

REVISIONS

lo. Description Date By

## HEALTH DEPARTMENT SIGNATURES

DEPUTY DIRECTOR GENERAL \_\_\_\_

HEAD OFFICE PROGRAMME / SERVICE \_\_\_\_\_\_\_

DISTRICT MANAGER \_\_\_\_\_

CEO / MANAGER OF THE FACILITY \_

DOH PROJECT MANAGER \_\_\_\_\_

IMPLEMENTING AGENT PROJECT MANAGER

PROFESSIONAL SERVICE PROVIDER

AME\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_

ARCHITECT:

ARTEK 4 ARCHITECTS (KZN) CC

Durban: 46 Lena Ahrens Road, Glenwood, Durban 4000
tel: 031 201 0445 fax: 031 201 6609 email:
admindbn@artek4.co.za

Port Shepstone: 19 Tradewinds, Marine Drive, Shelly Beach
tel: 039 682 2447 fax: 039 682 2446 email:
adminps@artek4.co.za



## SOUTHERN REGION

Project

WIMS NO. 044044: SOUTHERN REGION: PORT SHEPSTONE: DEPARTMENT OF HEALTH: PORT SHEPSTONE: PORT SHEPSTONE HOSPITAL: NEW PSYCHIATRIC WARD

Drawing Description

## Metalwork schedule- MW14.16.17.18

1518 427					
1518 427  DOW Drawing number Rev	Scale	Drawn		Date	
DOW Drawing number Rev	Consultant Project No. Dr			g No. Rev	
	1518		427		
	DOW Drawing number				Rev
Stamped by Plans Approval Commitee	-				-
	Stamped by Plans App	roval Commitee	€		•