sq.m per bed x 3 + 13 sq.m circulation space + 1 sq.m area for wash hand basin.
A2.3.3	2-Bed Room (ensuite)	4	27.7	110.8			9 sq.m per bed x 2 + 8.7 sq.m circulation space + 1 sq.m area for wash hand basin.
A2.3.4	Single Room (ensuite)	5	15.0	75.0			
A2.3.5	Family/ Parent Overnight Room (ensuite)	1	10.0	10.0			
A2.3.6	Admission Room	1	15.0	15.0			
A2.3.7	CM Intervention cum Teaching Room	3	20.0	60.0			
A2.3.8	CM Intervention cum Teaching Room (Moxibustion)	3	25.0	75.0			
A2.3.9	CM Consultation cum Teaching Room	1	20.0	20.0			
A2.3.10	Assessment Room	1	20.0	20.0			
A2.3.11	Treatment Room	1	20.0	20.0			
A2.3.12	Patient Counselling/ Interview Room	1	8.0	8.0			

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
A2.3.13	Medicine Preparation Room (CM/WM)	1	15.0	15.0		
A2.3.14	Patient Activity Training Room	1	35.0	35.0		
A2.3.15	Patient Meal Preparation Room	1	9.0	9.0		
A2.3.16	Store - General	1	20.0	20.0		
A2.3.17	Store - Medical Equipment	1	20.0	20.0		24-hour A/C provision.
A2.3.18	Store - PPE	1	10.0	10.0		24-hour A/C provision.
A2.3.19	Store - Linen	1	10.0	10.0		24-hour A/C provision.
A2.3.20	Staff Common Room	1	6.0	6.0		
A2.3.21	Gown-up Room	1	5.0	5.0		
A2.3.22	Gown-down Room	1	5.0	5.0		
A2.3.23	Dirty Utility / Sluice Room	1	10.0	10.0		
A2.3.24	Cleaner's Room	1	NA	as appropriate		Subject to the design by the works agent.
A2.3.25	Nurse Station	1	24.0		24.0	
A2.3.26	Helpdesk	1	10.0		10.0	
A2.3.27	Alcove - Workstation	15	1.0		15.0	
A2.3.28	Alcove - Scale	1	7.0		7.0	
A2.3.29	Alcove - E-Trolley	2	1.5		3.0	
A2.3.30	Alcove - Medical Records Trolley	2	1.5		3.0	
A2.3.31	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
A2.3.32	Alcove - Trolleys	8	2.0		16.0	
A2.3.33	Ensuite Toilet / Shower	15	NA	as appropriate		For items A2.3.2, A2.3.3 & A2.3.4. Subject to the design by the works agent.
A2.3.34	Ensuite Toilet / Shower (Family / Parent Overnight Room)	1	NA	as appropriate		For items A2.3.5. Subject to the design by the works agent.
A2.3.35	Patient Toilet & Shower (Assisted)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A2.3.36	Patient Toilet & Bath (Assisted)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A2.3.37	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A2.3.38	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
<b>A2.4</b>	<b>Special Ward (F) - 31 beds</b>					
A2.4.2	3-Bed Room (ensuite)	6	41.0	246.0		9 sq.m per bed x 3 + 13 sq.m circulation space + 1 sq.m area for wash hand basin.
A2.4.3	2-Bed Room (ensuite)	4	27.7	110.8		9 sq.m per bed x 2 + 8.7 sq.m circulation space + 1 sq.m area for wash hand basin.
A2.4.4	Single Room (ensuite)	5	15.0	75.0		

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '†')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
A2.4.5	Family/ Parent Overnight Room (ensuite)	1	10.0	10.0		
A2.4.6	Admission Room	1	15.0	15.0		
A2.4.7	CM Intervention cum Teaching Room	3	20.0	60.0		
A2.4.8	CM Intervention cum Teaching Room (Moxibustion)	3	25.0	75.0		
A2.4.9	CM Consultation cum Teaching Room	1	20.0	20.0		
A2.4.10	Assessment Room	1	20.0	20.0		
A2.4.11	Treatment Room	1	20.0	20.0		
A2.4.12	Patient Counselling/ Interview Room	1	8.0	8.0		
A2.4.13	Medicine Preparation Room (CM/WM)	1	15.0	15.0		
A2.4.14	Patient Activity Training Room	1	35.0	35.0		
A2.4.15	Patient Meal Preparation Room	1	9.0	9.0		
A2.4.16	Store - General	1	20.0	20.0		
A2.4.17	Store - Medical Equipment	1	20.0	20.0		24-hour A/C provision.
A2.4.18	Store - PPE	1	10.0	10.0		24-hour A/C provision.
A2.4.19	Store - Linen	1	10.0	10.0		24-hour A/C provision.
A2.4.20	Staff Common Room	1	6.0	6.0		
A2.4.21	Gown-up Room	1	5.0	5.0		
A2.4.22	Gown-down Room	1	5.0	5.0		
A2.4.23	Dirty Utility / Sluice Room	1	10.0	10.0		
A2.4.24	Cleaner's Room	1	NA	as appropriate		Subject to the design by the works agent.
A2.4.25	Nurse Station	1	24.0		24.0	
A2.4.26	Helpdesk	1	10.0		10.0	
A2.4.27	Alcove - Workstation	15	1.0		15.0	
A2.4.28	Alcove - Scale	1	7.0		7.0	
A2.4.29	Alcove - E-Trolley	2	1.5		3.0	
A2.4.30	Alcove - Medical Records Trolley	2	1.5		3.0	
A2.4.31	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
A2.4.32	Alcove - Trolleys	8	2.0		16.0	
A2.4.33	Ensuite Toilet / Shower	15	NA	as appropriate		For items A2.4.2, A2.4.3 & A2.4.4. Subject to the design by the works agent.
A2.4.34	Ensuite Toilet / Shower (Family / Parent Overnight Room)	1	NA	as appropriate		For item A2.4.5. Subject to the design by the works agent.
A2.4.35	Patient Toilet & Shower (Assisted)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A2.4.36	Patient Toilet & Bath (Assisted)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A2.4.37	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '+')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
A2.4.38	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.  Items A2.5.1 and A2.5.2 shall be located adjacent to each other having mobile partition in between.
<b>A2.5</b>	<b>Common Facilities for Special Inpatient Services</b>					
A2.5.1	Satellite Rehabilitation Room	1	200.0	200.0		
A2.5.2	Multi-purpose Activity Room	1	150.0	150.0		
A2.5.3	Satellite X-ray Examination Room	1	30.0	30.0		This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	
	<b>Sub-total (Ancillary Facilities)</b>			<b>3614.2</b>	<b>373.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>3987.2</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>4,062.8</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.



## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section A Inpatient & Day-patient Zones - Section A3.1 General Day-patient Services (45 beds)

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
A3.1.1	Cellular Office <sup>(Note 2)</sup>	3	6.3	18.9		Shared cellular office for 1 Ward Manager and 2 Nursing Officers (CM/WM).
	Office - SNO/NO					
	Open Plan					
	Circulation Allowance for cellular office <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Staff)</b>			<b>18.9</b>	<b>0.0</b>	
	<b>Total area (Staff)</b>			<b>18.9</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
A3.1.2	6-Bed Room (ensuite)	6	68.0	408.0		9 sq.m per bed x 6 + 13 sq.m circulation space + 1 sq.m area for wash hand basin.
A3.1.3	3-Bed Room (ensuite)	3	41.0	123.0		9 sq.m per bed x 3 + 13 sq.m circulation space + 1 sq.m area for wash hand basin.
A3.1.4	Admission Room	2	15.0	30.0		
A3.1.5	CM Intervention cum Teaching Room	5	20.0	100.0		
A3.1.6	CM Intervention cum Teaching Room (Moxibustion)	10	25.0	250.0		
A3.1.7	CM Consultation cum Teaching Room	6	20.0	120.0		
A3.1.8	Assessment Room	2	20.0	40.0		
A3.1.9	Treatment Room	2	20.0	40.0		
A3.1.10	Patient Counselling/ Interview Room	2	8.0	16.0		
A3.1.11	Medicine Preparation Room (CM/WM)	1	15.0	15.0		
A3.1.12	Patient Activity Training Room	1	35.0	35.0		
A3.1.13	Patient Meal Preparation Room	1	9.0	9.0		
A3.1.14	Store - General	2	20.0	40.0		
A3.1.15	Store - Medical Equipment	2	20.0	40.0		24-hour A/C provision.
A3.1.16	Store - PPE	2	10.0	20.0		24-hour A/C provision.
A3.1.17	Store - Linen	2	10.0	20.0		24-hour A/C provision.
A3.1.18	Staff Common Room	2	6.0	12.0		
A3.1.19	Gown-up Room	1	5.0	5.0		
A3.1.20	Gown-down Room	1	5.0	5.0		
A3.1.21	Clean Utility Room	2	10.0	20.0		
A3.1.22	Dirty Utility / Sluice Room	2	10.0	20.0		
A3.1.23	Cleaner's Room	2	NA	as appropriate		Subject to the design by the works agent.
A3.1.24	Nurse Station	2	24.0		48.0	
A3.1.25	Helpdesk	2	10.0		20.0	
A3.1.26	Patient/ Family Waiting Area	1	50.0		50.0	
A3.1.27	Patient Waiting Area	2	25.0		50.0	
A3.1.28	Alcove - Workstation	9	1.0		9.0	
A3.1.29	Alcove - Scale	1	7.0		7.0	

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '+')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
A3.1.30	Alcove - E-Trolley	2	1.5		3.0	
A3.1.31	Alcove - Medical Records Trolley	2	1.5		3.0	
A3.1.32	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
A3.1.33	Alcove - Trolleys	8	2.0		16.0	
A3.1.34	Ensuite Toilet / Shower	9	NA	as appropriate		For items A3.1.2 & A3.1.3. Subject to the design by the works agent. Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A3.1.35	Patient Toilet & Shower (Assisted)	1	NA	as appropriate		
A3.1.36	Patient Toilet & Bath (Assisted)	1	NA	as appropriate		
A3.1.37	Staff Shower (F)	1	NA	as appropriate		
A3.1.38	Staff Shower (M)	1	NA	as appropriate		
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>1368.0</b>	<b>221.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>1589.0</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>1,607.9</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section A Inpatient & Day-patient Zones - Section A3.2 Special Day-patient Services (45 beds)

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
A3.2.1	Cellular Office <sup>(Note 2)</sup> Office - SNO/NO	3	6.3	18.9		Shared cellular office for 1 Ward Manager and 2 Nursing Officers (CM/WM).
	Open Plan					
	Circulation Allowance for cellular office <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
<b>Sub-total (Staff)</b>				18.9	0.0	
<b>Total area (Staff)</b>				18.9		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '**')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
A3.2.2	4-Bed Room (ensuite)	9	45.7	411.3		9 sq.m per bed x 4 + 8.7 sq.m circulation space + 1 sq.m area for wash hand basin.
A3.2.3	2-Bed Room (ensuite)	3	27.7	83.1		9 sq.m per bed x 2 + 8.7 sq.m circulation space + 1 sq.m area for wash hand basin.
A3.2.4	Single Room (ensuite)	3	15.0	45.0		
A3.2.5	Admission Room	2	15.0	30.0		
A3.2.6	CM Intervention cum Teaching Room	5	20.0	100.0		
A3.2.7	CM Intervention cum Teaching Room (Moxibustion)	10	25.0	250.0		
A3.2.8	CM Consultation cum Teaching Room	6	20.0	120.0		
A3.2.9	Assessment Room	2	20.0	40.0		
A3.2.10	Treatment Room	2	20.0	40.0		
A3.2.11	Patient Counselling/ Interview Room	2	8.0	16.0		
A3.2.12	Medicine Preparation Room (CM/WM)	1	15.0	15.0		
A3.2.13	Patient Activity Training Room	1	35.0	35.0		
A3.2.14	Patient Meal Preparation Room	1	9.0	9.0		
A3.2.15	Store - General	2	20.0	40.0		
A3.2.16	Store - Medical Equipment	2	20.0	40.0		24-hour A/C provision.
A3.2.17	Store - PPE	2	10.0	20.0		24-hour A/C provision.
A3.2.18	Store - Linen	2	10.0	20.0		24-hour A/C provision.
A3.2.19	Staff Common Room	2	6.0	12.0		
A3.2.20	Gown-up Room	1	5.0	5.0		
A3.2.21	Gown-down Room	1	5.0	5.0		
A3.2.22	Clean Utility Room	2	10.0	20.0		
A3.2.23	Dirty Utility / Sluice Room	2	10.0	20.0		
A3.2.24	Cleaner's Room	2	NA	as appropriate		Subject to the design by the works agent.
A3.2.25	Nurse Station	2	24.0		48.0	
A3.2.26	Helpdesk	2	10.0		20.0	
A3.2.27	Patient/ Family Waiting Area	1	50.0		50.0	
A3.2.28	Patient Waiting Area	2	25.0		50.0	
A3.2.29	Alcove - Workstation	15	1.0		15.0	

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '+')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
A3.2.30	Alcove - Scale	1	7.0		7.0	
A3.2.31	Alcove - E-Trolley	2	1.5		3.0	
A3.2.32	Alcove - Medical Records Trolley	2	1.5		3.0	
A3.2.33	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
A3.2.34	Alcove - Trolleys	8	2.0		16.0	
A3.2.35	Ensuite Toilet / Shower	15	NA	as appropriate		For items A3.2.2, A3.2.3 & A3.2.4. Subject to the design by the works agent.
A3.2.36	Patient Toilet & Shower (Assisted)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A3.2.37	Patient Toilet & Bath (Assisted)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A3.2.38	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A3.2.39	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>1376.4</b>	<b>227.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>1603.4</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>1,622.3</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section A Inpatient & Day-patient Zones - Section A3.3 Common Facilities of Day-patient Services

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Cellular Office <sup>(Note 2)</sup>					
	Open Plan					
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
	<b>Sub-total (Staff)</b>			0.0	0.0	
	<b>Total area (Staff)</b>			0.0		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '+')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
A3.3.1	Fever Triage Room	1	12.0	12.0		Items A3.3.2 and A3.3.3 shall be located adjacent to each other having mobile partition in between.
A3.3.2	Satellite Rehabilitation Room	1	200.0	200.0		
A3.3.3	Multi-purpose Activity Room	1	150.0	150.0		
A3.3.4	Satellite X-ray Examination Room	1	30.0	30.0		
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	
	<b>Sub-total (Ancillary Facilities)</b>			<b>392.0</b>	<b>0.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>392.0</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>392.0</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.



## Schedule of Accommodation Form

*(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)*

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section A Inpatient & Day-patient Zones - Section A4 Paediatrics Services (40 beds)

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
A4.3 A4.3.1	Cellular Office <sup>(Note 2)</sup>	4	6.3	25.2		Shared cellular office for 1 Ward Manager and 3 Nursing Officers (CM/WM).
	<a href="#">General / Special Paediatrics Inpatient / Day-patient Ward Shared Facilities</a>					
	Office - SNO/NO					
	Open Plan					
	Circulation Allowance for cellular office <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	Sub-total (Staff)			25.2	0.0	
	Total area (Staff)			25.2		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<a href="#">A4.1</a>	<a href="#">General Paediatrics Inpatient / Day-patient Ward (Subsidized) - 20 beds</a>					
A4.1.1	4-Bed Room (Inpatient) (ensuite)	3	45.7	137.1		9 sq.m per bed x 4 + 8.7 sq.m circulation space + 1 sq.m area for wash hand basin.
A4.1.2	2-Bed Room (Inpatient) (ensuite)	1	27.7	27.7		9 sq.m per bed x 2 + 8.7 sq.m circulation space + 1 sq.m area for wash hand basin.
A4.1.3	Single Room (Inpatient) (ensuite)	1	15.0	15.0		
A4.1.4	2-Bed Room (Day-patient) (ensuite)	2	27.7	55.4		9 sq.m per bed x 2 + 8.7 sq.m circulation space + 1 sq.m area for wash hand basin.
A4.1.5	Single Room (Day-patient) (ensuite)	1	15.0	15.0		
A4.1.6	Ensuite Toilet / Shower	8	NA	as appropriate		For items A4.1.1, A4.1.2, A4.1.3, A4.1.4 & A4.1.5. Subject to the design by the works agent.
<a href="#">A4.2</a>	<a href="#">Special Paediatrics Inpatient / Day-patient Ward (Add-On Market Oriented) - 20 beds</a>					
A4.2.1	2-Bed Room (Inpatient) (ensuite)	6	27.7	166.2		9 sq.m per bed x 2 + 8.7 sq.m circulation space + 1 sq.m area for wash hand basin.
A4.2.2	Single Room (Inpatient) (ensuite)	1	15.0	15.0		
A4.2.3	Single Isolation Room (Inpatient) (ensuite)	2	15.0	30.0		
A4.2.4	Anteroom	2	5.5	11.0		
A4.2.5	2-Bed Room (Day-patient) (ensuite)	2	27.7	55.4		9 sq.m per bed x 2 + 8.7 sq.m circulation space + 1 sq.m area for wash hand basin.
A4.2.6	Single Room (Day-patient) (ensuite)	1	15.0	15.0		
A4.2.7	Family/ Parent Overnight Room (ensuite)	4	10.0	40.0		
A4.2.8	Ensuite Toilet / Shower	12	NA	as appropriate		For items A4.2.1, A4.2.2, A4.2.3, A4.2.5 & A4.2.6. Subject to the design by the works agent.
A4.2.9	Ensuite Toilet / Shower (Family / Parent Overnight Room)	4	NA	as appropriate		For item A4.2.7. Subject to the design by the works agent.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '†')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>A4.3</b>	<b><u>General / Special Paediatrics Inpatient / Day-patient Ward Shared Facilities</u></b>					
A4.3.2	Admission Room	2	15.0	30.0		
A4.3.3	CM Intervention cum Teaching Room	4	20.0	80.0		
A4.3.4	CM Intervention cum Teaching Room (Moxibustion)	5	25.0	125.0		
A4.3.5	CM Consultation cum Teaching Room	4	20.0	80.0		
A4.3.6	Assessment Room	2	20.0	40.0		
A4.3.7	Treatment Room	2	20.0	40.0		
A4.3.8	Patient Counselling/ Interview Room	2	8.0	16.0		
A4.3.9	Medicine Preparation Room (CM/WM)	2	15.0	30.0		
A4.3.10	Patient Activity Training Room	2	35.0	70.0		
A4.3.11	Family Lounge	2	15.0	30.0		
A4.3.12	Patient Supporting Services	2	15.0	30.0		
A4.3.13	Milk Processing Room	2	7.5	15.0		
A4.3.14	Patient Meal Preparation Room	2	9.0	18.0		
A4.3.15	Store - General	2	20.0	40.0		
A4.3.16	Store - Medical Equipment	2	20.0	40.0		24-hour A/C provision.
A4.3.17	Store - PPE	2	10.0	20.0		24-hour A/C provision.
A4.3.18	Store - Linen	2	10.0	20.0		24-hour A/C provision.
A4.3.19	Staff Common Room	2	6.0	12.0		
A4.3.20	Gown-up Room	2	5.0	10.0		
A4.3.21	Gown-down Room	2	5.0	10.0		
A4.3.22	Clean Utility Room	2	10.0	20.0		
A4.3.23	Dirty Utility / Sluice Room	2	10.0	20.0		
A4.3.24	Cleaner's Room	2	NA	as appropriate		Subject to the design by the works agent.
A4.3.25	Satellite Rehabilitation Room	1	200.0	200.0		
A4.3.26	Multi-purpose Activity Room	1	150.0	150.0		Items A4.3.25 and A4.3.26 shall be located adjacent to each other having mobile partition in between.
A4.3.27	Satellite X-ray Examination Room	1	30.0	30.0		
A4.3.28	Nurse Station	2	24.0		48.0	
A4.3.29	Helpdesk	2	10.0		20.0	
A4.3.30	Patient Waiting Area	2	7.5		15.0	
A4.3.31	Play Area	2	12.5		25.0	
A4.3.32	Alcove - Workstation	20	1.0		20.0	

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
A4.3.33	Alcove - Scale	2	7.0		14.0	
A4.3.34	Alcove - E-Trolley	2	1.5		3.0	
A4.3.35	Alcove - Medical Records Trolley	2	1.5		3.0	
A4.3.36	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
A4.3.37	Alcove - Trolleys	8	2.0		16.0	
A4.3.38	Patient Toilet & Shower (Assisted)	2	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A4.3.39	Patient Toilet & Bath (Assisted)	2	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A4.3.40	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
A4.3.41	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>1758.8</b>	<b>179.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>1937.8</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>1,963.0</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

*(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)*

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section B Outpatient Zones - Section B1.1 General Outpatient Clinic

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*' )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
B1.1.1	Cellular Office <sup>(Note 2)</sup>					Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	Open Plan					
	Office - Executive Assistant	2	4.1		8.2	
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
	<b>Sub-total (Staff)</b>			<b>0.0</b>	<b>8.2</b>	
	<b>Total area (Staff)</b>			<b>8.2</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
B1.1.2	CM Consultation cum Teaching Room	7	20.0	140.0		
B1.1.3	CM Consultation cum Teaching Room (Specialty)	2	25.0	50.0		
B1.1.4	CM Consultation cum Teaching Room (One-way mirror)	1	20.0	20.0		
B1.1.5	Observation Room	1	20.0	20.0		
B1.1.6	Assessment Room	2	20.0	40.0		
B1.1.7	Treatment Room	1	20.0	20.0		
B1.1.8	Cleaner's Room	1	NA	as appropriate		Subject to the design by the works agent.
B1.1.9	Dirty Utility / Sluice Room	1	10.0	10.0		
B1.1.10	Store - General	1	20.0	20.0		
B1.1.11	Store - Medical Equipment	1	20.0	20.0		24-hour A/C provision.
B1.1.12	Store - PPE	1	10.0	10.0		24-hour A/C provision.
B1.1.13	Store - Linen	1	10.0	10.0		24-hour A/C provision.
B1.1.14	Gown-up Room	1	5.0	5.0		
B1.1.15	Gown-down Room	1	5.0	5.0		
B1.1.16	Play Area	1	8.0	8.0		
B1.1.17	Staff Common Room	2	6.0	12.0		
B1.1.18	General Office (Office Equipment)	1	11.8		11.8	
B1.1.19	Helpdesk	1	10.0		10.0	
B1.1.20	Automated Kiosk Area	2	1.5		3.0	
B1.1.21	Patient Waiting Area	1	150.0		150.0	
B1.1.22	Nurse Station	1	15.0		15.0	
B1.1.23	Triage Station	1	10.0		10.0	
B1.1.24	Alcove - Scale	1	7.0		7.0	
B1.1.25	Alcove - E-Trolley	2	1.5		3.0	
B1.1.26	Alcove - Medical Records Trolley	4	1.5		6.0	
B1.1.27	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
B1.1.28	Alcove - Trolleys	8	2.0		16.0	
B1.1.29	Alcove - Support Facilities	2	2.0		4.0	
B1.1.30	Patient Toilet (F)	1	NA	as appropriate		Subject to the design by the works agent.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
B1.1.31	Patient Toilet (M)	1	NA	as appropriate		Subject to the design by the works agent.
B1.1.32	Patient Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
B1.1.33	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
B1.1.34	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>390.0</b>	<b>250.8</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>640.8</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>649.0</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

*(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)*

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section B Outpatient Zones - Section B1.2 Referral Outpatient Clinic

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
B1.2.1	Cellular Office <sup>(Note 2)</sup>					Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	Open Plan					
	Office - Executive Assistant	2	4.1		8.2	
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
	<b>Sub-total (Staff)</b>			<b>0.0</b>	<b>8.2</b>	
	<b>Total area (Staff)</b>			<b>8.2</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.



## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
B1.2.2	CM Consultation cum Teaching Room	21	20.0	420.0		
B1.2.3	CM Consultation cum Teaching Room (Specialty)	2	25.0	50.0		
B1.2.4	CM Consultation cum Teaching Room (One-way mirror)	1	20.0	20.0		
B1.2.5	Observation Room	1	20.0	20.0		
B1.2.6	Assessment Room	4	20.0	80.0		
B1.2.7	Treatment Room	2	20.0	40.0		
B1.2.8	Cleaner's Room	1	NA	as appropriate		Subject to the design by the works agent.
B1.2.9	Dirty Utility / Sluice Room	1	10.0	10.0		
B1.2.10	Store - General	2	20.0	40.0		
B1.2.11	Store - Medical Equipment	2	20.0	40.0		24-hour A/C provision.
B1.2.12	Store - PPE	2	10.0	20.0		24-hour A/C provision.
B1.2.13	Store - Linen	2	10.0	20.0		24-hour A/C provision.
B1.2.14	Gown-up Room	1	5.0	5.0		
B1.2.15	Gown-down Room	1	5.0	5.0		
B1.2.16	Play Area	1	8.0	8.0		
B1.2.17	Staff Common Room	2	6.0	12.0		
B1.2.18	General Office (Office Equipment)	1	11.8		11.8	
B1.2.19	Helpdesk	1	10.0		10.0	
B1.2.20	Automated Kiosk Area	4	1.5		6.0	
B1.2.21	Patient Waiting Area	1	250.0		250.0	
B1.2.22	Nurse Station	1	20.0		20.0	
B1.2.23	Alcove - Scale	1	7.0		7.0	
B1.2.24	Alcove - E-Trolley	2	1.5		3.0	
B1.2.25	Alcove - Medical Records Trolley	4	1.5		6.0	
B1.2.26	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
B1.2.27	Alcove - Trolleys	8	2.0		16.0	
B1.2.28	Alcove - Support Facilities	3	2.0		6.0	
B1.2.29	Patient Toilet (F)	1	NA	as appropriate		Subject to the design by the works agent.
B1.2.30	Patient Toilet (M)	1	NA	as appropriate		Subject to the design by the works agent.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
B1.2.31	Patient Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
B1.2.32	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
B1.2.33	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>790.0</b>	<b>350.8</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>1140.8</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>1,149.0</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section B Outpatient Zones - Section B1.3 Intervention Areas

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description <small>(Please indicate new posts with '*')</small>	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area <small>(m<sup>2</sup>)</small>	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <small>(Note 1)</small>
				Cellular Office	Open Plan	
	Cellular Office <small>(Note 2)</small>					
	Open Plan					
	Circulation Allowance for cellular office <small>(Note 3)</small>					
	<b>Sub-total (Staff)</b>			0.0	0.0	
	<b>Total area (Staff)</b>			0.0		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

*(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)*

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<u>Intervention Area (1)</u>					
B1.3.1	CM Intervention cum Teaching Room	5	20.0	100.0		
B1.3.2	CM Intervention cum Teaching Room (Moxibustion)	5	25.0	125.0		
B1.3.3	Nurse Station	1	15.0		15.0	
B1.3.4	Patient Waiting Area	1	50.0		50.0	
B1.3.5	Patient Changing & Locker (F)	1	10.0	10.0		
B1.3.6	Patient Changing & Locker (M)	1	10.0	10.0		
B1.3.7	Patient Changing & Locker (Disabled)	1	1.0	1.0		
B1.3.8	Patient Toilet & Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 2 Subject to the design by the works agent.
B1.3.9	Patient Toilet & Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 2 Subject to the design by the works agent.
B1.3.10	Patient Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
	<u>Intervention Area (2)</u>					
B1.3.11	CM Intervention cum Teaching Room	8	20.0	160.0		
B1.3.12	CM Intervention cum Teaching Room (Moxibustion)	7	25.0	175.0		
B1.3.13	Nurse Station	1	15.0		15.0	
B1.3.14	Patient Waiting Area	1	75.0		75.0	
B1.3.15	Patient Changing & Locker (F)	1	15.0	15.0		
B1.3.16	Patient Changing & Locker (M)	1	15.0	15.0		
B1.3.17	Patient Changing & Locker (Disabled)	1	1.0	1.0		
B1.3.18	Patient Toilet & Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 2 Subject to the design by the works agent.
B1.3.19	Patient Toilet & Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 2 Subject to the design by the works agent.

(A) Ref. No.	(B) Description of Facilities (Please indicate new items with <sup>1*</sup> )	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D) Area for Ref. no. (m <sup>2</sup> )		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
B1.3.20	Patient Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
	<b>General Support for Intervention Areas (Subsidized Services)</b>					
B1.3.21	Cleaner's Room	2	NA	as appropriate		Subject to the design by the works agent.
B1.3.22	Dirty Utility / Sluice Room	2	10.0	20.0		
B1.3.23	Store - General	3	20.0	60.0		
B1.3.24	Store - Medical Equipment	3	20.0	60.0		24-hour A/C provision.
B1.3.25	Store - Linen	3	10.0	30.0		24-hour A/C provision.
B1.3.26	Gown-up Room	2	5.0	10.0		
B1.3.27	Gown-down Room	2	5.0	10.0		
B1.3.28	Alcove - E-Trolley	2	1.5		3.0	
B1.3.29	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
B1.3.30	Alcove - Trolleys	8	2.0		16.0	
B1.3.31	Alcove - Support Facilities	5	2.0		10.0	
B1.3.32	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
B1.3.33	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>802.0</b>	<b>199.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>1001.0</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>1,001.0</b>		

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities  (Please indicate new items with <sup>1*</sup> )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area  (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

*(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)*

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section B Outpatient Zones - Section B1.4 General Support

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description  (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area  (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
B1.4.1	<b>Cellular Office</b> <sup>(Note 2)</sup> Office - SNO/NO	4	6.3	25.2		Shared cellular office with 1 Senior Nursing Officer, 1 Ward Manager, and 2 Nursing Officers (CM/WM).  Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.  This area is subject to the design of the works agent and it is not counted towards NOFA.
B1.4.2	<b>Open Plan</b> Office - Executive Assistant	4	4.1		16.4	
	<b>Circulation Allowance for cellular office</b> <sup>(Note 3)</sup>				as appropriate	
	<b>Sub-total (Staff)</b>			25.2	16.4	
	<b>Total area (Staff)</b>			41.6		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)	
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>	
				Cellular Office	Open Plan		
B1.4.3	Fever Cohort Room	1	12.0	12.0		Subject to the design by the works agent.	
B1.4.4	Resuscitation Room	1	20.0	20.0			
B1.4.5	Cleaner's Room	2	NA	as appropriate			
B1.4.6	Dirty Utility / Sluice Room	2	10.0	20.0			
B1.4.7	Gown-up Room	1	5.0	5.0			
B1.4.8	Gown-down Room	1	5.0	5.0			
B1.4.9	General Office (Office Equipment)	2	11.8		23.6		
B1.4.10	Alcove - Wheelchair/Stretchers	6	2.5		15.0		
B1.4.11	Alcove - Trolleys	5	2.0		10.0		
B1.4.12	Staff Shower (F)	1	NA	as appropriate			Maximum no. of concurrent users : 1 Subject to the design by the works agent.
B1.4.13	Staff Shower (M)	1	NA	as appropriate			Maximum no. of concurrent users : 1 Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)						
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate		This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>62.0</b>	<b>48.6</b>		
	<b>Total area (Ancillary Facilities)</b>			<b>110.6</b>			
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>152.2</b>			

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.



## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

Project No. / Description : Development of Chinese Medicine Hospital  
 Department : Food and Health Bureau  
 Division/Section : Section B Outpatient Zones - Section B2.1 Special Disease Centres

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement (Note 1)
				Cellular Office	Open Plan	
	Cellular Office (Note 2)					
	Open Plan					
	Circulation Allowance for cellular office (Note 3)					
	<b>Sub-total (Staff)</b>			0.0	0.0	
	<b>Total area (Staff)</b>			0.0		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*' )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b><u>Special Disease Centre 1</u></b>					
B2.1.1	CM Consultation cum Teaching Room	3	20.0	60.0		
B2.1.2	CM Consultation cum Teaching Room (Specialty)	1	25.0	25.0		
B2.1.3	Assessment Room	1	20.0	20.0		
B2.1.4	Treatment Room	1	20.0	20.0		
B2.1.5	Helpdesk cum Nurse Station	1	10.0		10.0	
B2.1.6	Automated Kiosk Area	1	1.5		1.5	
B2.1.7	Patient Waiting Area	1	30.0		30.0	
	<b><u>Special Disease Centre 2</u></b>					
B2.1.8	CM Consultation cum Teaching Room	3	20.0	60.0		
B2.1.9	CM Consultation cum Teaching Room (Specialty)	1	25.0	25.0		
B2.1.10	Assessment Room	1	20.0	20.0		
B2.1.11	Treatment Room	1	20.0	20.0		
B2.1.12	Helpdesk cum Nurse Station	1	10.0		10.0	
B2.1.13	Automated Kiosk Area	1	1.5		1.5	
B2.1.14	Patient Waiting Area	1	30.0		30.0	
	<b><u>Special Disease Centre 3</u></b>					
B2.1.15	CM Consultation cum Teaching Room	3	20.0	60.0		
B2.1.16	CM Consultation cum Teaching Room (Specialty)	1	25.0	25.0		
B2.1.17	Assessment Room	1	20.0	20.0		
B2.1.18	Treatment Room	1	20.0	20.0		
B2.1.19	Helpdesk cum Nurse Station	1	10.0		10.0	
B2.1.20	Automated Kiosk Area	1	1.5		1.5	
B2.1.21	Patient Waiting Area	1	30.0		30.0	

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>Special Disease Centre 4</b>						
B2.1.22	CM Consultation cum Teaching Room	3	20.0	60.0		
B2.1.23	CM Consultation cum Teaching Room (Specialty)	1	25.0	25.0		
B2.1.24	Assessment Room	1	20.0	20.0		
B2.1.25	Treatment Room	1	20.0	20.0		
B2.1.26	Helpdesk cum Nurse Station	1	10.0		10.0	
B2.1.27	Automated Kiosk Area	1	1.5		1.5	
B2.1.28	Patient Waiting Area	1	30.0		30.0	
<b>Special Disease Centre 5</b>						
B2.1.29	CM Consultation cum Teaching Room	3	20.0	60.0		
B2.1.30	CM Consultation cum Teaching Room (Specialty)	1	25.0	25.0		
B2.1.31	Assessment Room	1	20.0	20.0		
B2.1.32	Treatment Room	1	20.0	20.0		
B2.1.33	Helpdesk cum Nurse Station	1	10.0		10.0	
B2.1.34	Automated Kiosk Area	1	1.5		1.5	
B2.1.35	Patient Waiting Area	1	30.0		30.0	
<b>General Support for Special Disease Centres</b>						
B2.1.36	Store - General	1	20.0	20.0		
B2.1.37	Store - Medical Equipment	1	20.0	20.0		24-hour A/C provision.
B2.1.38	Store - PPE	1	10.0	10.0		24-hour A/C provision.
B2.1.39	Store - Linen	1	10.0	10.0		24-hour A/C provision.
B2.1.40	Alcove - Scale	1	7.0		7.0	
B2.1.41	Alcove - E-Trolley	2	1.5		3.0	
B2.1.42	Alcove - Medical Records Trolley	4	1.5		6.0	
B2.1.43	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
B2.1.44	Alcove - Trolleys	8	2.0		16.0	
B2.1.45	Alcove - Support Facilities	5	2.0		10.0	
B2.1.46	Patient Toilet (F)	1	NA	as appropriate		Subject to the design by the works agent.
B2.1.47	Patient Toilet (M)	1	NA	as appropriate		Subject to the design by the works agent.
B2.1.48	Patient Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)						

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Circulation Allowance for cellular room <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>685.0</b>	<b>264.5</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>949.5</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>949.5</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

*(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)*

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section B Outpatient Zones - Section B2.2 Private Clinics

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description <small>(Please indicate new posts with '*')</small>	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <small>(Note 1)</small>
				Cellular Office	Open Plan	
	Cellular Office <small>(Note 2)</small>					
	Open Plan					
	Circulation Allowance for cellular office <small>(Note 3)</small>					
	<b>Sub-total (Staff)</b>			0.0	0.0	
	<b>Total area (Staff)</b>			0.0		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*' )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b><u>Private Clinic 1</u></b>					
B2.2.1	CM Consultation cum Teaching Room	3	20.0	60.0		
B2.2.2	CM Consultation cum Teaching Room (Specialty)	1	25.0	25.0		
B2.2.3	Assessment Room	1	20.0	20.0		
B2.2.4	Treatment Room	1	20.0	20.0		
B2.2.5	Helpdesk cum Nurse Station	1	10.0		10.0	
B2.2.6	Automated Kiosk Area	1	1.5		1.5	
B2.2.7	Patient Waiting Area	1	30.0		30.0	
	<b><u>Private Clinic 2</u></b>					
B2.2.8	CM Consultation cum Teaching Room	3	20.0	60.0		
B2.2.9	CM Consultation cum Teaching Room (Specialty)	1	25.0	25.0		
B2.2.10	Assessment Room	1	20.0	20.0		
B2.2.11	Treatment Room	1	20.0	20.0		
B2.2.12	Helpdesk cum Nurse Station	1	10.0		10.0	
B2.2.13	Automated Kiosk Area	1	1.5		1.5	
B2.2.14	Patient Waiting Area	1	30.0		30.0	
	<b><u>General Support for Private Clinics</u></b>					
B2.2.15	Store - General	1	20.0	20.0		
B2.2.16	Store - Medical Equipment	1	20.0	20.0		24-hour A/C provision.
B2.2.17	Store - PPE	1	10.0	10.0		24-hour A/C provision.
B2.2.18	Store - Linen	1	10.0	10.0		24-hour A/C provision.
B2.2.19	Alcove - Scale	1	7.0		7.0	
B2.2.20	Alcove - E-Trolley	2	1.5		3.0	
B2.2.21	Alcove - Medical Records Trolley	4	1.5		6.0	
B2.2.22	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
B2.2.23	Alcove - Trolleys	8	2.0		16.0	

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
B2.2.24	Alcove - Support Facilities	2	2.0		4.0	Subject to the design by the works agent.
B2.2.25	Patient Toilet (F)	1	NA	as appropriate		
B2.2.26	Patient Toilet (M)	1	NA	as appropriate		
B2.2.27	Patient Toilet (Disabled)	1	NA	as appropriate		
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	
	<b>Sub-total (Ancillary Facilities)</b>			<b>310.0</b>	<b>134.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>444.0</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>444.0</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section :** Section B Outpatient Zones - Section B2.3 Preventive Care and Health Maintenance Centre

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with <sup>1*</sup> )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Cellular Office <sup>(Note 2)</sup>					
	Open Plan					
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
	<b>Sub-total (Staff)</b>			0.0	0.0	
	<b>Total area (Staff)</b>			0.0		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.



## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
B2.3.1	CM Consultation cum Teaching Room	6	20.0	120.0		
B2.3.2	CM Consultation cum Teaching Room (Specialty)	2	25.0	50.0		
B2.3.3	Assessment Room	4	20.0	80.0		
B2.3.4	Treatment Room	1	20.0	20.0		
B2.3.5	Store - General	1	20.0	20.0		
B2.3.6	Store - Medical Equipment	1	20.0	20.0		24-hour A/C provision.
B2.3.7	Store - PPE	1	10.0	10.0		24-hour A/C provision.
B2.3.8	Store - Linen	1	10.0	10.0		24-hour A/C provision.
B2.3.9	Helpdesk cum Nurse Station	1	15.0		15.0	
B2.3.10	Automated Kiosk Area	2	1.5		3.0	
B2.3.11	Alcove - Scale	1	7.0		7.0	
B2.3.12	Alcove - E-Trolley	2	1.5		3.0	
B2.3.13	Alcove - Medical Records Trolley	4	1.5		6.0	
B2.3.14	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
B2.3.15	Alcove - Trolleys	8	2.0		16.0	
B2.3.16	Alcove - Support Facilities	2	2.0		4.0	
B2.3.17	Patient Waiting Area	1	60.0		60.0	
B2.3.18	Patient Toilet (F)	1	NA	as appropriate		Subject to the design by the works agent.
B2.3.19	Patient Toilet (M)	1	NA	as appropriate		Subject to the design by the works agent.
B2.3.20	Patient Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b>Sub-total (Ancillary Facilities)</b>			<b>330.0</b>	<b>129.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>459.0</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>459.0</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

Project No. / Description : Development of Chinese Medicine Hospital  
 Department : Food and Health Bureau  
 Division/Section : Section B Outpatient Zones - Section B2.4 Intervention Areas

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description <small>(Please indicate new posts with '*')</small>	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area <small>(m<sup>2</sup>)</small>	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <small>(Note 1)</small>
				Cellular Office	Open Plan	
	Cellular Office <small>(Note 2)</small>					
	Open Plan					
	Circulation Allowance for cellular office <small>(Note 3)</small>					
	<b>Sub-total (Staff)</b>			0.0	0.0	
	<b>Total area (Staff)</b>			0.0		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*' )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<u>Intervention Areas (1)</u>					
B2.4.1	CM Intervention cum Teaching Room	2	20.0	40.0		
B2.4.2	CM Intervention cum Teaching Room (Moxibustion)	3	25.0	75.0		
B2.4.3	Nurse Station	1	9.0		9.0	
B2.4.4	Patient Waiting Area	1	30.0		30.0	
B2.4.5	Patient Changing & Locker (F)	1	5.0	5.0		
B2.4.6	Patient Changing & Locker (M)	1	5.0	5.0		
B2.4.7	Patient Changing & Locker (Disabled)	1	1.0	1.0		
B2.4.8	Patient Toilet & Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
B2.4.9	Patient Toilet & Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
B2.4.10	Patient Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
	<u>Intervention Area (2)</u>					
B2.4.11	CM Intervention cum Teaching Room	2	20.0	40.0		
B2.4.12	CM Intervention cum Teaching Room (Moxibustion)	3	25.0	75.0		
B2.4.13	Nurse Station	1	9.0		9.0	
B2.4.14	Patient Waiting Area	1	30.0		30.0	
B2.4.15	Patient Changing & Locker (F)	1	5.0	5.0		
B2.4.16	Patient Changing & Locker (M)	1	5.0	5.0		
B2.4.17	Patient Changing & Locker (Disabled)	1	1.0	1.0		
B2.4.18	Patient Toilet & Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
B2.4.19	Patient Toilet & Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
B2.4.20	Patient Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.

(A) Ref. No.	(B) Description of Facilities (Please indicate new items with '*')	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D) Area for Ref. no. (m <sup>2</sup> )		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>Intervention Area (3)</b>						
B2.4.21	CM Intervention cum Teaching Room	2	20.0	40.0		
B2.4.22	CM Intervention cum Teaching Room (Moxibustion)	3	25.0	75.0		
B2.4.23	Nurse Station	1	9.0		9.0	
B2.4.24	Patient Waiting Area	1	30.0		30.0	
B2.4.25	Patient Changing & Locker (F)	1	5.0	5.0		
B2.4.26	Patient Changing & Locker (M)	1	5.0	5.0		
B2.4.27	Patient Changing & Locker (Disabled)	1	1.0	1.0		
B2.4.28	Patient Toilet & Shower (F)	1	as appropriate	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
B2.4.29	Patient Toilet & Shower (M)	1	as appropriate	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
B2.4.30	Patient Toilet (Disabled)	1	as appropriate	as appropriate		Subject to the design by the works agent.
<b>Intervention Area (4)</b>						
B2.4.31	CM Intervention cum Teaching Room	2	20.0	40.0		
B2.4.32	CM Intervention cum Teaching Room (Moxibustion)	3	25.0	75.0		
B2.4.33	Nurse Station	1	9.0		9.0	
B2.4.34	Patient Waiting Area	1	30.0		30.0	
B2.4.35	Patient Changing & Locker (F)	1	5.0	5.0		
B2.4.36	Patient Changing & Locker (M)	1	5.0	5.0		
B2.4.37	Patient Changing & Locker (Disabled)	1	1.0	1.0		
B2.4.38	Patient Toilet & Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
B2.4.39	Patient Toilet & Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
B2.4.40	Patient Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
<b>General Support for Intervention Areas (Add-On Market Oriented Services)</b>						
B2.4.41	Cleaner's Room	2	NA	as appropriate		Subject to the design by the works agent.
B2.4.42	Dirty Utility / Sluice Room	2	10.0	20.0		
B2.4.43	Store - General	4	15.0	60.0		
B2.4.44	Store - Medical Equipment	4	15.0	60.0		24-hour A/C provision.
B2.4.45	Store - Linen	4	10.0	40.0		24-hour A/C provision.

(A) Ref. No.	(B) Description of Facilities (Please indicate new items with '*')	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D) Area for Ref. no. (m <sup>2</sup> )		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
B2.4.46	Gown-up Room	1	5.0	5.0		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
B2.4.47	Gown-down Room	1	5.0	5.0		
B2.4.48	Alcove - E-Trolley	2	1.5		3.0	
B2.4.49	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
B2.4.50	Alcove - Trolleys	8	2.0		16.0	
B2.4.51	Alcove - Support Facilities	4	2.0		8.0	
B2.4.52	Staff Shower (F)	1	NA	as appropriate		
B2.4.53	Staff Shower (M)	1	NA	as appropriate		
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	
<b>Sub-total (Ancillary Facilities)</b>				<b>694.0</b>	<b>198.0</b>	
<b>Total area (Ancillary Facilities)</b>				<b>892.0</b>		
<b>Grand Total (Staff + Ancillary Facilities)</b>				<b>892.0</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

*(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)*

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section B Outpatient Zones - Section B2.5 General Support

### Part I : Space Provision for Staff in Office Accommodation

(A) Ref. No.	(B) Ranking of Staff / Description (Please indicate new posts with '*')	(C) No. of Rooms / Persons/ F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D)		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Area for Ref. no. (m <sup>2</sup> )		
				Cellular Office	Open Plan	
B2.5.1	<b>Cellular Office</b> <sup>(Note 2)</sup> Office - SNO/NO	3	6.3	18.9		Shared cellular office for 1 Ward Manager and 2 Nursing Officers (CM/WM).  Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.  This area is subject to the design of the works agent and it is not counted towards NOFA.
B2.5.2	<b>Open Plan</b> Office - Executive Assistant	2	4.1		8.2	
	<b>Circulation Allowance for cellular office</b> <sup>(Note 3)</sup>				as appropriate	
	<b>Sub-total (Staff)</b>			18.9	8.2	
	<b>Total area (Staff)</b>			27.1		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
B2.5.3	Resuscitation Room	1	20.0	20.0		
B2.5.4	Dirty Utility / Sluice Room	3	10.0	30.0		
B2.5.5	Gown-up Room	1	5.0	5.0		
B2.5.6	Gown-down Room	1	5.0	5.0		
B2.5.7	Staff Common Room	3	6.0	18.0		
B2.5.8	Play Area	3	8.0	24.0		
B2.5.9	General Office (Office Equipment)	1	11.8		11.8	
B2.5.10	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
B2.5.11	Alcove - Trolleys	5	2.0		10.0	
B2.5.12	Cleaner's Room	3	NA	as appropriate		Subject to the design by the works agent.
B2.5.13	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
B2.5.14	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>102.0</b>	<b>36.8</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>138.8</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>165.9</b>		



(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area  (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

Project No. / Description : Development of Chinese Medicine Hospital  
 Department : Food and Health Bureau  
 Division/Section : Section C Ambulatory Care Zone - Section C1 Day Procedure

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Cellular Office <sup>(Note 2)</sup>					
	Open Plan					
<a href="#">C1.5</a>	<a href="#">Staff and Admin Facilities</a>					
C1.5.1	Office - SNO/NO	1	6.3		6.3	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C1.5.2	Office - Clerks/Executive Assistants	2	4.4		8.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C1.5.3	Office - Office/Operation Assistants	2	2.0		4.0	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
	<b>Sub-total (Staff)</b>			<b>0.0</b>	<b>19.1</b>	
	<b>Total area (Staff)</b>			<b>19.1</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>C1.1</b>	<b>Endoscopy Centre</b>					
C1.1.1	Endoscopy Room (A)	1	25.0	25.0		
C1.1.2	Endoscopy Room (B)	1	25.0	25.0		
C1.1.3	Preparation / Induction Room	2	10.0	20.0		
C1.1.4	Scrub-up Area	2	6.0	12.0		
C1.1.5	Decontamination / Washing Area	1	20.0	20.0		
C1.1.6	Instrument Clean-up (Ventilation / Water Filter)	1	25.0	25.0		
C1.1.7	Equipment Preparation and Store Room	1	25.0	25.0		24-hour A/C provision.
C1.1.8	Sterile Stock and Issue Area	1	30.0	30.0		24-hour A/C provision.
C1.1.9	Sterilization Area	1	20.0	20.0		
C1.1.10	Endoscopy cupboard storage	2	20.0	40.0		24-hour A/C provision.
C1.1.11	Anaesthetic Equipment Store	1	20.0	20.0		24-hour A/C provision.
C1.1.12	Air Lock Room	1	6.5	6.5		
<b>C1.2</b>	<b>Minor Operating Theatres</b>					
C1.2.1	Minor Operating Theatre	2	45.0	90.0		
C1.2.2	Preparation / Induction Room	2	10.0	20.0		
C1.2.3	Scrub-up Area	2	6.0	12.0		
C1.2.4	Instrument Clean-up (Ventilation / Water Filter)	1	25.0	25.0		
C1.2.5	Equipment Preparation and Store Room	1	25.0	25.0		24-hour A/C provision.
C1.2.6	Sterile Stock and Issue Area	1	30.0	30.0		24-hour A/C provision.
C1.2.7	Sterilization Area	1	20.0	20.0		
C1.2.8	Decontamination / Washing Area	1	20.0	20.0		
C1.2.9	Anaesthetic Equipment Store	1	20.0	20.0		24-hour A/C provision.
<b>C1.3</b>	<b>Electrophysiology and Respiratory Assessment Centre</b>					
C1.3.1	Ambulatory Video-EEG Monitoring	2	15.0	30.0		Two rooms to merge into 1 larger room when necessary, by acoustic folding partition in between the rooms.
C1.3.2	Rooms for NCV/EMG	2	15.0	30.0		Two rooms to merge into 1 larger room when necessary, by acoustic folding partition in between the rooms.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
C1.3.3	Rooms for Transcranial Doppler for Stroke Patient	1	15.0	15.0		
C1.3.4	Lung Function Lab	2	15.0	30.0		Two rooms to merge into 1 larger room when necessary, by acoustic folding partition in between the rooms.
C1.3.5	Clean Utility Room	1	8.0	8.0		
C1.3.6	Store - Equipment	1	8.0	8.0		24-hour A/C provision.
<b>C1.4</b>	<b>General Support</b>					
C1.4.1	Infectious Patient Holding Area	2	12.5	25.0		
C1.4.2	Admission	1	20.0	20.0		
C1.4.3	Assessment Room (pre-admission)	1	15.0	15.0		
C1.4.4	Patient Interview/Consultation Room	4	12.0	48.0		
C1.4.5	Recovery Room Phase 1	4	9.0	36.0		
C1.4.6	Recovery Room Phase 2	4	5.0	20.0		
C1.4.7	Patient Meal Preparation Room	1	9.0	9.0		
C1.4.8	Gown-up Room	3	5.0	15.0		
C1.4.9	Gown-down Room	3	5.0	15.0		
C1.4.10	Store - General	1	20.0	20.0		
C1.4.11	Store - Medical Consumables	1	20.0	20.0		24-hour A/C provision.
C1.4.12	Store - PPE	1	10.0	10.0		24-hour A/C provision.
C1.4.13	Store - Linen	1	10.0	10.0		24-hour A/C provision.
C1.4.14	Record Filing Room	1	20.0	20.0		24-hour A/C provision.
C1.4.15	Clean Utility Room	2	10.0	20.0		
C1.4.16	Dirty Utility / Sluice Room	2	10.0	20.0		
C1.4.17	Cleaner's Room	2	NA	as appropriate		Subject to the design by the works agent.
C1.4.18	Clinical Waste Handling / Storage Room	1	3.5	3.5		
C1.4.19	Reception	1	10.0		10.0	
C1.4.20	Patient Waiting Area	1	30.0		30.0	
C1.4.21	Private Patient Waiting Area	1	20.0		20.0	
C1.4.22	Patient Holding Area	1	30.0		30.0	
C1.4.23	Discharge Lounge	1	15.0		15.0	
C1.4.24	Nurse Station and Doctor's Charting	1	25.0		25.0	
C1.4.25	Alcove - Workstation	11	1.0		11.0	
C1.4.26	Alcove - Scale	1	7.0		7.0	
C1.4.27	Alcove - E-Trolley	2	1.5		3.0	

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
C1.4.28	Alcove - Trolleys	8	2.0		16.0	
C1.4.29	Alcove - Medical Records Trolley	2	1.5		3.0	
C1.4.30	Alcove - Wheelchair/Stretchers	6	5.0		30.0	
C1.4.31	Alcove - Mobile X-ray	1	4.0		4.0	
C1.4.32	Patient Rest Area	1	6.5	6.5		
C1.4.33	Patient Changing & Locker (F)	1	10.0	10.0		
C1.4.34	Patient Changing & Locker (M)	1	10.0	10.0		
C1.4.35	Patient Changing & Locker (Disabled)	2	1.0	2.0		
C1.4.36	Patient Toilet & Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
C1.4.37	Patient Toilet & Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
C1.4.38	Patient Toilet & Shower (Disabled)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
C1.4.39	Patient Toilet (F)	1	NA	as appropriate		Subject to the design by the works agent.
C1.4.40	Patient Toilet (M)	1	NA	as appropriate		Subject to the design by the works agent.
C1.4.41	Patient Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
<b>C1.5</b>	<b>Staff and Admin Facilities</b>					
C1.5.4	Surgeon Rest Room / Charting	1	15.0	15.0		
C1.5.5	Clinical Discussion Room	2	27.0	54.0		
C1.5.6	Case Conference Room	2	19.0	38.0		
C1.5.7	Staff Common Room	1	6.0	6.0		
C1.5.8	Staff Common Room (Supporting Staff)	1	6.0	6.0		
C1.5.9	Call Room (ensuite)	2	7.0	14.0		
C1.5.10	General Office (Office Equipment)	1	7.2		7.2	
C1.5.11	Ensuite Toilet / Shower (Call Room)	2	NA	as appropriate		Subject to the design by the works agent. For item C1.5.9.
C1.5.12	Emergency shower	1	NA	as appropriate		Subject to the design by the works agent.
C1.5.13	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
C1.5.14	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Others (e.g. Carparks for government vehicles, outdoor space)					
	Circulation Allowance for cellular room <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>1139.5</b>	<b>211.2</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>1350.7</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>1,369.8</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section C Ambulatory Care Zone - Section C2 Central Sterile Supplies Unit

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*' )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Cellular Office <sup>(Note 2)</sup>					
	Open Plan					
<a href="#">C2.4</a>	<a href="#">General support</a>					
C2.4.1	Office - Clerks/Executive Assistants	2	4.4		8.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C2.4.2	Office - Office/Operation Assistants	2	2.0		4.0	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
	<b>Sub-total (Staff)</b>			<b>0.0</b>	<b>12.8</b>	
	<b>Total area (Staff)</b>			<b>12.8</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*' )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/  Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b><u>C2.1</u></b>	<b><u>Decontamination Area</u></b>					
C2.1.1	Cart Wash	1	20.0	20.0		
C2.1.2	Dirty Linen Room	1	3.0	3.0		
C2.1.3	Hot Air Dryer	1	10.0	10.0		
C2.1.4	Gown-down Room	1	5.0	5.0		
C2.1.5	Cleaner's Room	1	NA	as appropriate		Subject to the design by the works agent.
C2.1.6	Centralised Instrument Decontamination Area	1	40.0		40.0	
C2.1.7	Dirty Trolley / Equipment Park	1	20.0		20.0	
C2.1.8	Manual Washing Area	1	7.5		7.5	
C2.1.9	Sorting Area	1	20.0		20.0	
C2.1.10	Single Compartment Washer (with conveyor belt)	1	15.0		15.0	
C2.1.11	Tunnel Washer (with ultrasonic function)	1	23.5		23.5	
C2.1.12	Emergency shower	1	NA	as appropriate		
C2.1.13	Staff Changing & Locker (F)	1	3.78	3.78		
C2.1.14	Staff Changing & Locker (M)	1	3.78	3.78		
C2.1.15	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
C2.1.16	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
<b><u>C2.2</u></b>	<b><u>Preparation &amp; Assembly</u></b>					
C2.2.1	Clean Pack Area	1	20.0	20.0		24-hour A/C provision.
C2.2.2	Instrument Store	1	10.0	10.0		24-hour A/C provision.
C2.2.3	Clean linen and folding room	1	10.0	10.0		24-hour A/C provision.
C2.2.4	Low Temperature Sterilization Sterilizer Room	1	15.0	15.0		
C2.2.5	Room for Autoclave	1	21.0	21.0		
C2.2.6	Loading & Unloading Area (for Sterilization)	1	20.0		20.0	
C2.2.7	Pack / Assembly Area	1	120.0		120.0	



(A) Ref. No.	(B) Description of Facilities (Please indicate new items with '*')	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D) Area for Ref. no. (m <sup>2</sup> )		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>C2.3</b>	<b>Process Holding</b>					
C2.3.1	Emergency Store	1	5.0	5.0		24-hour A/C provision.
C2.3.2	Pre-packaged Sterilized Store	1	15.0	15.0		24-hour A/C provision.
C2.3.3	Store for Sterilized Items	1	25.0	25.0		24-hour A/C provision.
C2.3.4	Clean Trolley Park	1	20.0		20.0	
C2.3.5	Cooling Area	1	25.0		25.0	
C2.3.6	Working / Dispatch Area	1	30.0		30.0	
<b>C2.4</b>	<b>General support</b>					
C2.4.3	Bulk Store	1	40.0	40.0		24-hour A/C provision.
C2.4.4	Forward Bulk Store	1	25.0	25.0		24-hour A/C provision.
C2.4.5	Cleaner's Room	1	NA	as appropriate		Subject to the design by the works agent.
C2.4.6	Staff Common Room	1	6.0	6.0		
C2.4.7	General Office (office equipment)	1	7.2		7.2	
C2.4.8	Staff Changing & Locker (F)	1	1.89	1.89		
C2.4.9	Staff Changing & Locker (M)	1	1.89	1.89		
C2.4.10	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
C2.4.11	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
<b>Sub-total (Ancillary Facilities)</b>				<b>241.3</b>	<b>348.2</b>	
<b>Total area (Ancillary Facilities)</b>				<b>589.5</b>		
<b>Grand Total (Staff + Ancillary Facilities)</b>				<b>602.3</b>		

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities  (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area  (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/  Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :**

Development of Chinese Medicine Hospital

**Department :**

Food and Health Bureau

**Division/Section**

Section C Ambulatory Care Zone - Section C3 Allied Health Services and Integrated Rehabilitation Centre

### Part I : Space Provision for Staff in Office Accommodation

(A) Ref. No.	(B) Ranking of Staff / Description (Please indicate new posts with '*')	(C) No. of Rooms / Persons/ F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D) Area for Ref. no. (m <sup>2</sup> )		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b>Cellular Office</b> <sup>(Note 2)</sup>					
<a href="#">C3.2</a>	<a href="#">Integrated Treatment Zone</a>					
C3.2.1	Office - Assistant Social Work Officer	4	5.8	23.2		Cellular office is supported on exceptional basis as over 80% of their time is spent on interview patients.
	<b>Open Plan</b>					
<a href="#">C3.3</a>	<a href="#">Common Facilities</a>					
C3.3.1	Office - Clinical Psychologist	1	7.0	7.0		
C3.3.2	Office - Dietitian	1	4.8		4.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C3.3.3	Office - Senior Physiotherapist	1	6.9		6.9	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C3.3.4	Office - Senior Occupational Therapist	1	6.9		6.9	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C3.3.5	Office - Occupational Therapist I	2	5.8		11.6	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C3.3.6	Office - Operation and Training Assistant	6	4.1		24.6	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with <sup>'*</sup> )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Circulation Allowance for cellular office <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	Sub-total (Staff)			30.2	54.8	
	Total area (Staff)			85.0		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>C3.1</b>	<b><u>Integrated Rehabilitation Centre</u></b>					
C3.1.1	Lower & Upper Limbs Functional Training Room	1	80.0	80.0		
C3.1.2	Electrical Treatment Areas (Machines)	1	80.0	80.0		
C3.1.3	Group Therapy Areas	1	40.0	40.0		
C3.1.4	Cognitive and Perceptual Training Room (Individual Treatment Room)	2	10.0	20.0		
C3.1.5	Paediatric Treatment Room (Activity Room)	2	20.0	40.0		2 nos. rooms adjacent to each other with acoustic folding partitions.
C3.1.6	Splintage & Pressure Therapy Room	1	18.0	18.0		
C3.1.7	Splintage & Pressure Therapy Heavy Workshop	1	12.0	12.0		
C3.1.8	Store - General	1	20.0	20.0		
C3.1.9	Store - Medical Equipment / Machines	1	50.0	50.0		24-hour A/C provision.
C3.1.10	Exercise Gymnasium	1	100.0		100.0	
	<b><u>Daily Living Training</u></b>					
C3.1.11	Daily Living Training - Model Home	1	15.0	15.0		
C3.1.12	Daily Living Training - ADL aids display and storage room	1	10.0	10.0		
C3.1.13	Daily Living Training - Kitchen for cooking assessment	1	7.0	7.0		
C3.1.14	Daily Living Training - Training Toilet with Toilet and Shower	1	10.0	10.0		
C3.1.15	Daily Living Training - Training Toilet with Toilet and Bath Tub	1	10.0	10.0		
	<b><u>Aquatic Exercise Area</u></b>					
C3.1.16	Aquatic Exercise Area	1	30.0	30.0		
C3.1.17	Patient Changing & Locker (F)	1	2.0	2.0		
C3.1.18	Patient Changing & Locker (M)	1	2.0	2.0		
C3.1.19	Patient Changing & Locker (Disabled)	1	1.0	1.0		
C3.1.20	Patient Toilet & Shower (Disabled & Unisex)	2	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>C3.2</b>	<b>Integrated Treatment Zone</b>					
C3.2.2	Treatment Room (Podiatry)	1	22.0	22.0		
C3.2.3	Workshop (Podiatry)	1	10.0	10.0		
C3.2.4	Plaster Casting/ Measurement Room (P&O)	1	10.0	10.0		
C3.2.5	Treatment Room (P&O)	1	20.0	20.0		
C3.2.6	Store - Medical Equipment / Machines (P&O)	1	20.0	20.0		24-hour A/C provision.
C3.2.7	Prosthetic / Orthotic Fabrication Workshop (P&O)	1	20.0	20.0		
C3.2.8	Speech Therapy Treatment Room cum ST Office	2	15.5	31.0		
C3.2.9	Consultation cum Teaching Room (Optometry)	1	20.0	20.0		
C3.2.10	Optometrist / Visual Field Room (A)	1	20.0	20.0		
C3.2.11	Optometrist / Visual Field Room (B)	1	15.0	15.0		
C3.2.12	Audiometry Room	1	12.0	12.0		
C3.2.13	Store - General	1	20.0	20.0		
C3.2.14	Store - Medical Equipment / Machines	1	40.0	40.0		24-hour A/C provision.
<b>C3.3</b>	<b>Common Facilities</b>					
C3.3.7	Reception	1	30.0	30.0		
C3.3.8	Consultation cum Teaching Room (multi-use)	8	20.0	160.0		
C3.3.9	Intervention Room	6	20.0	120.0		
C3.3.10	Store - Linen	2	8.0	16.0		24-hour A/C provision.
C3.3.11	Medical Record Filing Room	1	20.0	20.0		24-hour A/C provision.
C3.3.12	Staff Common Room	2	6.0	12.0		
C3.3.13	Gown-up Room	2	5.0	10.0		
C3.3.14	Gown-down Room	2	5.0	10.0		
C3.3.15	Clean Utility Room	1	10.0	10.0		
C3.3.16	Dirty Utility / Sluice Room	1	10.0	10.0		
C3.3.17	Cleaner's Room	2	NA	as appropriate		Subject to the design by the works agent.
C3.3.18	General Office (Office Equipment)	1	0.4		0.4	Trolley.
C3.3.19	Nurse Station	1	24.0		24.0	
C3.3.20	Alcove - Scale	1	7.0		7.0	
C3.3.21	Alcove - E-Trolley	2	1.5		3.0	
C3.3.22	Alcove - Medical Records Trolley	2	1.5		3.0	
C3.3.23	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
C3.3.24	Alcove - Trolleys	8	2.0		16.0	

(A) Ref. No.	(B) Description of Facilities (Please indicate new items with '*')	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D) Area for Ref. no. (m <sup>2</sup> )		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
C3.3.25	Patient Waiting Area	1	50.0		50.0	Subject to the design by the works agent. Subject to the design by the works agent. Subject to the design by the works agent. Maximum no. of concurrent users : 1 Subject to the design by the works agent. Maximum no. of concurrent users : 1 Subject to the design by the works agent.  This area is subject to the design of the works agent and it is not counted towards NOFA.
C3.3.26	Patient Sub-Waiting Area (Treatment Zone)	5	18.0		90.0	
C3.3.27	Patient Changing & Locker (F)	5	4.0	20.0		
C3.3.28	Patient Changing & Locker (M)	5	4.0	20.0		
C3.3.29	Patient Changing & Locker (Disabled)	5	1.0	5.0		
C3.3.30	Patient Toilet (F)	5	NA	as appropriate		
C3.3.31	Patient Toilet (M)	5	NA	as appropriate		
C3.3.32	Patient Toilet (Disabled)	5	NA	as appropriate		
C3.3.33	Staff Shower (F)	1	NA	as appropriate		
C3.3.34	Staff Shower (M)	1	NA	as appropriate		
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	
	<b>Sub-total (Ancillary Facilities)</b>			<b>1150.0</b>	<b>308.4</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>1458.4</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>1,543.4</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section :** Section C Ambulatory Care Zone - Section C4 Pharmacy

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*') )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b>Cellular Office</b> <sup>(Note 2)</sup>					
<a href="#">C4.1</a>	<a href="#">Chinese Medicine Section</a>					
C4.1.1	Office - CM Senior Pharmacist	2	8.8	17.6		
<a href="#">C4.3</a>	<a href="#">Common Facilities for CM &amp; WM Pharmacies</a>					
C4.3.1	Office - Supplies Officer/Assistant Supplies Officer	2	5.8		11.6	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C4.3.2	Office - Supplies Supervisor I	2	5.6		11.2	
C4.3.3	Office - Supplies Supervisor II	4	4.8		19.2	
	<b>Open Plan</b>					
<a href="#">C4.1</a>	<a href="#">Chinese Medicine Section</a>					
C4.1.2	Office - CM Pharmacist	14	5.1		71.4	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
<a href="#">C4.2</a>	<a href="#">Western Medicine Section</a>					
C4.2.1	Office - WM Pharmacist	2	5.1		10.2	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
<a href="#">C4.3</a>	<a href="#">Common Facilities for CM &amp; WM Pharmacies</a>					
C4.3.4	Office - Assistant Operation Officer	4	5.8		23.2	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.



(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*' )	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
C4.3.5	Office - Clerical Assistant	6	4.1		24.6	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	Circulation Allowance for cellular office <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Staff)</b>			<b>17.6</b>	<b>171.4</b>	
	<b>Total area (Staff)</b>			<b>189.0</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular office are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A) Ref. No.	(B) Description of Facilities (Please indicate new items with '*')	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D) Area for Ref. no. (m <sup>2</sup> )		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>C4.1</b>	<b>Chinese Medicine Section</b>					
C4.1.3	CM Decoction Room	1	250.0	250.0		
C4.1.4	CM Compounding Room 1 (Powder 打散)	1	35.0	35.0		24-hour A/C
C4.1.5	CM Compounding Room 2 (Powder 打散)	1	35.0	35.0		24-hour A/C
C4.1.6	CM Compounding Room 3 (Paste & Powder 製膏, 打散)	1	20.0	20.0		24-hour A/C
C4.1.7	CM Compounding Room 4 (Paste & Pill 製膏, 製丸)	1	65.0	65.0		24-hour A/C
C4.1.8	CM Compounding Room 5 (Paste 製膏)	1	45.0	45.0		24-hour A/C
C4.1.9	CM Herb & Drug Store	1	500.0	500.0		24-hour A/C
C4.1.10	CM Identification Room	1	20.0	20.0		24-hour A/C
C4.1.11	Unservicable Store	1	15.0	15.0		
C4.1.12	CM Dispensary	1	665.4		665.4	24-hour A/C
C4.1.13	Preparation Area	1	10.0		10.0	
C4.1.14	Trolley Dispatch/Return	1	30.0		30.0	
<b>C4.2</b>	<b>Western Medicine Section</b>					
C4.2.2	WM Compounding Room	1	20.0	20.0		24-hour A/C
C4.2.3	Bulk Store for Drugs & Pharmacy Consumables (substore)	1	100.0	100.0		24-hour A/C
C4.2.4	Cold Room (substore)	1	10.0	10.0		24-hour A/C
C4.2.5	Dangerous Drugs Room	1	10.0	10.0		24-hour A/C
C4.2.6	Ward Returned Drugs	1	10.0	10.0		24-hour A/C
C4.2.7	Medication Preparation Room	1	50.0	50.0		
C4.2.8	Cleaner's Room	1	as appropriate	as appropriate		Subject to the design by the works agent.
C4.2.9	Chemical Waste Handling / Storage Store	1	8.0	8.0		
C4.2.10	WM Dispensary	1	150.0		150.0	24-hour A/C
C4.2.11	Trolley Dispatch/Return	1	20.0		20.0	

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*') )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>C4.3</b>	<b>Common Facilities for CM &amp; WM Pharmacies</b>					
C4.3.6	Helpdesk	1	15.4	15.4		
C4.3.7	Play Area	1	8.0	8.0		
C4.3.8	Patient Counselling Room	2	8.0	16.0		
C4.3.9	Reference Library	1	40.0	40.0		
C4.3.10	Conference Room	1	30.0	30.0		Acoustic folding partition for division of 2 nos. meeting rooms.
C4.3.11	Staff Common Room (Supporting Staff)	1	9.0	9.0		
C4.3.12	Cleaner's Room	1	NA	as appropriate		Subject to the design by the works agent.
C4.3.13	Store - General	1	20.0	20.0		
C4.3.14	Patient Waiting Area	1	170.0		170.0	
C4.3.15	Dispensing Counter	1	54.0		54.0	
C4.3.16	General Office (Office Equipment)	1	2.2		2.2	
C4.3.17	Staff Changing & Locker (F)	1	9.44	9.44		
C4.3.18	Staff Changing & Locker (M)	1	6.68	6.68		
C4.3.19	Staff Changing & Locker (Disabled)	1	0.87	0.87		
C4.3.20	Staff Shower (F)	1	NA	as appropriate		
C4.3.21	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
C4.3.22	Staff Shower (Disabled)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room <sup>(Note 3)</sup></b>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>1348.4</b>	<b>1101.6</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>2450.0</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>2,639.0</b>		

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities  (Please indicate new items with '*' )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area  (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section :** Section C Ambulatory Care Zone - Section C5 Radiology

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with <sup>1*</sup> )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b>Cellular Office</b> <sup>(Note 2)</sup>					
	<b>C5.8 Staff and Admin Facilities</b>					
C5.8.1	Office - Special Radiologist	4	8.8	35.2		Shared cellular office.
C5.8.2	Office - Personal Secretary	1	5.9	5.9		Shared cellular office.
	<b>Open Plan</b>					
	<b>C5.8 Staff and Admin Facilities</b>					
C5.8.3	Office - Senior Radiographer	1	6.9		6.9	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C5.8.4	Office - Medical Physicist	1	5.8		5.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C5.8.5	Office - Nursing Officer	1	6.3		6.3	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C5.8.6	Office - Clerical Assistant	4	4.1		16.4	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	<b>Circulation Allowance for cellular office</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Sub-total (Staff)			41.1	35.4	
	Total area (Staff)			76.5		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>C5.1</b>	<b><u>X-ray Section</u></b>					
C5.1.1	Digital Radiography Room	2	40.0	80.0		
C5.1.2	X-ray Control Room	2	10.0	20.0		
C5.1.3	X-ray Image Processing / Viewing Room	1	10.0	10.0		
C5.1.4	Patient Changing & Locker (Unisex)	2	5.0	10.0		
C5.1.5	Patient Changing & Locker (Assisted)	2	6.0	12.0		
C5.1.6	X-ray Gown-down Area	1	5.0	5.0		
C5.1.7	Dry Imager Room	1	10.0	10.0		
C5.1.8	Patient Waiting (Screened)	1	30.0		30.0	
C5.1.9	Alcove - Mobile X-ray	1	4.0		4.0	
C5.1.10	Patient Toilet (F)	1	NA	as appropriate		Subject to the design by the works agent.
C5.1.11	Patient Toilet (M)	1	NA	as appropriate		Subject to the design by the works agent.
C5.1.12	Patient Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
	<b><u>X-ray Workshop</u></b>					
C5.1.13	X-Ray Maintenance Office	1	10.0	10.0		
C5.1.14	X-Ray Workshop	1	20.0	20.0		
C5.1.15	Store - Medical Equipment	1	15.0	15.0		24-hour A/C provision.
C5.1.16	Material Store	1	6.0	6.0		
C5.1.17	Filing Storage (X-ray Film)	1	5.8	5.8		24-hour A/C provision.
<b>C5.2</b>	<b><u>MRI Section</u></b>					
C5.2.1	MRI Scanner Room	1	55.0	55.0		
C5.2.2	MRI Imaging / Control Room	1	30.0	30.0		
C5.2.3	MRI Computer / Equipment Room	1	20.0	20.0		
C5.2.4	FM200 Storage and Control Room	1	3.5	3.5		
C5.2.5	MRI Patient Preparation Room	1	10.0	10.0		
C5.2.6	MRI Patient Recovery Room	1	20.0	20.0		
C5.2.7	Patient Changing & Locker (Unisex)	1	5.0	5.0		

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)	
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>	
				Cellular Office	Open Plan		
C5.2.8	Patient Changing & Locker (Assisted)	1	6.0	6.0		Subject to the design by the works agent.	
C5.2.9	MRI Gown-down Area	1	5.0	5.0			
C5.2.10	Cleaner's Room	1	NA	as appropriate			
C5.2.11	Dry Imager Room	1	5.0	5.0			
C5.2.12	MRI Patient Waiting	1	25.0		25.0		
C5.2.13	MRI Patient Waiting (Screened)	1	15.0		15.0		
C5.2.14	Alcove - Trolleys	1	5.0		5.0		
C5.2.15	Patient Toilet (F)	1	NA	as appropriate			
C5.2.16	Patient Toilet (M)	1	NA	as appropriate			
C5.2.17	Patient Toilet (Disabled)	1	NA	as appropriate			
<b>C5.3</b>	<b>CT Section</b>						
C5.3.1	CT Scanner Room	1	50.0	50.0			24-hour A/C provision.
C5.3.2	CT Control / Image Processing / Viewing Room	1	30.0	30.0			24-hour A/C provision.
C5.3.3	CT Computer / Equipment Room	1	15.0	15.0			24-hour A/C provision.
C5.3.4	CT Patient Preparation Room	1	10.0	10.0			
C5.3.5	Patient Changing & Locker (Unisex)	1	5.0	5.0			
C5.3.6	Patient Changing & Locker (Assisted)	1	6.0	6.0			
C5.3.7	CT Gown-down Area	1	5.0	5.0			
C5.3.8	Patient Waiting (Screened)	1	15.0		15.0		
C5.3.9	Patient Toilet (F)	1	NA	as appropriate		Subject to the design by the works agent.	
C5.3.10	Patient Toilet (M)	1	NA	as appropriate		Subject to the design by the works agent.	
C5.3.11	Patient Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.	
<b>C5.4</b>	<b>Ultrasound Section</b>						
C5.4.1	Ultrasonography Exam Room	2	20.0	40.0			
C5.4.2	Patient Changing & Locker (Unisex)	2	5.0	10.0			
C5.4.3	Patient Changing & Locker (Assisted)	2	6.0	12.0			
C5.4.4	Ultrasonography Gown-down Area	1	5.0	5.0			
C5.4.5	Patient Waiting (Screened)	1	30.0		30.0		
C5.4.6	Patient Toilet (F)	1	NA	as appropriate		Subject to the design by the works agent.	
C5.4.7	Patient Toilet (M)	1	NA	as appropriate		Subject to the design by the works agent.	
C5.4.8	Patient Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.	



(A) Ref. No.	(B) Description of Facilities (Please indicate new items with '*')	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D) Area for Ref. no. (m <sup>2</sup> )		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>C5.5</b>	<b>Fluoroscopy Section</b>					
C5.5.1	Multipurpose C-Arm Examination Room	1	50.0	50.0		
C5.5.2	Multipurpose C-Arm Control Room	1	20.0	20.0		
C5.5.3	Preparation Area for Barium Study	1	10.0	10.0		
C5.5.4	Instrument Clean-up Room	1	10.0	10.0		
C5.5.5	Scrub Room	1	10.0	10.0		
C5.5.6	Patient Changing & Locker (Unisex)	1	5.0	5.0		
C5.5.7	Patient Changing & Locker (Assisted)	1	6.0	6.0		
C5.5.8	Fluoroscopy Gown-down Area	1	5.0	5.0		
C5.5.9	Patient Waiting (Screened)	1	15.0		15.0	
C5.5.10	Patient Changing & Locker (F)	1	1.0	1.0		
C5.5.11	Patient Changing & Locker (M)	1	1.0	1.0		
C5.5.12	Patient Changing & Locker (Disabled)	1	1.0	1.0		
C5.5.13	Patient Toilet & Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Locate right next to or connected to the Examination Room as patient may soiled after Ba Enema study. Subject to the design by the works agent.
C5.5.14	Patient Toilet & Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Locate right next to or connected to the Examination Room as patient may soiled after Ba Enema study. Subject to the design by the works agent.
C5.5.15	Patient Toilet & Shower (Disabled)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Locate right next to or connected to the Examination Room as patient may soiled after Ba Enema study. Subject to the design by the works agent.
<b>C5.6</b>	<b>PACS</b>					
C5.6.1	PACS Admin Room	1	10.0	10.0		
C5.6.2	Radiologist Reporting Room	1	30.0	30.0		
C5.6.3	PACS Archive Media Storage Room	1	8.0	8.0		24-hour A/C provision.
<b>C5.7</b>	<b>General Support</b>					
C5.7.1	Infectious Patient Holding Area	2	12.5	25.0		
C5.7.2	Patient Interview/Consultation Room	2	12.0	24.0		
C5.7.3	Gown-up Room	2	5.0	10.0		
C5.7.4	Staff Base for Administrative Works	1	11.0	11.0		

(A) Ref. No.	(B) Description of Facilities (Please indicate new items with '*')	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D) Area for Ref. no. (m <sup>2</sup> )		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
C5.7.5	Personnel Decontamination Room	1	8.0	8.0		With shower facility, eyewash & toilet. Maximum no. of concurrent users : 1
C5.7.6	Store - General	1	20.0	20.0		
C5.7.7	Store - Medical Consumables	1	20.0	20.0		24-hour A/C provision.
C5.7.8	Store - Medical Equipment	1	20.0	20.0		24-hour A/C provision.
C5.7.9	Store - CSSD / PPE	1	15.0	15.0		24-hour A/C provision.
C5.7.10	Store - Linen	1	10.0	10.0		24-hour A/C provision.
C5.7.11	Store - Chemical	1	10.0	10.0		24-hour A/C provision.
C5.7.12	Record Filing Room	1	20.0	20.0		
C5.7.13	Clean Utility Room	2	10.0	20.0		
C5.7.14	Dirty Utility / Sluice Room	2	10.0	20.0		
C5.7.15	Cleaner's Room	2	NA	as appropriate		Subject to the design by the works agent.
C5.7.16	Reception	1	15.0		15.0	
C5.7.17	Patient Waiting Area	1	45.0		45.0	
C5.7.18	Play Area	1	8.0		8.0	
C5.7.19	Patient Holding Area	1	30.0		30.0	
C5.7.20	Patient Recovery Room	2	9.0		18.0	
C5.7.21	Nurse Station (Recovery Room)	1	20.0		20.0	
C5.7.22	Alcove - Scale	1	7.0		7.0	
C5.7.23	Alcove - E-Trolley	2	1.5		3.0	
C5.7.24	Alcove - Trolleys	8	2.0		16.0	
C5.7.25	Alcove - Medical Records Trolley	2	1.5		3.0	
C5.7.26	Alcove - Wheelchair/Stretchers	6	2.5		15.0	
C5.7.27	Patient Toilet (F)	1	NA	as appropriate		Subject to the design by the works agent.
C5.7.28	Patient Toilet (M)	1	NA	as appropriate		Subject to the design by the works agent.
C5.7.29	Patient Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
<b>C5.8</b>	<b>Staff and Admin Facilities</b>					
C5.8.7	Clinical Discussion Room	1	27.0	27.0		
C5.8.8	Staff Common Room	1	9.0	9.0		
C5.8.9	Call Room (ensuite)	2	7.0	14.0		
C5.8.10	General Office (Office Equipment)	1	3.6		3.6	
C5.8.11	Ensuite Toilet / Shower (Call Room)	2	NA	as appropriate		Subject to the design by the works agent. For item C5.8.9.
C5.8.12	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
C5.8.13	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>1001.3</b>	<b>322.6</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>1323.9</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>1,400.4</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

*(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)*

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section C Ambulatory Care Zone - Section C6 Pathology

### Part I : Space Provision for Staff in Office Accommodation

(A) Ref. No.	(B) Ranking of Staff / Description (Please indicate new posts with '*')	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D) Area for Ref. no. (m <sup>2</sup> )		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b>Cellular Office</b> <sup>(Note 2)</sup>					
<a href="#">C6.1</a> C6.1.1	<a href="#">Core Laboratory</a> Office - Pathologist	1	8.8	8.8		
	<b>Open Plan</b>					
<a href="#">C6.1</a> C6.1.2	<a href="#">Core Laboratory</a> Office - Senior Medical Technologist	1	6.9		6.9	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C6.1.3	Office - Medical Technologist	6	5.8		34.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C6.1.4	Office - Scientific Officer	1	5.8		5.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C6.1.5	Office - Personal Secretary	1	5.9		5.9	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
C6.1.6	Office - Clerical Assistant	4	4.1		16.4	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*' )	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Circulation Allowance for cellular office <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	Sub-total (Staff)			8.8	69.8	
	Total area (Staff)			78.6		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>C6.1</b>	<b>Core Laboratory</b>					
C6.1.7	Autoclaves & Hot Air Oven	1	25.0	25.0		
C6.1.8	Cold Room	2	15.0	30.0		24-hour A/C
C6.1.9	Utility Cleansing Room	1	40.0	40.0		
C6.1.10	Record Filing Room	1	20.0	20.0		
C6.1.11	Store - Reagents, Chemicals	1	20.0	20.0		24-hour A/C provision.
C6.1.12	Chemical Waste Handling / Storage Room	1	10.0	10.0		
C6.1.13	Clinical Waste Handling / Storage Room	1	10.0	10.0		
C6.1.14	Store - General / Medical Consumables	1	20.0	20.0		24-hour A/C provision.
C6.1.15	Store - Medical Equipment	1	20.0	20.0		24-hour A/C provision.
C6.1.16	Store - PPE	1	10.0	10.0		24-hour A/C provision.
C6.1.17	Store - Linen	1	10.0	10.0		24-hour A/C provision.
C6.1.18	Dirty Utility / Sluice Room	1	10.0	10.0		
C6.1.19	Cleaner's Room	1	NA	as appropriate		Subject to the design by the works agent.
C6.1.20	Gown-up Room	1	5.0	5.0		
C6.1.21	Gown-down Room	1	5.0	5.0		
C6.1.22	Computer Switch Room	1	10.0	10.0		24-hour A/C provision.
C6.1.23	General Office (Office Equipment)	1	3.6		3.6	
C6.1.24	Clinical Discussion Room	1	27.0	27.0		
C6.1.25	Call Room (ensuite)	1	7.0	7.0		
C6.1.26	Staff Common Room	1	9.0	9.0		
C6.1.27	Central Reception / Specimen holding and transfer	1	40.0		40.0	24-hour A/C provision.
C6.1.28	Combined Core Laboratory	1	220.0		220.0	24-hour A/C provision.
C6.1.29	Centrifugation Room	1	6.0		6.0	24-hour A/C provision.
C6.1.30	Area for Refrigerator	1	15.0		15.0	24-hour A/C provision.
C6.1.31	OSH - Wash hand basin	1	NA		as appropriate	Subject to the design by the works agent.
C6.1.32	OSH - Eye wash	1	NA		as appropriate	Subject to the design by the works agent.
C6.1.33	OSH - Emergency Shower	1	NA		as appropriate	Subject to the design by the works agent.
C6.1.34	OSH - Dressing	1	2.0		2.0	

(A) Ref. No.	(B) Description of Facilities (Please indicate new items with '*')	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D) Area for Ref. no. (m <sup>2</sup> )		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
C6.1.35	Ensuite Toilet / Shower (Call Room)	1	NA	as appropriate		Subject to the design by the works agent. For item C6.1.25.
C6.1.36	Staff Changing & Locker (F)	1	9.44	9.44		
C6.1.37	Staff Changing & Locker (M)	1	6.68	6.68		
C6.1.38	Staff Changing & Locker (Disabled)	1	0.87	0.87		
C6.1.39	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
C6.1.40	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
C6.1.41	Staff Shower (Disabled)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
<b>C6.2</b>	<b>Blood Bank</b>					
C6.2.1	Temporary Laboratory Report and Record Storage Room	1	8.0	8.0		
C6.2.2	Blood Issuing and Specimen Reception	1	20.0		20.0	24-hour A/C provision.
C6.2.3	Main Laboratory with Automated Analyser & Special Investigation Area	1	70.0		70.0	24-hour A/C provision.
C6.2.4	Blood Fridge, Platelet Agitator, Freezer & Plasma Thawer Area	1	20.0		20.0	24-hour A/C provision.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
<b>Sub-total (Ancillary Facilities)</b>				<b>313.0</b>	<b>396.6</b>	
<b>Total area (Ancillary Facilities)</b>				<b>709.6</b>		
<b>Grand Total (Staff + Ancillary Facilities)</b>				<b>788.2</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital

**Department :** Food and Health Bureau

**Division/Section** Section D Education, Training and Research - Section D1 Education and Training Facilities

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)	
Ref. No.	Ranking of Staff / Description  (Please indicate new posts with '*')	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area  (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>	
				Cellular Office	Open Plan		
	<b>Cellular Office</b> <sup>(Note 2)</sup>					Free accommodation for universities is supported on the understanding that it is contractual obligation.	
<a href="#">D1.5</a>	<a href="#">University Staff Offices</a>						
D1.5.1	Office - Head	3	19.0	57.0			
D1.5.2	Office - Teacher	30	8.8	264.0			
	<b>Open Plan</b>						
<a href="#">D1.4</a>	<a href="#">CM Library</a>						
D1.4.1	Office - Assistant Librarian I	1	5.1		5.1		Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
D1.4.2	Office - Clerical	1	4.4		4.4		Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
<a href="#">D1.5</a>	<a href="#">University Staff Offices</a>						
D1.5.3	Office - Teacher (Other Academic)	25	5.0		125.0		Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
D1.5.4	Office - Clerical	6	4.4		26.4	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.	



(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Circulation Allowance for cellular office <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Staff)</b>			<b>321.0</b>	<b>160.9</b>	
	<b>Total area (Staff)</b>			<b>481.9</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/  Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b><u>D1.1</u></b>	<b><u>Auditorium</u></b>					Total area of Item D1.1.1 to D1.1.8 = 750 sq.m
D1.1.1	Auditorium	2	315.0	630.0		
D1.1.2	Cloak Room	1	5.0	5.0		
D1.1.3	Projection Booth / Control room	2	10.0	20.0		
D1.1.4	AV Equipment Store Room	2	5.0	10.0		
D1.1.5	Backstage	2	16.0	32.0		
D1.1.6	Simultaneous Interpretation Room	2	6.5	13.0		
D1.1.7	Furniture Store Room	2	5.0	10.0		
D1.1.8	Reception	2	15.0		30.0	
D1.1.9	Public Toilet (F)	1	NA	as appropriate		Subject to the design by the works agent.
D1.1.10	Public Toilet (M)	1	NA	as appropriate		Subject to the design by the works agent.
D1.1.11	Public Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
<b><u>D1.2</u></b>	<b><u>Classrooms &amp; Lecture Facilities</u></b>					
D1.2.1	Multi-function Classrooms	3	46.5	139.5		Can be combined into 1 big classroom when necessary by acoustic folding partition installed among the classrooms.
D1.2.2	Discussion / Tutorial Room	4	20.0	80.0		
D1.2.3	Computer Training Room	2	27.0	54.0		
D1.2.4	Study Room	3	30.0	90.0		3 nos. rooms to be located side-by-side and separated by acoustic folding partition for possible combination of use of rooms.
<b><u>D1.3</u></b>	<b><u>Simulation Centre</u></b>					
D1.3.1	Skill & Demonstration Laboratory - Skill & Demo Room	1	30.0	30.0		
D1.3.2	Skill & Demonstration Laboratory - Work Stations	6	20.0	120.0		Skill & Demo Room and Work Stations can be combined into 1 cellular space where required by acoustic folding partition installed among the rooms.
D1.3.3	Control Room	1	30.0	30.0		
D1.3.4	Equipment Preparation Room	1	20.0	20.0		
D1.3.5	Tele-care Laboratory	1	30.0	30.0		

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
D1.3.6	Demo Consultation Room	1	20.0	20.0		Free accommodation for universities is supported on the understanding that it is contractual obligation.
D1.3.7	One-way Mirror Observation Room	1	20.0	20.0		
D1.3.8	Debriefing Rooms	6	12.0	72.0		
D1.3.9	Registration Area	1	10.0		10.0	
<b>D1.4 CM Library</b>						
D1.4.3	Photocopy / Printing Room	1	7.0	7.0		
D1.4.4	Discussion / AV Viewing Room	1	20.0	20.0		
D1.4.5	Archive / Store Room	1	10.0	10.0		
D1.4.6	Reception, Receiving, Assistant and Check Out Area	1	16.0		16.0	
D1.4.7	Display Area	1	2.0		2.0	
D1.4.8	Information / Resource Corner for OSH, Infection Control, Psychological Support etc	1	6.0		6.0	
D1.4.9	Computerized Catalogue Area	1	10.0		10.0	
D1.4.10	Reading / Study Area	1	80.0		80.0	
D1.4.11	Book Stack Area and Journal, Periodical Shelving and Publication Area	1	100.0		100.0	
D1.4.12	Books & Materials in Process, Storage & Work Area	1	6.0		6.0	
D1.4.13	Alcove - Trolleys	1	5.0		5.0	
D1.4.14	Book Drop	1	9.0		9.0	
<b>D1.5 University Staff Offices</b>						
D1.5.5	General Office (Office Equipment)	3	11.2		33.6	
D1.5.6	General Storage Room	3	10.0	30.0		
<b>D1.6 Support Facilities</b>						
D1.6.1	Alcove - vending machines	1	4.0		4.0	
D1.6.2	Staff Common Room	1	9.0	9.0		
D1.6.3	Staff Changing & Locker (F)	1	56.64	56.64		
D1.6.4	Staff Changing & Locker (M)	1	30.96	30.96		
D1.6.5	Cleaner's Room	3	NA	as appropriate		
D1.6.6	Staff Shower (F)	1	NA	as appropriate		
D1.6.7	Staff Shower (M)	1	NA	as appropriate		

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
D1.6.8	Public Toilet (F)	1	NA	as appropriate		Subject to the design by the works agent.
D1.6.9	Public Toilet (M)	1	NA	as appropriate		Subject to the design by the works agent.
D1.6.10	Public Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>1589.1</b>	<b>311.6</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>1900.7</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>2,382.6</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section D Education, Training and Research - Section D2 Clinical Trial and Research Centre

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
D2.1	<b>Cellular Office</b> <sup>(Note 2)</sup>	3	6.3	18.9		Shared cellular office of 1 no. Ward Manager and 2 nos. Nursing Officers (CM/WM).
	Office - Ward Manager / Nursing Officer (CM/WM)					
	<b>Open Plan</b>					
	<b>Circulation Allowance for cellular office</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Staff)</b>			<b>18.9</b>	<b>0.0</b>	
	<b>Total area (Staff)</b>			<b>18.9</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/  Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
D2.2	Special Featured Ward (6-bed Cubicles)	2	68.0	136.0		9 sq.m per bed x 6 + 13 sq.m circulation space + 1 sq.m area for wash hand basin.
D2.3	Special Featured Ward (4-bed Cubicles)	2	45.7	91.4		9 sq.m per bed x 4 + 8.7 sq.m circulation space + 1 sq.m area for wash hand basin.
D2.4	Admission Room	1	15.0	15.0		
D2.5	CM Consultation cum Teaching Room	3	20.0	60.0		
D2.6	Patient Counselling/Interview Room	1	8.0	8.0		
D2.7	Assessment Room	1	20.0	20.0		
D2.8	CM Intervention cum Teaching Room	1	20.0	20.0		
D2.9	CM Intervention cum Teaching Room (Moxibustion)	1	25.0	25.0		
D2.10	Treatment Room	2	20.0	40.0		
D2.11	Resuscitation Room	1	25.0	25.0		
D2.12	Multi-purpose Activity Room	1	120.0	120.0		
D2.13	Computer Room	1	30.0	30.0		For server installation. 24-hour A/C provision.
D2.14	Data & Record Room	3	30.0	90.0		With computer workstations for data/ record review and processing. 24-hour A/C provision.
D2.15	Specimen Processing Room	1	25.0	25.0		24-hour A/C provision.
D2.16	Medicine Preparation Room (CM/WM)	1	25.0	25.0		
D2.17	Drug storage room	1	20.0	20.0		24-hour A/C provision.
D2.18	Dispensing room	1	15.0	15.0		24-hour A/C provision.
D2.19	Patient Meal Preparation Room	1	9.0	9.0		
D2.20	Gown-up Room	1	5.0	5.0		
D2.21	Gown-down Room	1	5.0	5.0		
D2.22	Store - General	1	20.0	20.0		
D2.23	Store - Medical Consumables	1	20.0	20.0		24-hour A/C provision.
D2.24	Store - Medical Equipment	1	20.0	20.0		24-hour A/C provision.
D2.25	Store - PPE	1	10.0	10.0		24-hour A/C provision.
D2.26	Store - Linen	1	10.0	10.0		24-hour A/C provision.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)	
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>	
				Cellular Office	Open Plan		
D2.27	Clean Utility Room	1	10.0	10.0		Subject to the design by the works agent.	
D2.28	Dirty Utility / Sluice Room	1	10.0	10.0			
D2.29	Clinical Waste Handling / Storage Room	1	3.5	3.5			
D2.30	Cleaner's Room	1	NA	as appropriate			
D2.31	Staff Common Room	1	6.0	6.0			
D2.32	Case Conference Room	1	20.0	20.0			
D2.33	Nurse Station	1	24.0		24.0		
D2.34	Alcove - Workstation	4	1.0		4.0		
D2.35	Alcove - Scale	1	7.0		7.0		
D2.36	Alcove - E-Trolley	2	1.5		3.0		
D2.37	Alcove - Trolleys	8	2.0		16.0		
D2.38	Alcove - Medical Records Trolley	2	1.5		3.0		
D2.39	Alcove - Wheelchair/Stretchers	6	2.5		15.0		
D2.40	Patient Changing & Locker (F)	1	20.0	20.0			
D2.41	Patient Changing & Locker (M)	1	20.0	20.0			
D2.42	Patient Changing & Locker (Disabled)	1	1.0	1.0			
D2.43	Patient Toilet & Shower (F)	1	NA	as appropriate			Maximum no. of concurrent users : 3 Subject to the design by the works agent.
D2.44	Patient Toilet & Shower (M)	1	NA	as appropriate			Maximum no. of concurrent users : 3 Subject to the design by the works agent.
D2.45	Patient Toilet, Shower & bath (Assisted)	2	NA	as appropriate			Maximum no. of concurrent users : 1 Subject to the design by the works agent.
D2.46	Staff Shower (F)	1	NA	as appropriate			Maximum no. of concurrent users : 1 Subject to the design by the works agent.
D2.47	Staff Shower (M)	1	NA	as appropriate			Maximum no. of concurrent users : 1 Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)						
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate		This area is subject to the design of the works agent and it is not counted towards NOFA.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b>Sub-total (Ancillary Facilities)</b>			<b>954.9</b>	<b>72.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>1026.9</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>1,045.8</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.



## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section :** Section E General Supporting Services - Section E1 Community Health Services

**Part I : Space Provision for Staff in Office Accommodation**

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b>Cellular Office</b> <sup>(Note 2)</sup>					
<a href="#">E1.1</a>	<a href="#">Community Health Education &amp; Volunteers</a>					
E1.1.1	Office - SWO	1	6.9		6.9	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E1.1.2	Office - ASWO	4	5.8		23.2	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E1.1.3	Office - Clerical/Executive Assistant	3	4.1		12.3	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
<a href="#">E1.2</a>	<a href="#">Patient Resource Centre</a>					
E1.2.1	Office - Clerical/Executive Assistant	3	4.1		12.3	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
<a href="#">E1.3</a>	<a href="#">Spiritual Support</a>					
E1.3.1	Office - Chaplain, Pastoral, Buddha Care	3	10.0	30.0		To accommodate 2 persons in each room. To serve different religions' personnel.
	<b>Open Plan</b>					

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Circulation Allowance for cellular office <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	Sub-total (Staff)			30.0	54.7	
	Total area (Staff)			84.7		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b><u>E1.1</u></b>	<b><u>Community Health Education &amp; Volunteers</u></b>					
E1.1.4	Multi-purpose function room	1	30.0	30.0		
E1.1.5	Interview / Counselling Room / Class Preparation	2	9.0	18.0		
E1.1.6	Volunteer room	1	28.0	28.0		
E1.1.7	Changing and Locker Room (for volunteers/ patient support group)	1	17.4	17.4		Maximum 20 concurrent users for changing
E1.1.8	Store - General	1	20.0	20.0		
E1.1.9	Store - Equipment & Health Exhibits	1	20.0	20.0		
<b><u>E1.2</u></b>	<b><u>Patient Resource Centre</u></b>					
E1.2.2	Interview / Counselling Room	2	10.0	20.0		
E1.2.3	Equipment Loan for discharged patient	1	10.0	10.0		
E1.2.4	Store - General	1	20.0	20.0		
E1.2.5	Store - Equipment	1	10.0	10.0		
E1.2.6	Patient Multi-purpose Room	1	52.5		52.5	
<b><u>E1.3</u></b>	<b><u>Spiritual Support</u></b>					
E1.3.2	Sanctuary / Multi-purpose Room	1	27.0	27.0		Foldable partitions required for shared use by maximum 3 nos. different religious groups.
E1.3.3	Store - Spiritual Care Material	1	10.0	10.0		
<b><u>E1.4</u></b>	<b><u>General Support for Community Health Services</u></b>					
E1.4.1	Play Area	1	8.0	8.0		
E1.4.2	Conference Room (1)	2	19.0	38.0		
E1.4.3	Conference Room (2)	1	35.0	35.0		
E1.4.4	Staff Common Room (Staff / Volunteer)	1	12.0	12.0		
E1.4.5	Cleaner's Room	1	NA	as appropriate		Subject to the design by the works agent.
E1.4.6	Public Toilet (F)	1	NA	as appropriate		Subject to the design by the works agent.
E1.4.7	Public Toilet (M)	1	NA	as appropriate		Subject to the design by the works agent.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E1.4.8	Public Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
<b>E1.5</b>	<b><u>Cafeteria</u></b>					Total area of Item E1.5.1 to E1.5.11 = 100 sq.m  FHB confirms that the cafeteria is essential to the operation of the hospital and it is considered as commercially viable. FHB will be directly answerable to any possible queries of other authorities (e.g. Audit) in relation to the provision of the cafeteria.
E1.5.1	Food Store	2	4.0	8.0		24-hour A/C provision.
E1.5.2	Equipment / Mic Store	2	2.0	4.0		
E1.5.3	Cafeteria / Dining Area	2	20.0		40.0	
E1.5.4	Work Station / Cooking Area	2	5.0		10.0	
E1.5.5	Raw Food Preparation Area	2	2.0		4.0	
E1.5.6	Cold Kitchen for Deli and Salads	2	3.0		6.0	
E1.5.7	Cooked Food Preparation Area	2	3.0		6.0	
E1.5.8	Portable Refrigerators and Freezers Area	2	2.0		4.0	
E1.5.9	Cleaned Dish Storage Area	2	2.0		4.0	
E1.5.10	Soiled Tray Return and Clean-up Area	2	4.0		8.0	
E1.5.11	General Office	2	3.0		6.0	
E1.5.12	Staff Changing & Locker (F)	1	3.78	3.78		
E1.5.13	Staff Changing & Locker (M)	1	3.78	3.78		
E1.5.14	Staff Changing & Locker (Disabled)	1	0.87	0.87		
E1.5.15	Staff Shower (F)	1	as appropriate	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
E1.5.16	Staff Shower (M)	1	as appropriate	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
E1.5.17	Staff Shower (Disabled)	1	as appropriate	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
<b>E1.6</b>	<b><u>Gardening</u></b>					
E1.6.1	Green House	1	15.0	15.00		
E1.6.2	Storage (Tools and Equipment)	1	10.0	10.00		
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Circulation Allowance for cellular room <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>368.8</b>	<b>140.5</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>509.3</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>594.0</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital

**Department :** Food and Health Bureau

**Division/Section :** Section E General Supporting Services - Section E2 Admission & Building Amenities

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description  (Please indicate new posts with '*' )	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area  (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b>Cellular Office</b> <sup>(Note 2)</sup>					
	<b>Open Plan</b>					
	<b><u>E2.1 Admission &amp; Building Amenities</u></b>					
E2.1.1	Office - Clerical/Executive Assistant	3	4.1		12.3	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	<b><u>E2.2 Death Documentation Office and Release of Information</u></b>					
E2.2.1	Office - Clerical/Executive Assistant	8	4.1		32.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E2.2.2	Office - Office Assistant	2	2.0		4.0	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	<b><u>E2.4 Transportation / Porter / Transfer</u></b>					
E2.4.1	Office - Foremen	4	4.1		16.4	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E2.4.2	Office - Foreman (Contract-out staff )	4	4.1		16.4	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*' )	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
	Sub-total (Staff)			0.0	81.9	
	Total area (Staff)			81.9		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>E2.1</b>	<b><u>Admission &amp; Building Amenities</u></b>					
E2.1.2	Workroom	1	7.7		7.7	
E2.1.3	Alcove - Medical Records Trolley	10	1.5		15.0	
E2.1.4	General Store	1	20.0	20.0		
E2.1.5	Cleaner's Room	1	NA	as appropriate		
E2.1.6	Main Helpdesk / Admission	1	20.0		20.0	With back door connecting to workroom. .
E2.1.7	Patient Waiting Area (for Admission)	1	15.0		15.0	
E2.1.8	Automated Kiosk Area	25	1.5		37.5	Kiosks to be distributed across different areas and service locations of the hospital, including shroff and pharmacy.
E2.1.9	Patient Waiting Area (Lobby)	1	50.0		50.0	To accommodate 50 nos. waiting patients / helpers
E2.1.10	Alcove - Public Self-service	7	15.0		105.0	
<b>E2.2</b>	<b><u>Death Documentation Office and Release of Information</u></b>					
E2.2.3	Offices (Death Document Office and Release of Information)	2	2.0		4.0	Space for office photocopier.
E2.2.4	Alcove - Medical Records Trolley	8	1.5		12.0	
E2.2.5	Interview Room (Patient and family)	1	10.0	10.0		
E2.2.6	Store - Medical Record	1	20.0	20.0		24-hour A/C provision
E2.2.7	Waiting Area	1	8.0		8.0	
<b>E2.3</b>	<b><u>Patient Amenities</u></b>					Total area of Item E2.3.1 to E2.3.5 = 645 sq.m  FHB confirms that the shops and snack bar are essential to the operation of the hospital and they are considered as commercially viable. FHB will be directly answerable to any possible queries of other authorities (e.g. Audit) in relation to the provision of the shops and snack bars.
E2.3.1	Shops (Type 1)	1	200.0	200.0		
E2.3.2	Shops (Type 2)	2	100.0	200.0		
E2.3.3	Shops (Type 3)	1	80.0	80.0		
E2.3.4	Shops (Type 4)	3	40.0	120.0		
E2.3.5	Snack Bar	3	15.0	45.0		



(A) Ref. No.	(B) Description of Facilities (Please indicate new items with '*')	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D) Area for Ref. no. (m <sup>2</sup> )		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E2.3.6	Store Room / Locker	1	20.0	20.0		Self-service lockers for visitors' temporary storage of luggage and belongings.
E2.3.7	Play Area	1	8.0	8.0		
E2.3.8	Babycare Room	8	NA	as appropriate		1 babycare room per floor, G/F~7/F. The area is subject to the design of works agent. The provision of the babycare room does not count towards NOFA.
E2.3.9	Alcove - Wheelchair/Stretchers	1	10.0		10.0	
E2.3.10	Wheelchair / Patient equipment cleansing	1	20.0		20.0	Washing machines with drying function for cleansing disinfecting wheelchairs and stretchers.
E2.3.11	Public Toilet (F)	9	NA	as appropriate		1 no. public toilet per floor, B/F ~ 7/F. Subject to the design by the works agent.
E2.3.12	Public Toilet (M)	9	NA	as appropriate		1 no. public toilet per floor, B/F ~ 7/F. Subject to the design by the works agent.
E2.3.13	Public Toilet (Disabled)	9	NA	as appropriate		1 no. public toilet per floor, B/F ~ 7/F. Subject to the design by the works agent.
<b>E2.4</b>	<b>Transportation / Porter / Transfer</b>					
E2.4.3	Gown-up Room	1	5.0	5.0		
E2.4.4	Gown-down Room	1	5.0	5.0		
E2.4.5	Central Control Room	1	7.6		7.6	Physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E2.4.6	Workroom for contractors	1	7.6		7.6	
E2.4.7	General Store	1	20.0		20.0	
E2.4.8	Trolley Holding Area	1	10.0		10.0	
	<b>NEATS</b>					
E2.4.9	NEATS Waiting Room	1	30.0		30.0	
E2.4.10	NEATS Counter	1	6.0		6.0	
E2.4.11	Patient Toilet (Disabled)	2	NA	as appropriate		Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Circulation Allowance for cellular room <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>733.0</b>	<b>385.4</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>1118.4</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>1,200.3</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section E General Supporting Services - Section E3 Dining, Catering and Kitchen

### Part I : Space Provision for Staff in Office Accommodation

(A) Ref. No.	(B) Ranking of Staff / Description (Please indicate new posts with '*')	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D)		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Area for Ref. no. (m <sup>2</sup> )		
				Cellular Office	Open Plan	
	Cellular Office <sup>(Note 2)</sup>					
	Open Plan					
<a href="#">E3.1</a>	<a href="#">Dining &amp; Catering Facilities for Visitors and Staff</a>					
	<b><u>Kitchen &amp; Support Facilities</u></b>					
E3.1.1	Office - Catering Manager (1)	1	7.7		7.7	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
<a href="#">E3.2</a>	<a href="#">Catering Facilities for Patients</a>					
	<b><u>General Support / Administration</u></b>					
E3.2.1	Office - Catering Manager (2)	1	7.7		7.7	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E3.2.2	Office - Clerical/Executive Assistant	2	4.1		8.2	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E3.2.3	Office - Office Assistant	4	2.0		8.0	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*' )	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
	Sub-total (Staff)			0.0	31.6	
	Total area (Staff)			31.6		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>E3.1</b>	<b><u>Dining &amp; Catering Facilities for Visitors and Staff</u></b>					Total area of Item E3.1.2 to E3.1.18 = 518 m2
	<b><u>Dining Area</u></b>					
E3.1.2	Cafeteria / Dining Area -Staff/Visitors	1	350.0		350.0	
E3.1.3	Served Dining Area -Staff	1	40.0		40.0	With removable partition to accommodate 20 seatings for special function when necessary.
E3.1.4	Food Services Counter	1	33.0		33.0	
E3.1.5	Cashier and Vending Area	1	8.0		8.0	
E3.1.6	Bakery Corner	1	5.0		5.0	
E3.1.7	Clean-up	1	4.0		4.0	
	<b><u>Kitchen &amp; Support Facilities</u></b>					
E3.1.8	Receiving area	1	2.00	2.00		
E3.1.9	Cold Room for Meat Storage	1	10.00	10.00		24-hour A/C provision.
E3.1.10	Cold Room for Vegetable Storage	1	4.00	4.00		24-hour A/C provision.
E3.1.11	Cold Room for Food Storage	1	10.00	10.00		24-hour A/C provision.
E3.1.12	Dry food store	1	10.00	10.00		24-hour A/C provision.
E3.1.13	General / equipment store	1	8.00	8.00		
E3.1.14	Ingredient make up area	1	2.00	2.00		
E3.1.15	Salad, sandwiches and pastry preparation	1	2.00	2.00		
E3.1.16	Dishwashing & ware washing	1	25.00	25.00		
E3.1.17	Pulping - waste handling	1	2.00	2.00		
E3.1.18	Waste holding	1	3.00	3.00		
E3.1.19	Staff Changing & Locker (F)	1	4.83	4.83		
E3.1.20	Staff Changing & Locker (M)	1	2.42	2.42		
E3.1.21	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 2 Subject to the design by the works agent.
E3.1.22	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 2 Subject to the design by the works agent.

(A) Ref. No.	(B) Description of Facilities (Please indicate new items with '*')	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D)		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Area for Ref. no. (m <sup>2</sup> )		
				Cellular Office	Open Plan	
E3.1.23	Public Toilet (F)	1	NA	as appropriate		Subject to the design by the works agent.
E3.1.24	Public Toilet (M)	1	NA	as appropriate		Subject to the design by the works agent.
E3.1.25	Public Toilet (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.
<b>E3.2</b>	<b>Catering Facilities for Patients</b>					Total area of Item E3.2.4 to E3.2.45 = 525 m2
	<b><u>Receiving and Food Storage Rooms</u></b>					
E3.2.4	Dry Store (Canned food)	1	9.0	9.0		24-hour A/C provision.
E3.2.5	Dry Store (Dry food and seasonings)	1	15.0	15.0		24-hour A/C provision.
E3.2.6	Dry Store (Rice/cereal)	1	10.0	10.0		24-hour A/C provision.
E3.2.7	Dry Store (Proprietary products and baby formula)	1	15.0	15.0		24-hour A/C provision.
E3.2.8	Receiving Bay	1	6.0		6.0	
E3.2.9	Receiving Office	1	2.0		2.0	
	<b><u>Cold Storage Area</u></b>					
E3.2.10	Cold Room for Food Storage	1	10.0	10.0		24-hour A/C provision.
E3.2.11	Cold Room (Defrosting Frozen Food)	1	16.0	16.0		24-hour A/C provision.
E3.2.12	Cold Room (Raw Food)	1	16.0	16.0		24-hour A/C provision.
E3.2.13	Cold Room (Prepared Food)	1	16.0	16.0		24-hour A/C provision.
E3.2.14	Cold Room (Fruit & Vegetables)	1	16.0	16.0		24-hour A/C provision.
E3.2.15	Cold Room (Milk)	1	10.0	10.0		24-hour A/C provision.
E3.2.16	Maintenance Workshop for Cold Storage Facilities	1	12.7	12.7		
	<b><u>Preparation and Cooking Area</u></b>					
E3.2.17	Milk / Nutrition Product Preparation Room	1	10.0	10.0		
E3.2.18	Sandwich Preparation and Production	1	4.5	4.5		
E3.2.19	Fruit Preparation	1	3.0		3.0	
E3.2.20	Bakery Preparation and Production	1	10.0		10.0	

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E3.2.21	Raw meat Preparation	1	15.0		15.0	
E3.2.22	Vegetables Preparation	1	9.0		9.0	
E3.2.23	Electric Kettle Area	1	20.0		20.0	
E3.2.24	Combi-oven Area	1	22.0		22.0	
E3.2.25	Cooking Range and Stove Area	2	47.0		94.0	
E3.2.26	Special Diet Cooking Area	1	15.0		15.0	
E3.2.27	Utility Carts Parking Area	1	2.0		2.0	
	<b><u>Central Plating and Trolley Parking</u></b>					
E3.2.28	Central Plating Area	1	27.0		27.0	
E3.2.29	Trolley Parking Area	1	28.0		28.0	
	<b><u>Clean-up</u></b>					
E3.2.30	Waste Handling Room	1	3.0	3.0		
E3.2.31	Garbage Room	1	5.0	5.0		
E3.2.32	Janitor Room	1	3.0	3.0		
E3.2.33	Dishwashing Area	1	35.0		35.0	
E3.2.34	Pot Washing Area	1	10.0		10.0	
E3.2.35	Return Trolley Area	1	5.0		5.0	
E3.2.36	Return Trolley Wash Area	1	5.0		5.0	
	<b><u>Stores</u></b>					
E3.2.37	Cleansing Equipment and Agents Stores	1	5.0	5.0		
E3.2.38	Emergency Store	1	5.0	5.0		

(A) Ref. No.	(B) Description of Facilities (Please indicate new items with '*')	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D) Area for Ref. no. (m <sup>2</sup> )		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>	
				Cellular Office	Open Plan		
E3.2.39	Equipment Store	1	5.0	5.0		24-hour A/C provision.	
E3.2.40	General Store	1	10.0	10.0			
E3.2.41	Utensils Store	1	5.0	5.0			
E3.2.42	Linen & Uniform Store	1	5.0	5.0			
<b><u>General Support / Administration</u></b>							
E3.2.43	General Office	1	4.8		4.8		
E3.2.44	Staff Anteroom	1	6.0	6.0			
E3.2.45	Cleaner's Room	1	NA	as appropriate			Subject to the design by the works agent.
E3.2.46	Staff Common Room	1	9.0	9.0			
E3.2.47	Conference / Meeting Room	1	5.5	5.5			
E3.2.48	Staff Changing & Locker (F)	1	5.51	5.51			
E3.2.49	Staff Changing & Locker (M)	1	2.76	2.76			
E3.2.50	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.	
E3.2.51	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.	
<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)							
<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>						as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
<b>Sub-total (Ancillary Facilities)</b>				<b>320.2</b>	<b>752.8</b>		
<b>Total area (Ancillary Facilities)</b>				<b>1073.0</b>			
<b>Grand Total (Staff + Ancillary Facilities)</b>				<b>1,104.6</b>			

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.



## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section :** Section E General Supporting Services - Section E4 Information Technology & Communications

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E4.1 E4.1.1	Cellular Office <sup>(Note 2)</sup>	2	4.1			Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	Open Plan <a href="#">E4.1 Communications</a>				8.2	
	Office - Clerical/Executive Assistant					
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
	<b>Sub-total (Staff)</b>			0.0	8.2	
	<b>Total area (Staff)</b>			8.2		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<a href="#">E4.1</a>	<a href="#">Communications</a>					
E4.1.2	Office for Switchboard and Operators	1	6.8		6.8	
<a href="#">E4.2</a>	<a href="#">Data Centre and Network Infrastructure</a>					
E4.2.1	Diversified Network Location (DNL)	1	20.0	20.0		24-hour A/C provision.
E4.2.2	Hospital Data Centre (HDC)	1	400.0	400.0		The room size includes spaces required for building services facilities such as 24-hr specialized Computer Room Air Conditioning (CRAC), UPS and Gaseous Fire Extinguishing System. 24-hour air-conditioning
E4.2.3	Equipment Store	1	40.0	40.0		
	<b>Open Plan</b>					
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>460.0</b>	<b>6.8</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>466.8</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>475.0</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section :** Section E General Supporting Services - Section E5 Health Information and Records Management

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b>Cellular Office</b> <sup>(Note 2)</sup>					
	<b>Open Plan</b>					
E5.1	Office - HIRMs	2	5.8		11.6	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E5.2	Office - Clerical Officer	1	4.4		4.4	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E5.3	Office - Clerical/Executive Assistant	12	4.1		49.2	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	<b>Circulation Allowance for cellular office</b> <sup>(Note 3)</sup>					
	<b>Sub-total (Staff)</b>			<b>0.0</b>	<b>65.2</b>	
	<b>Total area (Staff)</b>			<b>65.2</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E5.4	Medico-Legal Record Store	1	10.0	10.0		24-hour airconditioning.
E5.5	Study Room for Doctors	1	15.0	15.0		With computers for 3-4 persons.
E5.6	General Store	1	30.0	30.0		
E5.7	Cleaner's Room	1	NA	as appropriate		Subject to the design by the works agent.
E5.8	Alcove - Medical Records Trolley	8	1.5		12.0	
E5.9	Reception & Waiting Area	1	15.0		15.0	
E5.10	Medical Record Filing Shelves (Inpatient, Daypatient, Outpatient & Allied Health records)	1	449.3	449.3		With mobile and static shelves. 24-hour airconditioning.
E5.11	Record Management (Create folder, tracing, retrieval and filing)	1	20.0		20.0	
E5.12	Assembling & Scanning Process	1	20.0		20.0	
E5.13	Verification Process	1	15.0		15.0	
E5.14	Indexing Process	1	15.0		15.0	
E5.15	Disposal Process	1	5.0		5.0	
E5.16	General Office / Workroom	1	15.4		15.4	Space for office equipment and furniture, including photocopies / fascimile machines.
E5.17	Alcove - Trolleys	1	9.6		9.6	
E5.18	Staff Common Room	1	6.0	6.0		
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area  (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b>Sub-total (Ancillary Facilities)</b>			510.3	127.0	
	<b>Total area (Ancillary Facilities)</b>			637.3		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			702.5		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section :** Section E General Supporting Services - Section E6 Mortuary

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E6.1	Cellular Office <sup>(Note 2)</sup>	1	5.6			Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	Open Plan Office - Mortuary Officer				5.6	
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
<b>Sub-total (Staff)</b>				<b>0.0</b>	<b>5.6</b>	
<b>Total area (Staff)</b>				<b>5.6</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E6.2	Reception	1	12.0		12.0	
E6.3	Body Handling Room	1	24.0	24.0		
E6.4	Storage Chambers Room	1	80.0	80.0		To accommodate 40 nos. body storage chambers. 24-hour A/C provision.
E6.5	Body Storage Room	1	15.0	15.0		Temporary body storage for Direct Body Removal due to religious reasons. 24-hour A/C provision.
E6.6	Farewell Room / Viewing Room	2	18.0	36.0		
E6.7	Encoffining Room	1	30.0	30.0		
E6.8	Interview / Counselling Room	1	20.0	20.0		
E6.9	Ceremony Area	2	50.0	100.0		2 nos. ceremony areas separated by acoustic folding partition and can be combined into 1 large area when necessary.
E6.10	Store - General	1	20.0	20.0		
E6.11	Store - Equipment	1	20.0	20.0		Space for RFID Server. 24-hour A/C provision.
E6.12	Store - PPE	1	10.0	10.0		24-hour A/C provision.
E6.13	Store - Linen	1	10.0	10.0		24-hour A/C provision.
E6.14	Gown-up Room	1	5.0	5.0		
E6.15	Gown-down Room	1	5.0	5.0		
E6.16	Staff Common Room	1	6.0	6.0		
E6.17	Cleaner's Room	1	NA	as appropriate		Subject to the design by the works agent.
E6.18	Waiting Area	1	60.0		60.0	For providing one-stop funeral service.
E6.19	Elevating Trolleys Space	1	30.0		30.0	
E6.20	Joss Paper Burner Room	1	20.00	20.0		
E6.21	Staff Changing & Locker (F)	1	1.21	1.21		
E6.22	Staff Changing & Locker (M)	1	1.89	1.89		
E6.23	Staff Changing & Locker (Disabled)	1	0.87	0.87		
E6.24	Toilet for Guest / Relatives (F)	1	NA	as appropriate		Subject to the design by the works agent.
E6.25	Toilet for Guest / Relatives (M)	1	NA	as appropriate		Subject to the design by the works agent.
E6.26	Toilet for Guest / Relatives (Disabled)	1	NA	as appropriate		Subject to the design by the works agent.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E6.27	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
E6.28	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
E6.29	Staff Shower (Disabled)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>405.0</b>	<b>102.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>507.0</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>512.6</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.



## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section :** Section E General Supporting Services - Section E7 Staff Accommodation & Facilities

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Cellular Office <sup>(Note 2)</sup>					
	Open Plan					
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
	<b>Sub-total (Staff)</b>			<b>0.0</b>	<b>0.0</b>	
	<b>Total area (Staff)</b>			<b>0.0</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities <small>(Please indicate new items with '*' )</small>	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area  (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b><u>E7.1</u></b>	<b><u>Call room / Overnight Room</u></b>					
E7.1.1	Call Room for Doctors (CMP/MO)	12	7.0	84.0		
E7.1.2	Overnight Rooms for Nurses	12	10.5	126.0		
E7.1.3	Ensuite Toilet / Shower	24	NA	as appropriate		For all Call Rooms (item E.7.1.1) and Overnight Rooms (E.7.1.2.). Subject to the design by the works agent.
E7.1.4	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
E7.1.5	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
E7.1.6	Staff Common Room	1	6.0	6.0		
<b><u>E7.2</u></b>	<b><u>Guest / Visiting Scholar Accommodation</u></b>					
E7.2.1	Overnight Stay for Senior Teaching Staff (ensuite)	2	20.0	40.0		
E7.2.2	Overnight Stay for Teaching Staff (ensuite)	8	20.0	160.0		
E7.2.3	Laundry (self-serving)	1	16.0	16.0		3 nos. sets laundry machines (washing and drying)
E7.2.4	General Store	1	15.0	15.0		
E7.2.5	Cleaner's Room	1	NA	as appropriate		Subject to the design by the works agent.
E7.2.6	Living / Common room	3	25.0		75.0	
E7.2.7	Ensuite Toilet / Shower	10	NA	as appropriate		For all Overnight Stay rooms (items E.7.2.1 and E.7.2.2). Subject to the design by the works agent.
E7.2.8	Staff Common Room	1	6.0	6.0		
<b><u>E7.3</u></b>	<b><u>Barrack Accommodation</u></b>					
E7.3.1	Barrack	8	14.0	112.0		4 nos. beds per room.
E7.3.2	Staff Common Room	1	6.0	6		
E7.3.3	Staff Changing & Locker (F)	1	15.10	15.10		
E7.3.4	Staff Changing & Locker (M)	1	15.10	15.10		
E7.3.5	Staff Changing & Locker (Disabled)	1	0.87	0.87		
E7.3.6	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 2 Subject to the design by the works agent.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*') )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E7.3.7	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 2 Subject to the design by the works agent.
E7.3.8	Staff Shower (Disabled)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
<b>E7.4</b>	<b><u>General Support for Accommodation</u></b>					
E7.4.1	Linen Room	1	10.0	10.0		24-hour A/C provision.
E7.4.2	Store Room	1	10.0	10.0		
E7.4.3	Cleaner's Room	2	NA	as appropriate		Subject to the design by the works agent.
E7.4.4	Reception & Waiting Area	1	10.0		10.0	
<b>E7.5</b>	<b><u>Staff Facilities</u></b>					
E7.5.1	Staff Changing & Locker - Prof. Staff (F)	1	306.82	306.82		
E7.5.2	Staff Changing & Locker - Prof. Staff (M)	1	145.66	145.66		
E7.5.3	Staff Changing & Locker - Other Grade (F)	1	145.52	145.52		
E7.5.4	Staff Changing & Locker - Other Grade (M)	1	67.78	67.78		
E7.5.5	Staff Changing & Locker - Contract-out (F)	1	50.84	50.84		
E7.5.6	Staff Changing & Locker - Contract-out (M)	1	50.84	50.84		
E7.5.7	Staff Shower - Prof. Staff (F)	1	NA	as appropriate		Maximum no. of concurrent users : 14 Subject to the design by the works agent.
E7.5.8	Staff Shower - Prof. Staff (M)	1	NA	as appropriate		Maximum no. of concurrent users : 7 Subject to the design by the works agent.
E7.5.9	Staff Shower - Other Grade (F)	1	NA	as appropriate		Maximum no. of concurrent users : 10 Subject to the design by the works agent.
E7.5.10	Staff Shower - Other Grade (M)	1	NA	as appropriate		Maximum no. of concurrent users : 5 Subject to the design by the works agent.
E7.5.11	Staff Shower - Contract-out (F)	1	NA	as appropriate		Maximum no. of concurrent users : 3 Subject to the design by the works agent.
E7.5.12	Staff Shower - Contract-out (M)	1	NA	as appropriate		Maximum no. of concurrent users : 3 Subject to the design by the works agent.
E7.5.13	Babycare Room	1	NA	as appropriate		The area is subject to the design of works agent. The provision of the babycare room does not count towards NOFA.
E7.5.14	Staff Common Room	1	24.0		24.0	
E7.5.15	Staff Common Room (Senior Staff)	1	21.0		21.0	
E7.5.16	Lactation Room	1	NA	as appropriate		The lactation room should be able to serve two users at the same time. The actual area of the room is subject to the design of works agent. The provision of the lactation room does not count towards NOFA.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E7.5.17	Staff Pantry	18	NA	as appropriate		Two pantries (each up to 8.8 m2) might be provided per floor for shared use of the same floor. The area of each pantry has included the provision for a "water-main as as water source" water dispenser subject to site constraints and technical feasibility. The actual size of pantry is subject to the design by the works agent.
	Others (e.g. Carparks for government vehicles, outdoor space)					
	Circulation Allowance for cellular room <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>1389.5</b>	<b>130.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>1519.5</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>1,519.5</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

*(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)*

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section :** Section E General Supporting Services - Section E8 Office & Administration

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with *1)	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b>Cellular Office</b> <sup>(Note 2)</sup>					
	<b><u>E8.1</u> <u>Medical</u></b>					
E8.1.1	Office - Consultant CMP	21	19.0	399.0		
E8.1.2	Office - Consultant (WM)	16	19.0	304.0		
E8.1.3	Office - Associate Consultant / Senior CMP	41	8.8	360.8		
E8.1.4	Office - Associate Consultant (WM)	7	8.8	61.6		
E8.1.5	Office - Resident CMP	62	5.8		359.6	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.1.6	Office - Training CMP	23	5.8		133.4	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	<b><u>E8.2</u> <u>Nursing Administration</u></b>					
E8.2.1	Office - Nursing Director	1	8.8	8.8		
E8.2.2	Office - PS to Nursing Director	1	5.9	5.9		Shared cellular office.
E8.2.3	Office - DOM/SNO	4	6.3		25.2	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.2.4	Office - Nursing Officer	6	6.3		37.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.2.5	Office - Clerical Officer	4	4.4		17.6	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*') )	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>E8.3</b>	<b>Outreach</b>					
E8.3.1	Office - Outreach team	12	5.8		69.6	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.3.2	Office - Clerical Officer	2	4.4		8.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
<b>E8.4</b>	<b>Administration</b>					
E8.4.1	Office - HCE	1	23.0	23.0		Back door connected to Board room area.
E8.4.2	Office - PS to HCE	1	5.9	5.9		Shared cellular office.
E8.4.3	Office - CM Medical Director	1	19.0	19.0		
E8.4.4	Office - WM Medical Director	1	19.0	19.0		
E8.4.5	Office - Administrative & Human Resources Director	1	8.8	8.8		
E8.4.6	Office - PS to Directors	3	5.9	17.7		Shared cellular office.
E8.4.7	Office - Senior Hospital Administrator	3	7.7		23.1	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.4.8	Office - Hospital Administrator I	7	7.7		53.9	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.4.9	Office - Hospital Administrator II	5	5.8		29.0	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.4.10	Office - PS & Clerical support	30	5.9		177.0	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.4.11	Office - Board Chairman	1	23.0	23.0		
E8.4.12	Office - Board Members	6	8.8	52.8		
E8.4.13	Office - Accountant (Internal Audit)	1	7.7		7.7	
E8.4.14	Office - Clerical/Executive Assistant	4	4.1		16.4	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
<b>E8.5</b>	<b>Finance</b>					
E8.5.1	Office - Finance Director	1	8.8	8.8		
E8.5.2	Office - PS to Finance Director	1	5.9	5.9		Shared cellular office.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*') )	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E8.5.3	Office - Accountant	1	7.7		7.7	
E8.5.4	Office - Accounting Officer I	2	6.9		13.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.5.5	Office - Accounting Officer II	4	6.9		27.6	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.5.6	Office - Clerical Officer	7	4.4		30.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
<b>E8.6</b>	<b>Human Resources</b>					
E8.6.1	Office - Senior Hospital Administrator	1	7.7		7.7	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.6.2	Office - Hospital Administrator I	3	7.7		23.1	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.6.3	Office - Hospital Administrator II	2	5.8		11.6	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.6.4	Office - Clerical Officer	6	4.4		26.4	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
<b>E8.7</b>	<b>Patient Relations Unit</b>					
E8.7.1	Office - Patient Relations Officer	1	7.7		7.7	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.7.2	Office - Clerical/Executive Assistant	2	4.1		8.2	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*') )	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>E8.8</b>	<b>Credit &amp; Collection</b>					
E8.8.1	Office - Accounting Officer	1	6.9		6.9	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.8.2	Office - Clerical Officer	2	4.4		8.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
<b>E8.9</b>	<b>IT</b>					
E8.9.1	Office - Senior Systems Manager	1	8.8	8.8		
E8.9.2	Office - Systems Manager	1	7.7		7.7	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.9.3	Office - Analyst/Programmer	4	5.8		23.2	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E8.9.4	Office - Computer Operator I/II	5	4.4		22.0	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	<b>Open Plan</b>					
	<b>Circulation Allowance for cellular office <sup>(Note 3)</sup></b>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Staff)</b>			<b>1332.8</b>	<b>1,192.3</b>	
	<b>Total area (Staff)</b>			<b>2525.1</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.



## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<a href="#">E8.2</a>	<a href="#">Nursing Administration</a>					
E8.2.6	Infection Control Office (Office Equipment)	1	2.4		2.4	
E8.2.7	General Office (Office Equipment)	1	2.4		2.4	
E8.2.8	N95 fit-test room	1	5.0		5.0	
E8.2.9	Filing Storage	1	10.0		10.0	
<a href="#">E8.3</a>	<a href="#">Outreach</a>					
E8.3.3	Workroom	1	20.0		20.0	
E8.3.4	General Office (office equipment)	1	11.2		11.2	
E8.3.5	Store - Medical Consumables	1	10.0	10.0		24-hour A/C provision.
E8.3.6	Medical Record Filing Storage	1	10.0	10.0		24-hour A/C provision.
E8.3.7	Linen Room	1	10.0	10.0		24-hour A/C provision.
<a href="#">E8.4</a>	<a href="#">Administration / GR</a>					
E8.4.15	Hospital Board Room	1	80.0	80.0		
E8.4.16	Interview Room / Waiting Area	1	9.0	9.0		
E8.4.17	Medical Record Filing Storage (for HCE)	1	15.0	15.0		24-hour A/C provision.
E8.4.18	Storage	1	10.0		10.0	
E8.4.19	Telephone Operator Room	1	10.0	10.0		24 hour operation area. 24-hour A/C provision.
E8.4.20	General Office (office equipment)	1	3.6		3.6	
E8.4.21	Central Reception Counter	1	8.0		8.0	
<a href="#">E8.5</a>	<a href="#">Finance</a>					
E8.5.7	Filing Storage	1	26.0		26.0	
E8.5.8	General Office (office equipment)	1	4.2		4.2	

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>E8.6</b>	<b>Human Resources</b>					
E8.6.5	Interview Room	1	9.0	9.0		
E8.6.6	Testing/Consult Room	1	6.0	6.0		
E8.6.7	Filing Storage	1	15.0		15.0	
E8.6.8	Reception	1	6.0		6.0	
E8.6.9	General Office (office equipment)	1	3.6		3.6	
<b>E8.7</b>	<b>Patient Relations Unit</b>					
E8.7.3	Patient Complaint Interview Room	2	15.0	30.0		
E8.7.4	General Office (Office Equipment)	1	1.8		1.8	
E8.7.5	General Store	1	10.0		10.0	
E8.7.6	Medical Record Filing Room	1	10.0	10.0		24-hour A/C provision.
E8.7.7	Confidential Record Filing	1	5.0	5.0		For medico-legal records. 24-hour A/C provision.
E8.7.8	Waiting Area	1	12.0		12.0	
<b>E8.8</b>	<b>Credit &amp; Collection</b>					
E8.8.3	Strong Room with safe.	1	13.0	13.0		Including 2 nos. safe (@ 1.0 sq.m)
E8.8.4	Patient Valuables Room	1	3.5	3.5		
E8.8.5	Workroom (office equipment)	1	11.6		11.6	
E8.8.6	Filing Storage	1	15.0		15.0	
E8.8.7	Server Room	1	7.0	7.0		
E8.8.8	Patient Fees Collection Counter (Central Shroff)	1	20.0		20.0	4 counters x 5sqm each. With at least 1 counter with disabled access.
E8.8.9	Queuing Area	1	20		20.0	Queuing area to accommodate approx. 20-25 persons, ticketing machines and automatic kiosks.
E8.8.10	Staff Common Room	1	6.0	6.0		
<b>E8.9</b>	<b>IT</b>					
E8.9.5	Filing Storage	1	10.0		10.0	
E8.9.6	Storage	1	10.0		10.0	
E8.9.7	Testing and repair	1	15.0		15.0	24-hour A/C provision.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>E8.10</b>	<b>Common Supporting Facilities</b>					
E8.10.1	Conference Room	6	19.0	114.0		Foldable partitions for 4 nos. of the conference rooms to allow flexibility to combine into a larger conference room.  Subject to the design by the works agent.  The lactation room should be able to serve two users at the same time. The actual area of the room is subject to the design of works agent. The provision of the lactation room does not count towards NOFA.
E8.10.2	Conference Room	2	27.0	54.0		
E8.10.3	Store - General	1	20.0		20.0	
E8.10.4	Filing Storage	1	30.0		30.0	
E8.10.5	Cleaner's Room	1	NA	as appropriate		
E8.10.6	Lactation Room	1	NA	as appropriate		
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>401.5</b>	<b>302.8</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>704.3</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>3,229.4</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

*(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)*

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section E General Supporting Services - Section E9 Purchasing & Stores

**Part I : Space Provision for Staff in Office Accommodation**

(A) Ref. No.	(B) Ranking of Staff / Description (Please indicate new posts with '*' )	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D)		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Area for Ref. no. (m <sup>2</sup> )		
				Cellular Office	Open Plan	
	Cellular Office <sup>(Note 2)</sup>					
	Open Plan					
<a href="#">E9.2</a>	<a href="#">Admin &amp; Support</a>					
E9.2.1	Office - Senior Supplies Officer	1	7.7		7.7	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E9.2.2	Office - Supplies Officer / Assistant Supplies Officer	2	5.8		11.6	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E9.2.3	Office - Supplies Supervisor I	2	5.6		11.2	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E9.2.4	Office - Supplies Supervisor II	2	4.8		9.6	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E9.2.5	Office - Clerical Officer	6	4.4		26.4	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
	<b>Sub-total (Staff)</b>			<b>0.0</b>	<b>66.5</b>	
	<b>Total area (Staff)</b>			<b>66.5</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>E9.1</b>	<b>Stores</b>					
E9.1.1	Bulk Store	1	400.0	400.0		
E9.1.2	Medical / Laboratory Consumables Stores	1	40.0	40.0		24-hour A/C provision.
E9.1.3	Emergency Store	1	30.0	30.0		24-hour A/C provision.
E9.1.4	Forms & Stationery Store	1	20.0	20.0		
E9.1.5	Working Store	1	100.0	100.0		
E9.1.6	Medical Equipment Inspection Store	1	100.0	100.0		24-hour A/C provision.
E9.1.7	General Store	4	100.0	400.0		
E9.1.8	Store for Condemnation Items	1	50.0	50.0		
	<b><u>Dangerous Goods (DG) Stores &amp; VIE Tank</u></b>					
E9.1.9	DG Store - CAT 2	6	15.0	90.0		
E9.1.10	DG Store - CAT 2 (Medical gas cylinders)	1	15.0	15.0		
E9.1.11	DG Store - CAT 2 (Medical air manifold room)	1	15.0	15.0		
E9.1.12	DG Store - CAT 2 (Oxygen manifold room)	1	15.0	15.0		
E9.1.13	DG Store - CAT 2 (Anaesthetic gas manifold room)	1	15.0	15.0		
E9.1.14	DG Store - CAT 3	1	18.0	18.0		
E9.1.15	DG Store - CAT 4	1	18.0	18.0		
E9.1.16	DG Store - CAT 5	6	15.0	90.0		
E9.1.17	DG Store - CAT 5 (Inflammables)	1	15.0	15.0		
E9.1.18	DG Store - CAT 7 (H <sub>2</sub> O <sub>2</sub> for equipment sterilisation)	1	18.0	18.0		
<b>E9.2</b>	<b>Admin &amp; Support</b>					
E9.2.6	Stock Keeping Workroom	1	30.0		30.0	
E9.2.7	Record Filing Room	1	30.0		30.0	
E9.2.8	Staff Common Room	1	6.0	6.0		
E9.2.9	Cleaner's Room	1	NA	as appropriate		Subject to the design by the works agent.
E9.2.10	General Office (Office Equipment)	1	3.6		3.6	Space for office equipment.

(A) Ref. No.	(B) Description of Facilities (Please indicate new items with '*')	(C) No. of Rooms / Persons / F&E Items	(D) Space Std./ Unit Area (m <sup>2</sup> )	(E) = (C) x (D) Area for Ref. no. (m <sup>2</sup> )		(F) Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E9.2.11	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
E9.2.12	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
<b>E9.3</b>	<b><u>Logistics Centre</u></b>					
E9.3.1	Logistics Centre	8	30.0		240.0	To be located on each floor of G/F ~ 7/F. Ancillary working space for AMR transport vs. human portering coordination including temporary parking, sorting and/or working tasks on various goods' distribution to various departments, between AMR stations and users' department/ working areas.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>1455.0</b>	<b>303.6</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>1758.6</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>1,825.1</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section** Section E General Supporting Services - Section E10 Laundry & Linen Services

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Cellular Office <sup>(Note 2)</sup>					
	Open Plan					
E10.1	Office - Laundry Manager	1	5.8		5.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E10.2	Office - Clerical Officer	3	4.4		13.2	
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
<b>Sub-total (Staff)</b>				<b>0.0</b>	<b>19.0</b>	
<b>Total area (Staff)</b>				<b>19.0</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E10.3	Boiler Operator Duty Room	1	9.0	9.0		Maintenance office of the steam boiler room. 24-hour A/C provision for 24-hour operation hours.
E10.4	Soiled Linen Reception and Sorting	1	100.0	100.0		
E10.5	Infected Linen Laundry Section	1	20.0	20.0		
E10.6	Washing Section	1	100.0	100.0		
E10.7	Drying Section	1	60.0	60.0		
E10.8	Finishing Section	1	340.0	340.0		
E10.9	Uniform Exchange / Store Room	1	150.0	150.0		24-hour A/C provision.
E10.10	Linen Cart Exchange Room	1	150.0	150.0		24-hour A/C provision.
E10.11	Shelf Stock Stores for Linen Articles	1	50.0	50.0		24-hour A/C provision.
E10.12	Holding Stores for Laundry Consumables	1	20.0	20.0		
E10.13	Holding Stores for Unservicable Linen	1	20.0	20.0		
E10.14	Soiled Linen Holding Room	16	8.0	128.0		2 no per floor, G/F ~ 7/F.
E10.15	Soiled Linen Room	1	20.0	20.0		
E10.16	Mending Room	1	15.0	15.0		
E10.17	Patient Bedding and Linen Clothing Store	1	30.0	30.0		24-hour A/C provision.
E10.18	Uniform Store	1	30.0	30.0		24-hour A/C provision.
E10.19	Storeroom (PPE and other sundries storage)	1	10.0	10.0		24-hour A/C provision.
E10.20	Staff Common Room (Clean Zone)	1	6.0	6.0		
E10.21	Staff Common Room (Dirty Zone)	1	6.0	6.0		
E10.22	Linen Cart Decontamination Area	1	10.0		10.0	
E10.23	Linen Trolley Holding Area	1	13.0		13.0	
E10.24	Staff Changing & Locker (Dirty Zone) (F)	1	10.38	10.38		
E10.25	Staff Changing & Locker (Dirty Zone) (M)	1	5.02	5.02		
E10.26	Staff Changing & Locker (Clean Zone) (F)	1	10.38	10.38		
E10.27	Staff Changing & Locker (Clean Zone) (M)	1	5.02	5.02		
E10.28	Staff Shower (Dirty Zone) (F)	1	NA	as appropriate		Maximum no. of concurrent users : 3 Subject to the design by the works agent.



(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E10.29	Staff Shower (Dirty Zone) (M)	1	NA	as appropriate		Maximum no. of concurrent users : 3 Subject to the design by the works agent.
E10.30	Staff Shower (Clean Zone) (F)	1	NA	as appropriate		Maximum no. of concurrent users : 2 Subject to the design by the works agent.
E10.31	Staff Shower (Clean Zone) (M)	1	NA	as appropriate		Maximum no. of concurrent users : 2 Subject to the design by the works agent.
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>1294.8</b>	<b>23.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>1317.8</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>1,336.8</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :**

Development of Chinese Medicine Hospital

**Department :**

Food and Health Bureau

**Division/Section**

Section E General Supporting Services - Section E11 Plant Maintenance

**Part I : Space Provision for Staff in Office Accommodation**

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	<b>Cellular Office</b> <sup>(Note 2)</sup>					
	<b>Open Plan</b>					
	<b><u>E11.1</u></b> <b><u>Building Maintenance</u></b>					
E11.1.1	Building Maintenance Contractor Site Office	5	6.9		34.5	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.1.2	ArchSD Site Office	2	6.9		13.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.1.3	Office - Facility Manager	1	7.7		7.7	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.1.4	Office - Clerical Officer	8	4.4		35.2	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	<b><u>E11.2</u></b> <b><u>EMSD Maintenance Workshop</u></b>					
E11.2.1	Electrical and Mechanical Engineer	1	8.7		8.7	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.2.2	Senior Electrical Inspector	1	6.9		6.9	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.2.3	Mechanical Inspector	1	4.1		4.1	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.2.4	Electronics Inspector	1	5.8		5.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description  (Please indicate new posts with '**')	No. of Rooms / Persons/ F&E Items	Space Std./ Unit Area  (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E11.2.5	Building Services Inspector	1	4.1		4.1	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.2.6	Assistant Electrical Inspector	1	4.1		4.1	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.2.7	Assistant Building Services Inspector	1	4.1		4.1	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.2.8	Assistant Mechanical Inspector	1	4.1		4.1	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.2.9	Assistant Electronics Inspector	2	4.8		9.6	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.2.10	Assistant Air-conditioning Inspector	2	4.1		8.2	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.2.11	Works Supervisor I	3	2.0		6.0	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.2.12	Works Supervisor II	6	2.0		12.0	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.2.13	Assistant Clerical Officer	1	4.4		4.4	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E11.2.14	Supplies Supervisor II	1	4.8		4.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	<b>Circulation Allowance for cellular office <sup>(Note 3)</sup></b>					
	<b>Sub-total (Staff)</b>			<b>0.0</b>	<b>178.1</b>	
	<b>Total area (Staff)</b>			<b>178.1</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<b>E11.1</b>	<b><u>Building Maintenance</u></b>					
E11.1.5	Bio-medical Engineering Workshop	1	100.0	100.0		24-hour A/C provision.
E11.1.6	Bio-medical Equipment Store	1	10.0	10.0		
E11.1.7	Day-to-day Workroom	1	50.0	50.0		
E11.1.8	Hospital Engineering Service Workshop	1	145.0	145.0		
E11.1.9	Building Maintenance Workshop	1	40.0	40.0		
E11.1.10	Store Room	1	35.0	35.0		
E11.1.11	CCMS Control Room	1	30.0	30.0		
E11.1.12	Staff Common Room (Dirty Zone)	1	6.0	6.0		
E11.1.13	General Office (office equipment)	1	4.8		4.8	
E11.1.14	Building Maintenance Contractor Workshop	1	40.0		40.0	
E11.1.15	Building Maintenance Contractor Storage	1	20.0		20.0	
E11.1.16	Staff Changing & Locker (F)	1	3.47	3.47		
E11.1.17	Staff Changing & Locker (M)	1	6.94	6.94		
E11.1.18	Staff Changing & Locker (Disabled)	1	0.87	0.87		
E11.1.19	Staff Shower (F)	1	NA	as appropriate		
E11.1.20	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 2 Subject to the design by the works agent.
E11.1.21	Staff Shower (Disabled)	1	NA	as appropriate		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
<b>E11.2</b>	<b><u>EMSD Maintenance Workshop</u></b>					
E11.2.15	EMSD Staff Changing & Locker (M)	1	29.82	29.82		
E11.2.16	EMSD Staff Changing & Locker (F)	1	5.89	5.89		

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
E11.2.17	EMSD Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 3 Subject to the design by the works agent.
E11.2.18	EMSD Staff Shower (F)	1	NA	as appropriate		
E11.2.19	EMSD Site Office (Meeting Room)	1	12.0	12		Maximum no. of concurrent users : 1 Subject to the design by the works agent.
E11.2.20	EMSD Site Office (Document Store)	1	7.4	7.4		
E11.2.21	EMSD Maintenance Workshop for EMABS	1	120.0		120.0	24-hour A/C provision.
E11.2.22	EMSD Storage (Spare parts and equipment)	1	60.0		60.0	
E11.2.23	EMSD Shift Duty Room (CCMS control room)	1	38.0		38.0	
	<b>Others</b> (e.g. Carparks for government vehicles, outdoor space)					This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Circulation Allowance for cellular room</b> <sup>(Note 3)</sup>				as appropriate	
	<b>Sub-total (Ancillary Facilities)</b>			<b>482.4</b>	<b>282.8</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>765.2</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>943.3</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section :** Section E General Supporting Services - Section E12 Supporting Services

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with <sup>'*</sup> )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Cellular Office <sup>(Note 2)</sup>					
	Open Plan					
<a href="#">E12.1</a>	<a href="#">Supporting Services</a>					
E12.1.1	Office - Chief Hospital Foreman	1	4.8		4.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E12.1.2	Office - Hospital Foreman	5	4.1		20.5	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
	<b>Sub-total (Staff)</b>			<b>0.0</b>	<b>25.3</b>	
	<b>Total area (Staff)</b>			<b>25.3</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities  (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area  (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
<a href="#">E12.1</a>	<a href="#">Supporting Services</a>					
E12.1.3	Office - Domestic Service Contractor	1	20.0		20.0	To accommodate 5 nos. contractor staff equivalent to Senior Foreman or Foreman. There is contractual obligation to provide free accommodation to contractor staff. Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E12.1.4	Store - General Equipment, Supplies for all Public Toilets	1	15.0	15.0		24-hour A/C provision.
E12.1.5	Store - Medical Equipment	1	15.0	15.0		
E12.1.6	Store - General Storage for Outsourced Contractor	1	10.0	10.0		
E12.1.7	Clinical Waste Handling / Storage Room	1	30.0	30.0		
E12.1.8	Chemical Waste Handling/ Storage Room	1	10.0	10.0		
E12.1.9	Mail Room	1	10.0	10.0		
E12.1.10	Print Shop	1	12.0		12.0	Can be open plan where physical boundary should be provided to segregate office areas (with controlled access) from the public/patients.
E12.1.11	Training / Meeting room	1	9.0	9.0		
E12.1.12	Cleaner's Room	2	NA	as appropriate		Subject to the design by the works agent.
E12.1.13	Staff Common Room (Dirty Zone)	1	6.0	6.0		
E12.1.14	Staff Shower (F)	1	NA	as appropriate		Maximum no. of concurrent users : 2 Subject to the design by the works agent.
E12.1.15	Staff Shower (M)	1	NA	as appropriate		Maximum no. of concurrent users : 2 Subject to the design by the works agent.
<a href="#">E12.2</a>	<a href="#">Autonomous Mobile Robot ("AMR")</a>					
E12.2.1	AMR Home Station	33	3.0		99.0	33 nos. charging & parking stations in 2 nos. zones of stations.
E12.2.2	AMR Satellite Station (send/ receive)	341	2.0		682.0	Distribute across different locations/departments of the hospital.
E12.2.3	AMR Satellite Station (waiting/ temporary parking)	16	2.0		32.0	2 nos. per floor at G/F ~ 7/F supporting the Home Station to be located at lower ground floor.
E12.2.4	AMR Control Room	2	10.0	20.0		2 nos. rooms housing control equipment, workstations for AMR systems at 2 nos. zones of AMR Home Stations. 24-hr operation.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with '*')	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Open Plan					
	Others (e.g. Carparks for government vehicles, outdoor space)					
	Circulation Allowance for cellular room <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>125.0</b>	<b>845.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>970.0</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>995.3</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.



## Schedule of Accommodation Form

(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form.)

**Project No. / Description :** Development of Chinese Medicine Hospital  
**Department :** Food and Health Bureau  
**Division/Section :** Section E General Supporting Services - Section E13 Security & Carpark

### Part I : Space Provision for Staff in Office Accommodation

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Ranking of Staff / Description (Please indicate new posts with <sup>1*</sup> )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Cellular Office <sup>(Note 2)</sup>					
	Open Plan					
<a href="#">E13.1</a>	<a href="#">Security</a>					
E13.1.1	Office - Chief Hospital Foreman (Security Manager)	1	4.8		4.8	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
E13.1.2	Office - Clerical/Executive Assistant	2	4.1		8.2	Where necessary, physical boundary should be provided to segregate office areas (with controlled access) from the public and/or patients.
	Circulation Allowance for cellular office <sup>(Note 3)</sup>					
	<b>Sub-total (Staff)</b>			<b>0.0</b>	<b>13.0</b>	
	<b>Total area (Staff)</b>			<b>13.0</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.

## Schedule of Accommodation Form

*(Before filling in information, please read the Guidelines for Completion of Schedule of Accommodation Form)*

### Part II : Space Provision for Ancillary Facilities

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities <small>(Please indicate new items with '**')</small>	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area  (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <small>(Note 1)</small>
				Cellular Office	Open Plan	
<b>E13.1</b>	<b><u>Security</u></b>					
E13.1.3	Security Guard Booth	3	2.5	7.5		
E13.1.4	Workroom - Control cum Staff Briefing Room	1	42.8	42.8		
E13.1.5	Store - Equipment	1	15.0	15.0		
<b>E13.2</b>	<b><u>Carpark</u></b>					
E13.2.1	Security Guard Booth	1	2.5	2.5		
E13.2.2	Carpark Guard Booth	2	2.5	5.0		
E13.2.3	Control Room	1	6.0	6.0		
E13.2.4	Store room for carpark wash	1	10.0	10.0		
E13.2.5	Car parking spaces	134	NA		as appropriate	Subject to the design by the works agent.
E13.2.6	Parking spaces for Ambulance	3	NA		as appropriate	Subject to the design by the works agent.
E13.2.7	PVP parking spaces for private cars / Light Goods Vehicles / Light Buses / Motorcycles	as appropriate	NA		as appropriate	Subject to the design by the works agent.
E13.2.8	Shroff cum Control Room for PVP	1	29.5	29.5		
E13.2.9	Strong Room (PVP)	1	4.0	4		To be located inside Shroff Office.
E13.2.10	Store Room for Storage of Carpark Equipment (PVP)	1	4.0	4		
E13.2.11	Carpark Guard Booth (PVP)	1	2.5	2.5		
E13.2.12	Contractor Staff Changing and Locker (PVP)	1	4.304	4.304		Free accommodation for contractor staff is supported on the understanding that there is contractual obligation.

(A)	(B)	(C)	(D)	(E) = (C) x (D)		(F)
Ref. No.	Description of Facilities (Please indicate new items with <sup>**</sup> )	No. of Rooms / Persons / F&E Items	Space Std./ Unit Area (m <sup>2</sup> )	Area for Ref. no. (m <sup>2</sup> )		Remarks/ Special Requirement <sup>(Note 1)</sup>
				Cellular Office	Open Plan	
	Others (e.g. Carparks for government vehicles, outdoor space)					
	Circulation Allowance for cellular room <sup>(Note 3)</sup>				as appropriate	This area is subject to the design of the works agent and it is not counted towards NOFA.
	<b>Sub-total (Ancillary Facilities)</b>			<b>133.1</b>	<b>0.0</b>	
	<b>Total area (Ancillary Facilities)</b>			<b>133.1</b>		
	<b>Grand Total (Staff + Ancillary Facilities)</b>			<b>146.1</b>		

**Note 1:** If there is a need for extended air-conditioning and/or provision of shower facility, please state the requirements under the Remarks/ Special Requirements column and provide the details for consideration. Please see paragraph 6 of the Guidelines for Completion of Schedule of Accommodation Form.

**Note 2:** Staff and related F&E items for a cellular room are to be listed under one Ref. no.

**Note 3:** For details, please see paragraph 10 of the Guidelines for Completion of Schedule of Accommodation Form.