



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
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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

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