MONONGALIA GENERAL HOSPITAL 1200 J.D. ANDERSON DRIVE, MORGANTOWN, WEST VIRGINIA

STRUCTURAL CONCEPTS AND EXISTING CONDITIONS REPORT



THE PENNSYLVANIA STATE UNIVERSITY DEPARTMENT OF ARCHITECTURAL ENGINEERING SENIOR THESIS 2008-2009

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Executive Summary

Purpose

Monongalia General Hospital Morgantown, WV Structural Concepts/Existing Conditions

This Structural Concepts and Existing Conditions Report (Tech 1) contain the description of the existing physical conditions of the Monongalia General Hospital. This report includes information relative to the design and the design codes associated with the Hospital. Tech 1 will discuss these design codes and provide confirmation through structural analysis the Hospital's structural strength and stability against loads.

Building Description

The Monongalia General Hospital is a 405,994 square feet hospital located in Morgantown, West Virginia. The building project includes a 280,000 square feet addition as well as a 60,000 square feet renovation to the existing structure. The building envelope is a brick façade tied to structural concrete walls with openings for punch windows and curtain wall systems. Aluminum curtain wall systems can be seen all around the Hospital, oriented around lobbies and other major openings on plan. The system consists of insulated tempered spandrel glass framed by aluminum mullions which is tied into the concrete structural system. The main structural system of the Hospital consists of two-way flat plate slabs supported by columns that follow a typical grid and edge beams located in the perimeter of each floor. The loads carried by the columns are transferred to the foundations. The lateral loads are resisted by twelve shear walls of varying height and width located in various portions of the building.

Structural Design

The extent of Tech 1 provides analysis of an existing typical two-way slab, an edge beam, and a column against gravity loads with reference to IBC 2006, ASCE 7-05, and ACI 318-08. All of these members have proved more than adequate, through the calculations; to carry the gravity loads. One must keep in mind that the analyses conducted in Tech 1 neglects all other loads but gravity loads. For the succeeding technical reports, these members will be revisited to be analyzed under more detailed loadings and conditions.

The slab and beam were analyzed simultaneously as per ACI 318-08's section pertaining to twoway slab systems. Upon analysis, these two members have proved to be more than adequate to hold the loads. The slab provided much allowance for heavier load cases. The beam also provided allowance for heavier loads however the design was not as conservative as the slab's.

An exterior column was analyzed for its structural strength and too, provided enough strength to support the loads. The column was assumed to be a short column and analyzed at two different elevations, at the fifth and the first floor. The columns at these two locations were designed very conservatively.

The analysis results of Tech 1 provide further speculation for future reports when considering heavier load cases as well as secondary effects.

Monongalia General Hospital

1200 J.D. Anderson Drive Morgantown, WV

Structural Concepts and Existing Conditions Report

Introduction

The Structural Concepts and Existing Conditions Report (Tech 1) will describe the existing physical conditions of the Monongalia General Hospital. Tech 1 contains information on the different types of loads the Hospital is subjected to and will review and analyze the existing design against the calculated gravity loads to study the structural strength and serviceability of the Hospital. Tech 1 will also provide information on all of the structural components as well as the design codes that were referenced.

The Monongalia General Hospital

The Monongalia General Hospital is located on 1200 J.D. Anderson Drive, West Virginia (Photograph 2 for aerial view). The current project the Hospital is going through is a 340,000 square foot expansion and renovation named the Hazel Ruby McQuain Tower, this new addition will provide more various facilities and departments to the Hospital. The construction started on June of 2006 and is scheduled to be completed on May of 2009 with a design-build contract with a guaranteed maximum price set at an estimated \$69,000,000 by the Turner Construction Company. The Tower has been designed by Freeman White, Inc. from North Carolina and the structure designed by Atlantic Engineering Services from Pittsburgh. (See Appendix A for Project Team Directory)

The Monongalia General Hospital's plan can be divided into four different quads, A, B, C, and D (Figure 1). The first floor of the Monongalia General Hospital occupies 92,086 square feet and houses a boiler/chiller room, electrical rooms, doctors' offices, labs, nurse stations, storage spaces, and a dining space equipped with a food services kitchen. The second floor follows a similar layout but provides more space for examination rooms as well as a gift shop and café on the southern face of Quad A. The third floor mainly consists of patient rooms with the central part of the plan dedicated to operation rooms. The third floor has a reduced square footage compared to those of the floors below with an area of 80,882 square feet; the western section of Quad D does not continue up to the third floor as patient room spaces but provides housing for two air handling units. The fourth floor sees an even less square footage on plan at 53,833 square feet, with the western section of Quad D no longer existing at this elevation. This floor only houses private patient rooms, each equipped with a private toilet and shower. The square footage of the fourth floor continues up to the fifth, housing more private patient rooms as well as a Labor, Delivery, Recovery, and Postpartum (LDRP) rooms in Quad B and C. The sixth floor sees nearly a fifty percent reduction in square footage from the fifth floor with only Quads B and C serving rooms for private patients. The rooftop at Quad A is located at this elevation and houses five air handling units. Acoustic ceiling systems are utilized on each floor to provide

acoustic insulation. The rooftop of the Monongalia General Hospital is used primarily to house mechanical equipment. Two different types of roof systems are utilized: an adhered roof system and a ballasted roof system. The ballasted roof system is only present on the rooftop of Quad A and all other roofs utilize the adhered roof system. (Refer to Figure 2 for building cross section)

The exterior façade of the Monongalia General Hospital is a brick façade tied to 8" structural concrete walls with openings for punch windows and curtain wall systems. Windows are typically aluminum punch window units and located where there are offices and patient rooms, located on the third floor and up. Aluminum curtain wall systems can be seen all around the Hospital, oriented around lobbies and other major openings on plan (Photograph 1 and 3). The system consists of insulated tempered spandrel glass framed by aluminum mullions which is tied into the concrete structural system. Two inch rigid insulation is provided all around the building for insulation.

Structural System

Introduction

The primary structural system of the Monongalia General Hospital is reinforced concrete with several composite floor systems present in parts of the building where appropriate (i.e. canopy/wall junctions, canopy fascia, etc.). The concrete used for the Hospital ranges from 3000 pounds per square inch (psi) to 5000 psi depending on its use. All concrete, as specified by ASTM C150; is normal weight concrete with a minimum weight of 144 pounds per cubic foot, and the reinforcement used are all ASTM A615 – Grade 60 steel reinforcement bars.

Foundation and Columns

Concrete foundations are placed below every column located at a minimum depth of 3'-6" below grade and utilize 3000 psi cast in place concrete. The columns that transfer the loads to these foundations are all 24 inches by 24 inches utilizing 5000 psi cast in place concrete. A total of 100 columns are present in the structure ranging in height from 11'-6" (supports one floor) to the full height of the building 58'-5". There are six columns in the structure in which the column's material changes from concrete to steel. These columns support the canopy in Quad A as well as used as corner columns for the stair towers.

Slabs

The slab on grades are 5" thick normal weight concrete and the slabs used in floors above are two-way flat plate slabs that utilizes 4000 psi normal weight concrete and are used as the primary floor system with the exception of a few in Quad C where an emergency energy plant is present: a composite concrete-steel floor system is used. The two way slab system is 8 inches thick and transfers its load to the columns and concrete edge beams present in the perimeter of each floor.

Beams

The beams are all variable in size although the dominant cross section is an 18 inch by 24 inch beam usually spanning 27' from column to column. Like the columns, the concrete used for the beams are 5000 psi normal weight concrete framed in by the two way slabs. As mentioned earlier, beams in this Hospital are all edge beams with an exception around openings in plan for elevator shafts, stairs, as well as for the energy plant located in the northern part of Quad C.

Shear Walls

There are twelve lateral force resisting shear walls present in the Hospital (Figure 3). All of these are variable sizes ranging in height and width, the most representative shear wall being a $52'-9-1/8'' \times 70'$ wall with two sets of eight #5 bars used at each floor level.

Building Design Loads

Gravity Loads

For the structural analysis, gravity loads were determined as per ASCE 7-05, AISC 13th Edition, IBC 2006, and other relevant publications. The construction documents were also referenced to provide a better perception of code compliant loads. On the following page is a table listing the loads by type and material.

Floor Loads					
Туре	Material/Occupancy	Load	Reference		
	Normal Weight	145 PCF	Drawing G1-2		
	Concrete				
	Steel	Per shape	AISC 13 th Edition		
Dead Load	Brick Masonry	40 PSF	MSJC		
	Partitions	20 PSF	Drawing G1-2		
	Superimposed	10 PSF	*		
	Public Areas	100 PSF	IBC 2006		
	Lobbies	100 PSF	IBC 2006		
	Corridors (1 st Floor)	100 PSF	IBC 2006		
Live Load	Corridors (Above 1F)	80 PSF	IBC 2006		
	Operation Rooms	60 PSF	Drawing G1-2		
	Patient Rooms	40 PSF	Drawing G1-2		
	Mechanical	150 PSF	Drawing G1-2		
	Stairs	100 PSF	Drawing G1-2		
	Roof	Loads	-		
	Normal Weight	145 PCF	Drawing G1-2		
	Concrete				
Dead Load	Steel	Per shape	AISC 13 th Edition		
	Brick Masonry	40 PSF	MSJC		
	Superimposed	10 PSF	**		
Live Load	Roof Live Load	20 PSF	Drawing G1-2		
	Mechanical	150 PSF	Drawing G1-2		
Snow Load	Flat Roof Load	24 PSF	ASCE 7-08		
Rain Load	Rain Load	21 PSF	ASCE 7-08		

*Includes electrical and telecommunications wiring, ductwork, drop ceiling

**Includes ballasting, waterproofing, insulation

Snow drift loads were to be considered as a loading condition as per ASCE 7-08 however this type of loading was determined to be beyond the scope of this report and therefore neglected and will be discussed in future reports.

Lateral Loads

Lateral loads were calculated as per ASCE 7-08. Although the building is only six stories high, these loads must be considered as a design issue. The wind loads were calculated by referencing parameters from ASCE 7-08, IBC 2006, and the United States Geological Service under the analytical method:

-	Basic Wind Speed	90 mph
-	Direction Factor	0.85
-	Occupancy Category	IV
-	Importance Factor	1.15

-	Exposure Category	В
-	Topographic Factor	1
-	Gust Effect Factor	0.85
-	Fundamental Frequency	6.43 (Rigid Structure)
-	Peak Factor	3.4
-	Enclosure	Enclosed

The above listed parameters were used to calculate the wind load in pounds per square feet for the different surfaces of the Hospital:

	Wind Loads				
	North to South Wind Pressure East to West W				
	Height (ft)	Pressure (PSF)	Height	Pressure (PSF)	
	0-15	7.9	0-15	7.9	
	20	8.5	20	8.5	
	25	8.9	25	8.9	
Windward	30	9.6	30	9.6	
	40	10.5	40	10.5	
	50	11.2	50	11.2	
	60	11.3	60	11.3	
	70	11.3	70	11.3	
Leeward	All	-8.3	All	-7.9	
	Base Shear (kips)	362.3	Base Shear	362.3	
	Overturning		Overturning		
	Moment (k-ft)	47875.4	Moment (k-ft)	47875.4	
	Windward to 90°	-12.7	Windward to 90°	-12.7	
Roof	90°-180°	-7.0	90°-180°	-7.0	
	180° to Leeward	-4.2	180° to Leeward	-4.2	

(Refer to Figure 6 and 7 for Wind Loading Diagram)

The seismic loads were also calculated in a similar fashion, by referencing the aforementioned publications, the following parameters were used:

-	Occupancy Category	IV
-	Importance Factor	1.5
-	Seismic Category	А
-	Site Class	С
-	Spectral Acceleration, Short Period	0.133
-	Spectral Acceleration, 1 Second	0.052
-	Site Coefficient, F _a	1.2
-	Site Coefficient, F _v	1.7
-	R-Factor	5.0
	Site Class Spectral Acceleration, Short Period Spectral Acceleration, 1 Second Site Coefficient, F_a Site Coefficient, F_v	C 0.13 0.05 1.2 1.7

These parameters were used under the equivalent lateral force procedure to calculate the base shear of the building as well as the force acting at each floor level:

Seismic Loads			
Floor	Height (ft)	F_x (kips)	
1	0	314.83	
2	12	340.39	
3	24	389.23	
4	35.5	278.90	
5	47	367.52	
6	58.5	455.63	
Roof	70	314.83	
Seismic Base	Shear (kips)	1543.78	
Overturning .	Moment (k-ft)	33854.8	

(Refer to Figure 8 for Seismic Loading Diagram)

Upon analyzing the two lateral load types, the wind load will be the critical load in the design process. (See Appendix E for details)

Structural Design

Please refer to the calculations in Appendix F. Please refer to Figures 4 and 5 for the plan.

Beams

For the beam analysis, Beam FB601 was taken and studied. This beam is an edge beam supporting a slab on the sixth floor. The existing design was a 24" x 18" reinforced concrete beam with #7 bars as reinforcement. A frame analysis as per ACI 318-08 was conducted for the slab and the beam to calculate the required moment. Through the computations, the existing beam design proved to be more than adequate to resist the loads.

Slabs

The analysis of the slab was done simultaneously with beam FB601 (Figures 4, 5) as per ACI 318-08. The slab is an 8 inch thick slab with dimensions of 30'-4" x 30'-4" and proved more than adequate to carry the required moment.

Columns

Column S8 was analyzed for its structural stability (Figure 4). This column, like many others in the Hospital is a typical 24" x 24" column. During this analysis, a simple assumption was made: a short column. For the analysis, the column was analyzed in two different floors. First on the fifth floor holding up the roof, and another time on the first floor holding up 4 floors above it. Through both of these analyses, the column proved to be adequate to hold the loads.

Others

Structural systems such as the shear walls and the roof were neglected from the analyses due to the interest of Tech 1 but will be visited in the future reports for analysis. Other structural systems such as the composite floor system will be another topic of interest. Further analysis is required for all systems in this report by taking into account lateral loads and secondary effects.

Conclusion

The Monongalia General Hospital follows a simple plan and structural system. The structural system is primarily reinforced concrete beams, columns, and two-way slabs. The 100 columns are responsible for holding the weights of the floors. The active lateral load resisting system consists of 12 shear walls of varying size. Through the gravity load analysis, the beam, slab, and column were analyzed and proved more than adequate to carry the loads.

The beam and the slab proved to be designed, within the scope of this report; very conservatively providing much more than enough capacity against the required gravity loads it must resist.

A column was analyzed at two floors under the assumption that it was a short column. When analyzed at the fifth floor, the column proved to be too large for the amount of load that it was required to carry. When analyzed at the first floor, the column capacity was reasonable for the loads coming from the floors above.

However consideration must be made that the members were only analyzed against gravity loads and nothing else. In the future reports these members will be revisited and analyzed under more detailed loadings. Shear walls were also neglected from the analysis and these too, will be analyzed in future reports.

MONONGALIA GENERAL HOSPITAL

STRUCTURAL CONCEPTS AND EXISTING CONDITIONS REPORT

APPENDIX A

PROJECT TEAM

Owner	Monongalia General	Phone: 304-598-7690
	Hospital	Fax: 304-598-7693
	1200 J.D. Anderson Dr.	Website:
	Morgantown, WV 26505	http://www.monhealthsys.org/
Architect and Interiors	Freeman White, Inc.	Phone: 704-523-2230
	8025 Arrowbridge Blvd.	Fax: 704-523-2235
	Charlotte, NC 28273-5665	Website:
		http://www.freemanwhite.com/
Civil Engineer	Alpha Associates, Inc.	Phone: 304-296-8216
	209 Prairie Ave.	Fax: 304-296-8216
	Morgantown, WV 26502	Website: http://www.alphaaec.com/
Construction Manager	Turner Construction	Phone: 412-255-5400
	Company	Fax: 412-255-0249
	Two PNC Plaza, 620	Website:
	Liberty Ave., 27 th Floor	http://www.turnerconstruction.com/
	Pittsburgh, PA 15222-2719	
Geotechnical and	Potesta Engineers and	Phone: 304-225-2245
Environmental	Environmental	Fax: 304-225-2246
Consultant	Consultants	Website: http://www.potesta.com/
	125 Lakeview Drive	
	Morgantown, WV 26508	
Mechanical, Electrical,	Freeman White, Inc.	Phone: 919-782-0699
and Plumbing	2300 Rexwoods Dr., Suite	Fax: 919-783-0139
	300	Website:
	Raleigh, NC 27607	http://www.freemanwhite.com/
Structural Engineer	Atlantic Engineering	Phone: 412-338-9000
	Services	Fax: 412-338-0051
	650 Smithfield St., Suite	Website: http://www.aespj.com/
	1200	
	Pittsburgh, PA 15222	

MONONGALIA GENERAL HOSPITAL

STRUCTURAL CONCEPTS AND EXISTING CONDITIONS REPORT

APPENDIX B

FIGURES

Figure 1: Hospital Divided in Four Quads

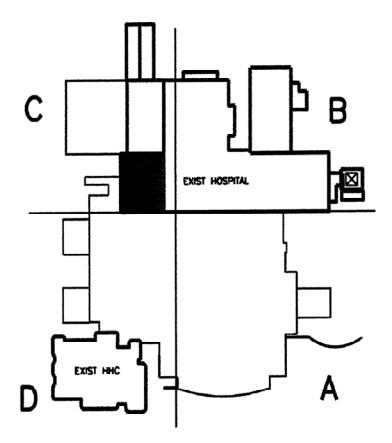


Figure 2: Cross Section of the Monongalia General Hospital

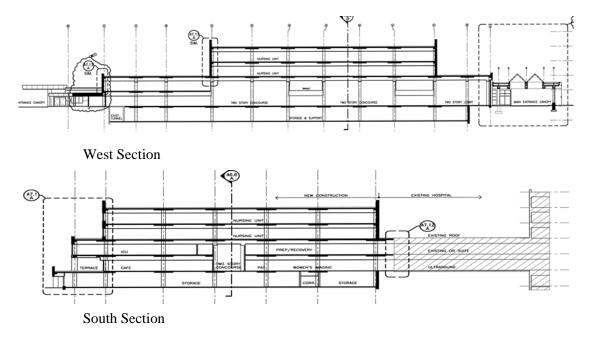


Figure 3: Location of Shear Walls (Colored in blue)

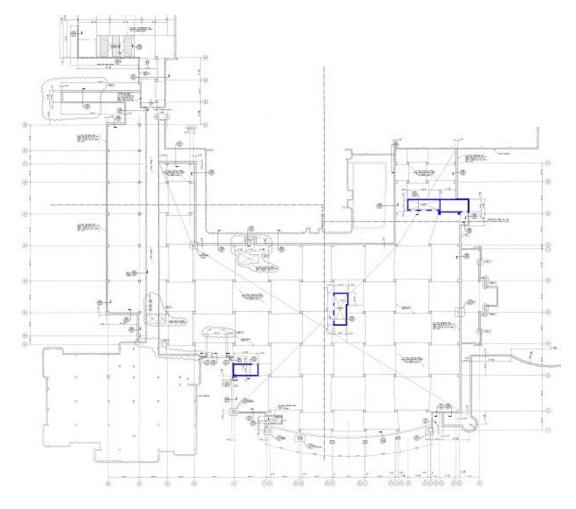
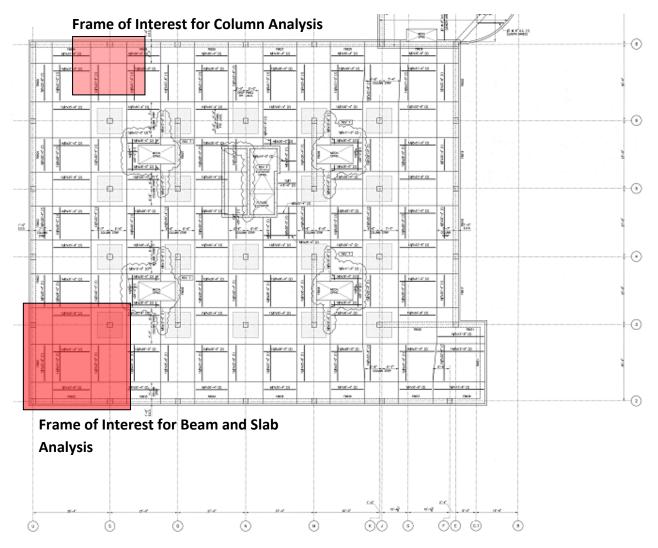


Figure 4: Typical Framing Plan (Taken from Quad A)



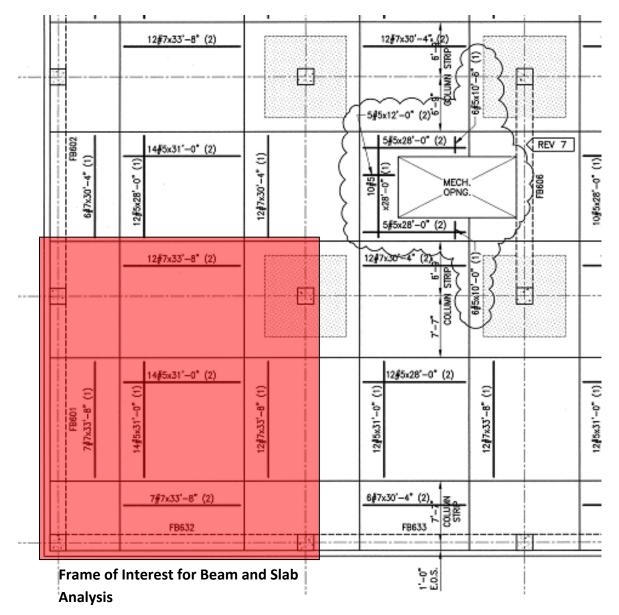


Figure 5: Typical Framing Plan (Taken from Quad A)

Figure 6: Wind Loading – North to South

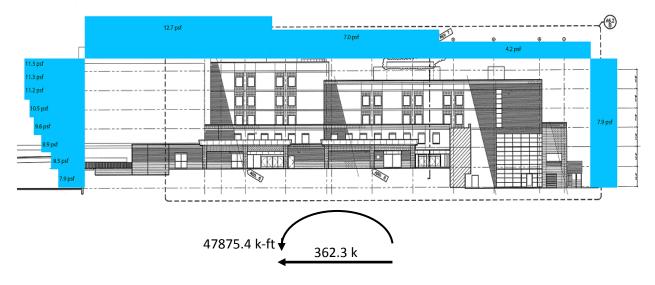


Figure 7: Wind Loading - East to West

	12.7 psf	7.0 psf የሮም ዋ የዋ የ 4.2 psf	
11.3 psf 11.3 psf 10.5 psf 0.6 psf 8.9 psf 8.5 psf 7.9 psf			7.9 pst

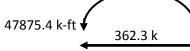
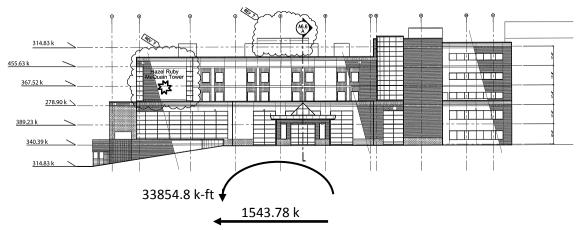


Figure 8: Seismic Loading



MONONGALIA GENERAL HOSPITAL

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APPENDIX C

PHOTOGRAPHS

Photograph 1: View from South-East



Photograph 2: Aerial Photo of the Monongalia General Hospital



Photograph 3: View from South-East showing the brick façade and curtain walls



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APPENDIX D

CODES

Туре	Designed with	Analyzed with
Building	IBC 2000	IBC 2006
Structural	IBC 2003	IBC 2006
Plumbing	IPC 2000	-
Mechanical	IMC 2000	-
Electrical	NFPA 1999	-
Fire Safety	WV Fire Code 2002	-
Accessibility	ADA 1994	-
Energy	IEGC 2000	-
Fuel Gas	IFGC 2000	-
Sprinkler	NFPA 13	-

Construction Type: 1-A

Primary Occupancy: Institutional I-2

At the point of the project design phase, the building codes that were effective in Morgantown, WV are the ones listed above under the "Designed with" column. Today, the city of Morgantown has adopted the latest codes and ordinances.

MONONGALIA GENERAL HOSPITAL

STRUCTURAL CONCEPTS AND EXISTING CONDITIONS REPORT

APPENDIX E

LATERAL LOADS

Wind Load

Wind Load Criteria		
Wind Speed (mph)	90	
Direction Factor	.85	
Occupancy Category	IV	
Importance Factor	1.15	
Exposure Category	В	
Topographic Factor	1.0	
Gust Effect Factor	0.85	
Fundamental Frequency	6.430 (Rigid)	
Peak Factor	3.4	
Peak Factor – Resonant Response	4.61	
с	0.3	
1	320	
3	0.33	
b	0.45	
α	0.25	
β	1	
L (ft)	550	
B (ft)	550	

	Wind Load-East to West				
Location	Height (ft)	Kz	$\mathbf{q}_{\mathbf{z}}$	p _z (psf)	
	15	0.57	11.6	7.9	
	20	0.62	12.6	8.5	
	30	0.7	14.2	9.6	
Windward	40	0.76	15.4	10.5	
	50	0.81	16.4	11.2	
	60	0.818	16.6	11.3	
	70	0.818	16.6	11.3	
Leeward	all	0.96	19.5	-8.3	
	58	_	16.6	-12.7	
Roof	58	-	16.6	-7.0	
	58	-	16.6	-4.2	

Wind Load-East to West (Story Force, Shear, and Overturning Moment)			
Floor	Story Force (k)	Story Shear (k)	Overturning Moment
			(k-ft)
1	45.5	362.3	47875.36
2	47.5	316.9	42471.99
3	50.7	269.4	36158.79
4	53.0	218.7	28097.39
5	55.0	165.7	19351.64
6	55.3	110.7	6640.292
Roof	55.3	55.3	3873.504

(See Figure 6 for Wind Loading Diagram)

	Wind Load-North to South			
Location	Height (ft)	Kz	$\mathbf{q}_{\mathbf{z}}$	p _z (psf)
	15	0.57	11.6	7.9
	20	0.62	12.6	8.5
	30	0.7	14.2	9.6
Windward	40	0.76	15.4	10.5
	50	0.81	16.4	11.2
	60	0.818	16.6	11.3
	70	0.818	16.6	11.3
Leeward	all	0.96	19.5	-7.9
Roof	58	_	16.6	-12.7
	58	-	16.6	-7.0
	58	_	16.6	-4.2

Wind Load-North to South (Story Force, Shear, and Overturning Moment)			
Floor	Story Force (k)	Story Shear (k)	Overturning Moment
			(k-ft)
1	45.5	362.3	47875.36
2	47.5	316.9	42471.99
3	50.7	269.4	36158.79
4	53.0	218.7	28097.39
5	55.0	165.7	19351.64
6	55.3	110.7	6640.292
Roof	55.3	55.3	3873.504

(See Figure 7 for Wind Loading Diagram)

Seismic Load

Seismic Criteria	
Occupancy Category	IV
Importance Factor	1.500
Seismic Category	A
Site Class	С
Spectral Acceleration for Short Periods (Ss)	0.133
Spectral Acceleration for 1 Second Periods (S1)	0.052
Site Coefficient, Fa	1.200
Site Coefficient, Fv	1.700
Seismic Design Category	
R Factor	5.000
S _{MS}	0.160
S _{M1}	0.088
S _{DS}	0.106
S _{D1}	0.059
Cs	0.032
Total Dead Load per Floor (psf)	80
Snow Load (psf)	24 (< 30, Neglect)
Wall Load (psf)	47
	92,086 (1 st Floor)
	97,102 (2 nd Floor)
	80,882 (3 rd Floor)
Area (ft^2)	53,833 (4 th Floor)
	53,554 (5 th Floor)
	53,554 (6 th Floor)
	28,538 (Roof)
Perimeter (ft)	1900

	Seism	ic Loads Distribute	d per Floor	
Floor	Height (ft.)	Weight (Kips)	Cvx	Fx (kips)
Roof	70	1115.96	0.20	314.83
6	58.5	5924.01	0.30	455.63
5	47.0	5947.62	0.24	367.52
4	35.5	5975.52	0.18	278.90
3	24.0	8694.82	0.25	389.23
2	12	10609.08	0.22	340.39
1	0	10097.11	0.20	314.83
Tota	l Weight	48364.124	Total Shear	483.64124
Overturning	g Moment (k-ft)	33854.8	Base Shear	1543.78

(See Figure 8 for Loading Diagram)

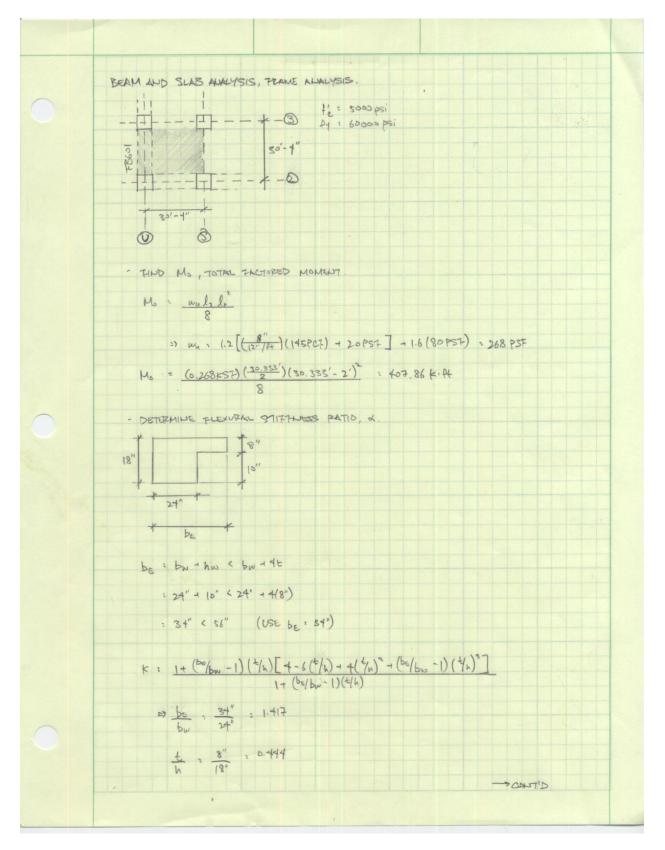
MONONGALIA GENERAL HOSPITAL

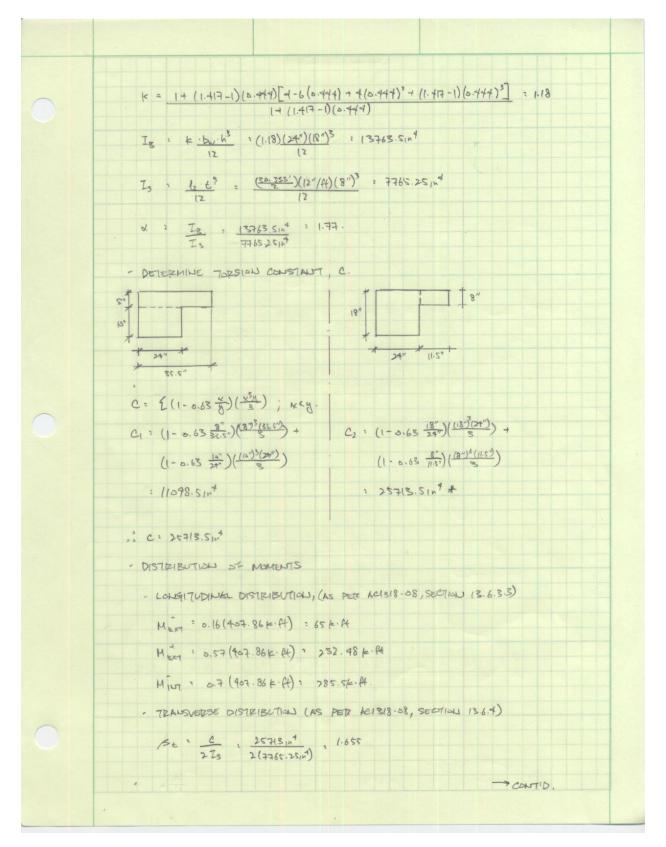
STRUCTURAL CONCEPTS AND EXISTING CONDITIONS REPORT

APPENDIX F

SPOT CHECKS

Monongalia General Hospital Morgantown, WV Structural Concepts/Existing Conditions

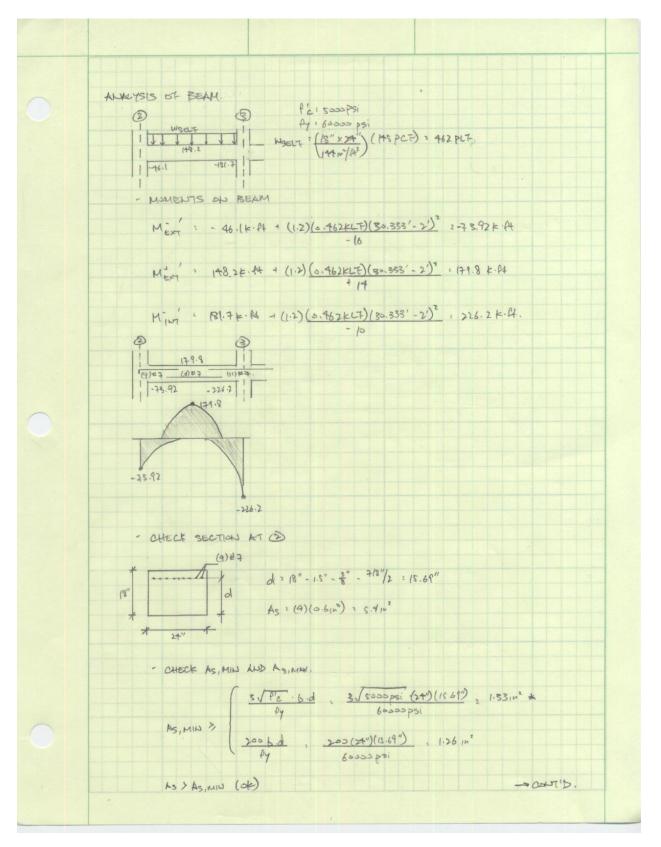


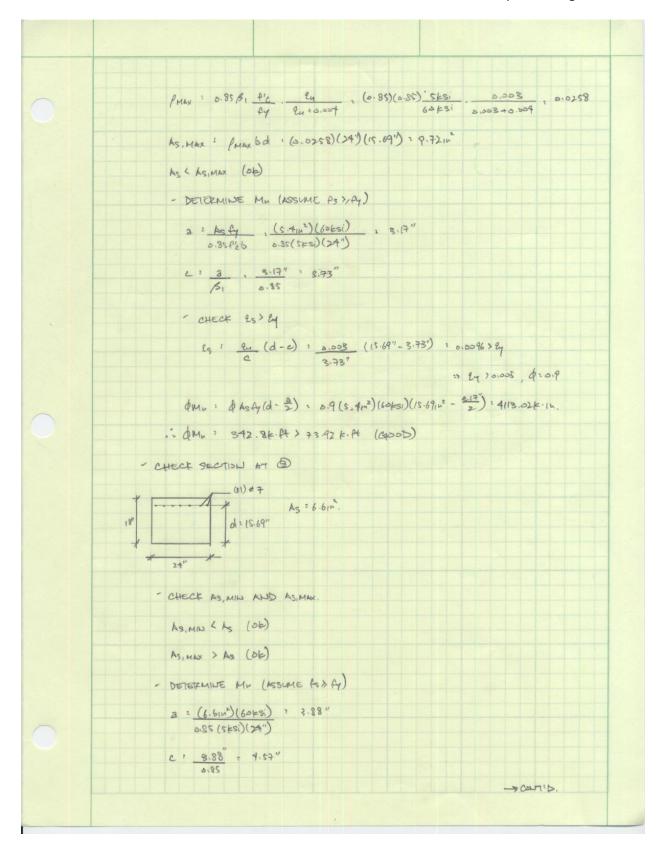


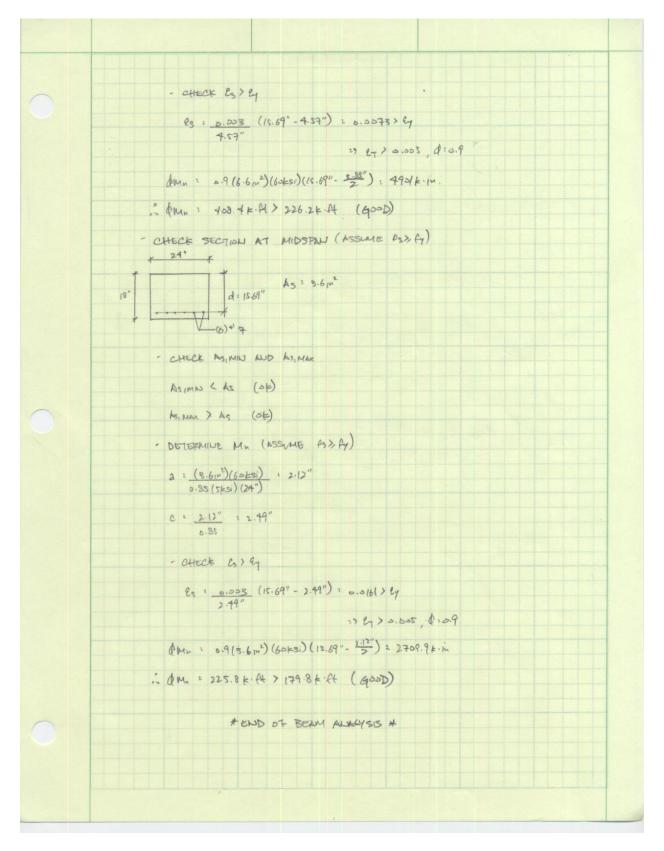
Monongalia General Hospital Morgantown, WV Structural Concepts/Existing Conditions

d-12 = (77(30.333'), 1.77 > 1.0 => 85% of MOMENT GOES TO BEAM.
- INTERIOR NEGATIVE NOMENT. (AS PETE ACISIS-28, SECTION B.6.9.)
- 285 K. Ft 775" TO CS 85"- TO BEAM (213.756.Ft) (181.694. Ft)
- 285/c.ft 77. TO CS 85% TO BEAM (213.754.ft) (181.694.ft) 25% TO MS (5% TO SLAB
(71.)5K·ff) (52.1K·ff)
- EXTERIOR NEGATIVE NOMENT (AS PER ACISIS-08, SECTION 13.6.4.2)
BE 2 1.65 =7 INTERPOLATE
$\frac{32/11}{5220} 100$
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Be= 2.0 75 X > 83.45%.
x;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
- 65 K. ft 83.75% 72 CS 85% 70 BEAM (54.27 F. ft) (76.10 F. ft) (6.55%, 70 MS 15% 70 SLAB
(6.55% 70 MS 15% 70 5LAB (10.764.4) (8.144.44)
- POSITIVE TACTORED MOMENT (AS PER ACI 318-08, SECTION 13.64.4)
+ 232 K. Pt 75% TO CS 85% TO BEAM (144.56E.Ft) (148.2 E. Ft)
25% TO MS 15% TO SLAB (18.12K.A) (26.16K.A)
- SUMMARY
MEN MEN MIN
TOTAL -65 252285
BEAM -46.1 143.2 -181.69
CS -8.14 26.16 -32.1
MS - 10.76 58.12 - 74.25
*END OF FRAME ANALYSIS *

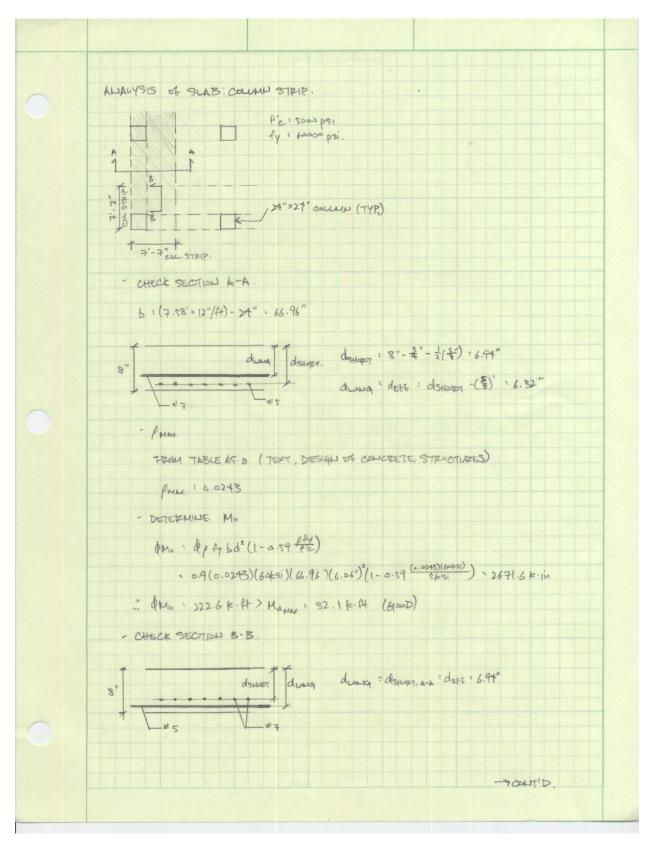
Monongalia General Hospital Morgantown, WV Structural Concepts/Existing Conditions

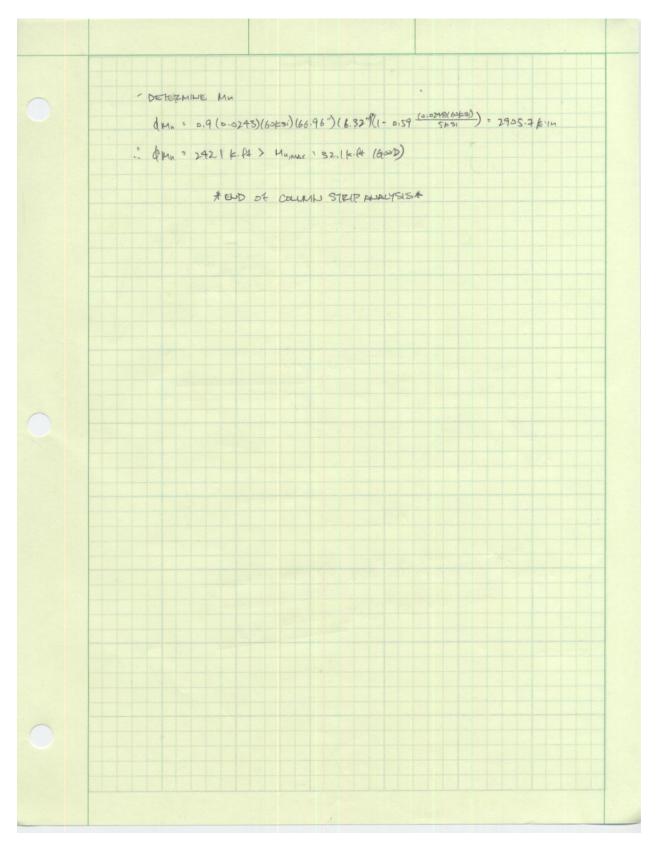




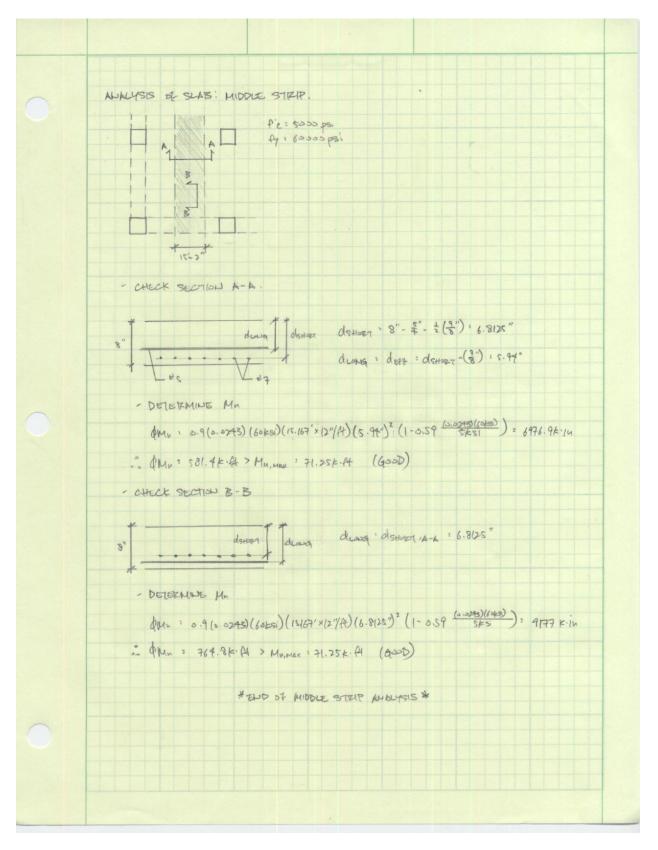


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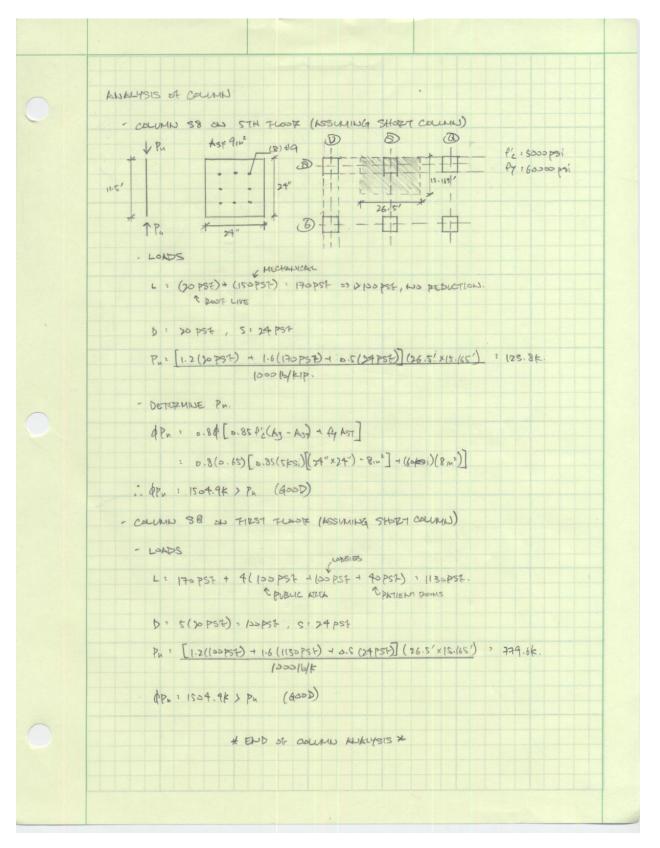




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MONONGALIA GENERAL HOSPITAL

STRUCTURAL CONCEPTS AND EXISTING CONDITIONS REPORT

APPENDIX G

REFERENCES

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The following resources were utilized or considered in the writing of this report.

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 - o S2-0
 - o S2-4AD Bottom
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Photographs

- Photograph 1 and 3 taken by the Turner Construction Company.

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