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

PRO-CON STRUCTURAL STUDY OF ALTERNATE FLOOR SYSTEMS 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 Pro-Con Study of Alternate Floor Systems

The Pro-Con Structural Study of Alternate Floor Systems Report (Tech 2) studies the feasibility of four different floor systems. The floor systems include: flat slab (existing), girder-slab system, composite floor system, and post-tensioned slab system. These floor systems were analyzed under gravity loading alone, and compared to each other for practicality.

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 slab 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.

Pro-Con Structural Study

One existing floor system and three alternate floor systems were analyzed for Tech 2 and compared for feasibility when implemented for the Monongalia General Hospital. The existing flat slab system though the analyses seems to be the most viable floor system for the Hospital. On the other hand, the girder-slab system seems to be the least viable floor system, primarily due to its tendency for vibration as well as its short span, requiring more columns to be placed on the plan. The other two floor systems analyzed, the composite floor system and the post-tensioned slab system require further design iterations to develop a better understanding of how these systems can benefit the Hospital. Through the analysis of Tech 2, the composite floor system decreases the floor to floor height and there is still a high possibility of floor vibrations. On the other hand, the post-tensioned floor system could possibly increase the bay widths but for construction, this system is the most expensive.

Monongalia General Hospital

1200 J.D. Anderson Drive Morgantown, WV

Pro-Con Structural Study of Alternate Floor Systems Report

Introduction

The Pro-Con Structural Study of Alternate Floor Systems Report (Tech 2) studies the feasibility of four different floor systems. The floor systems include: flat slab (existing), girder-slab system, composite floor system, and post-tensioned slab system. These floor systems were analyzed under gravity loading alone, and compared to each other for practicality.

The Monongalia General Hospital

The Monongalia General Hospital is located on 1200 J.D. Anderson Drive, West Virginia (Photograph 2 for aerial view, Photograph 3 for façade). 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 Ouad 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 1	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 I	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.

Analysis of Floor Systems

Four different floor systems were analyzed on a portion of the plan (see Figure 4) as a part of Tech 2; these floor systems include one existing floor system and three alternate systems. The existing system is a flat slab system which is seen in all areas of the Hospital with the exception of those mentioned in the Structural Systems section of this report. Three alternate systems were analyzed: girder-slab, composite floor deck, and post tensioned slab.

Existing System: Flat Slab (Figure 6)

The Hospital's architectural strength lies in an open plan with columns placed every thirty or twenty seven feet apart (See Figure 4 and 5), providing many spaces for rooms and hallways. This is made possible by the use of a flat slab system. The Monongalia General Hospital's flat slab is an eight inch thick slab that spans in between the columns. Flat slab systems allow for larger floor to floor heights as well as it's durability against fire is a great advantage. The density of concrete provides great resistance against floor vibrations and is relatively easy to erect on site.

For flat slab systems, its advantage is also a great disadvantage. The dense nature of the floor system leads to a heavier building in effect increasing the risk of damages against seismic action. Also, the construction of thicker slabs call for a high number in reinforcement in turn increasing the construction costs.

The flat slab system designed for the Monongalia General Hospital in Tech 2 is 8 inches thick utilizing #5 bars for all column and middle strips (while the author recognizes the need for more iteration regarding reinforcing bar size selection). At most twenty five #5 bars were used during the design of the slab in the column strip, and at least three #5 bars were used during the design of the slab in the middle strip. Further investigation is required for a more efficient use of steel reinforcement in this floor system. Refer to Appendix E for calculations.

For the Monongalia General Hospital, the flat slab system is very well suited for its function. As mentioned earlier, the flat slab allows for larger floor to floor heights, retards vibrations as well as provides an open plan to maximize the number of rooms that can be placed on each floor. Furthermore, with the limitation of the Hospital floors' square footage, the flat slab system allows for a maximum utilization of the open plan.

Alternate System: Girder-Slab (Figure 7)

The first alternate system that was analyzed was the girder-slab system. This system is most commonly used in mid to high rise residential buildings for its efficient use for steel and concrete hollow core planks (See Figure 7). The planks naturally being hollow can be used to run wiring, reducing the cost of raceways and conduits for lighting and electrical systems. Also, naturally these planks are lightweight compared to other concrete flooring systems, in effect reducing the overall building weight if implemented in the Hospital. The floor system, being precast concrete, allows for faster construction under any weather conditions.

On the other hand, the girder-slab system has significant design limitations on its span to depth ratio. The D-beams (dissymmetric beams) have a very short effective span length and is highly controlled by deflection (i.e. heavy loads over long spans will not work under this system). Due to this physical limitation of the beam, the bay sizes are required to be shorter than its alternatives. The lightweight nature of the floor system makes it vulnerable to floor vibrations which is a major issue for any type of building, let alone a hospital where not only people are temporarily housed but also major operations take place on a daily basis.

The girder-slab system designed for the Hospital makes use of DB9x41 beams and 8 inch hollow core concrete planks (See Appendix E for calculations). For this design, the bay size was decreased to 30'-4" by 15', in effect placing more columns on the plan and reducing the amount of usable floor area. If the bay size was to be kept constant, the D-beams available for design would have a larger depth, affecting floor to floor heights. Also, the design load had to be decreased to allow the use of this system. As such, the girder-slab system proved to be a nonviable alternate.

Alternate System: Composite Floor (Figure 8)

The 30'-4" by 30'-4" bay was analyzed for the feasibility of a composite floor system as an alternate floor system (see Figure 4 and 5). Composite floor systems are capable of carrying larger loads over larger spans and are usually a viable alternative to the existing flat slab system. This floor system is fast and relatively easy to construct on the field and allows for wider bay sizes, in effect allowing for more open space on plan. This floor system also allows for an effective acoustic barrier as well as a high fire safety rating.

The greatest problem with the composite floor system is floor vibrations and the possible decrease of floor to floor heights. Floor vibrations, as mentioned in the introduction of the girderslab system could be a major issue when present in a hospital, and is a very expensive problem to solve and in many cases, almost impossible. To counter possible vibrations, the steel members could be designed to have a higher moment of inertia however this will affect the floor heights. Also, this system is a rather heavy floor system which adds a significant amount of weight on the building.

As mentioned earlier, the 30'-4" by 30'-4" bay was analyzed (see Appendix E for calculations). The floor system will be consisted of a 4.5" slab, 18 GA, 2" LOK-Floor with a two hour fire rating. On each square bay, the concrete and decking will be carried by two W14x26 beams spanning 30'-4" from the W18x175 girders on the edges of the bay. For this design, there is minimal effect on the floor to floor heights however the girder design was highly affected by deflection and the design process called for either a deep girder (a W30 shape) or a heavy and shallow girder. In the interest of floor to floor heights, a W18x175 was picked and the deflection limit was cleared. Also, having a heavier and stiffer beam will provide ample damping against floor vibrations.

Alternate System: Post-Tensioned Slab (Figure 9)

The third alternate floor system that was analyzed was a Post-Tensioned Slab system. Like the flat slab system, this floor system allows for relatively large bay sizes and thin floor thicknesses. With this in mind, this floor system can provide higher floor to floor heights, and significantly reduce the overall building weight. The floor system can also easily achieve ample fire rating.

On the other hand, there are major drawbacks to this floor system. The construction of this floor

system is relatively expensive and time consuming. There are high risks during construction due to faulty anchoring of the strands and the damages are extremely hard to fix, delaying the project's schedule.

A one by three bay was analyzed for the feasibility of this system (see Figure 4) and calculations can be found in Appendix E. 1/2" diameter, 7 wire strands were used as the PT cable and a 9.5" thick slab was assumed. Further iterations in the design could be addressed to acquire a wider bay size. Also, through the calculations reinforcement was also required in addition to the PT cable. #8 and #4 bars were used to resist moments at the spans and the supports. The beauty of this floor system is its capability of making a thin yet durable floor. However considering that the floor system is to be implemented in a hospital, the cost for its use may seem a bit too excessive.

Conclusion

One existing floor system and three alternate floor systems were analyzed for Tech 2 and compared for feasibility when implemented for the Monongalia General Hospital. The existing flat slab system though the analyses seems to be the most viable floor system for the Hospital. On the other hand, the girder-slab system seems to be the least viable floor system, primarily due to its tendency for vibration as well as its short span, requiring more columns to be placed on the plan. The other two floor systems analyzed, the composite floor system and the post-tensioned slab system require further design iterations to develop a better understanding of how these systems can benefit the Hospital. Through the analysis of Tech 2, the composite floor system decreases the floor to floor height and there is still a high possibility of floor vibrations. On the other hand, the post-tensioned floor system could possibly increase the bay widths but for construction, this system is the most expensive. Below is a table summarizing the findings of the four floor systems.

Comparison of Floor Systems								
Flat Slab Girder-Slab Composite Post-Tension								
Depth	8"	9"	22.5"	9.5"				
Weight	97 PSF	85 PSF	100 PSF	97 PSF				
Story Height	-	Decreased	Decreased	Increased				
Vibrations	Minimal	Significant	Moderate	Minimal				
Cost (Relative)	Low	Low	Moderate	High				
Feasibility	Existing	No	Yes	Yes				

MONONGALIA GENERAL HOSPITAL

PRO-CON STRUCTURAL STUDY OF ALTERNATE FLOOR SYSTEMS

APPENDIX A

PROJECT TEAM

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

MONONGALIA GENERAL HOSPITAL

PRO-CON STRUCTURAL STUDY OF ALTERNATE FLOOR SYSTEMS

APPENDIX B

FIGURES

Figure 1: Hospital Divided in Four Quads

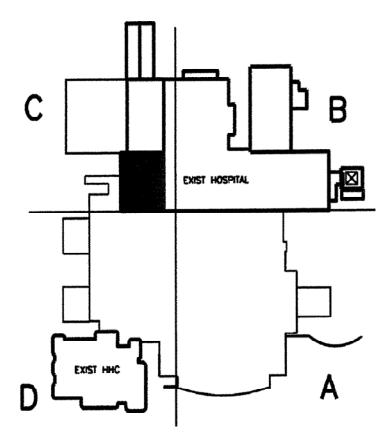


Figure 2: Cross Section of the Monongalia General Hospital

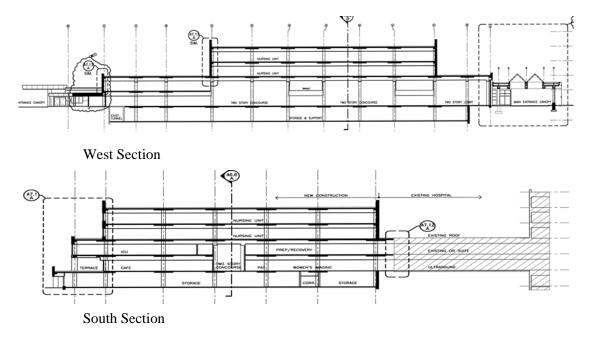


Figure 3: Location of Shear Walls (Colored in blue)

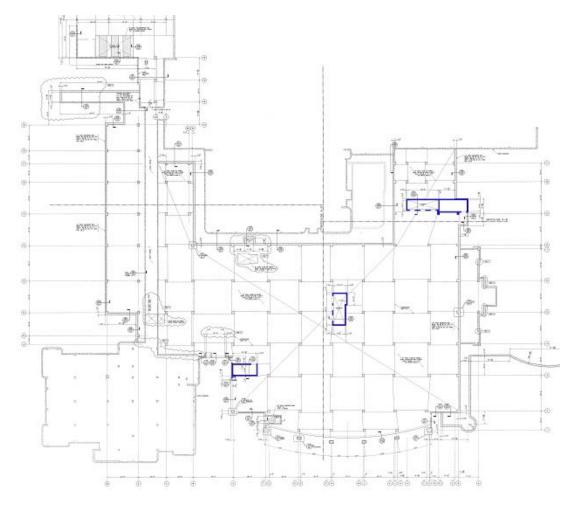




Figure 4: Typical Framing Plan (Taken from Quad A)

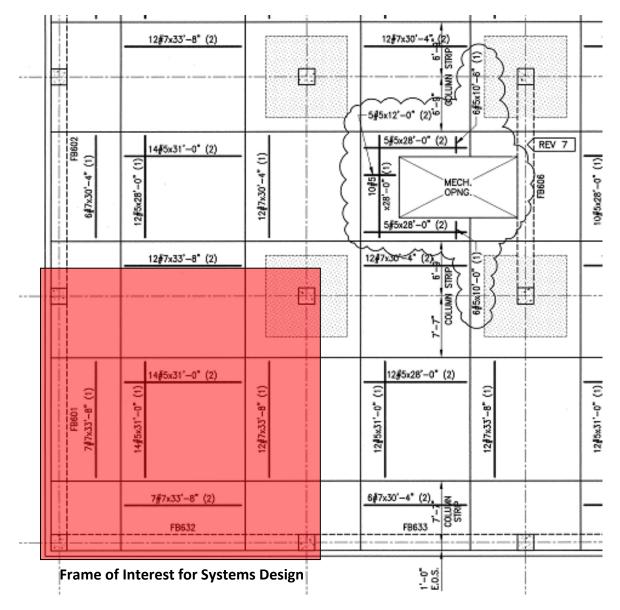


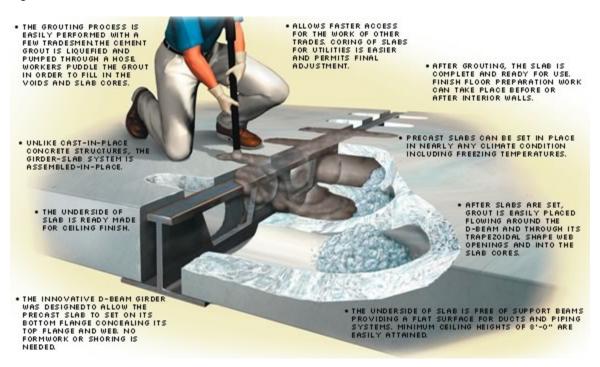
Figure 5: Typical Framing Plan (Taken from Quad A)

Figure 6: Flat Slab



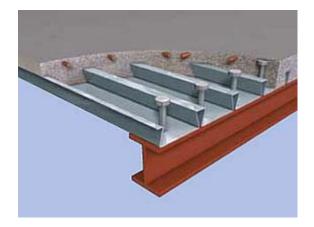
Taken from Interger-Software.co.uk

Figure 7: Girder Slab



Taken from Girder-Slab.com

Figure 8: Composite Floor



Taken from EpicMetals.com

Figure 9: Post-Tensioned Slab



Taken from Suncoast-PT.com

MONONGALIA GENERAL HOSPITAL

PRO-CON STRUCTURAL STUDY OF ALTERNATE FLOOR SYSTEMS

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



MONONGALIA GENERAL HOSPITAL

PRO-CON STRUCTURAL STUDY OF ALTERNATE FLOOR SYSTEMS

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.

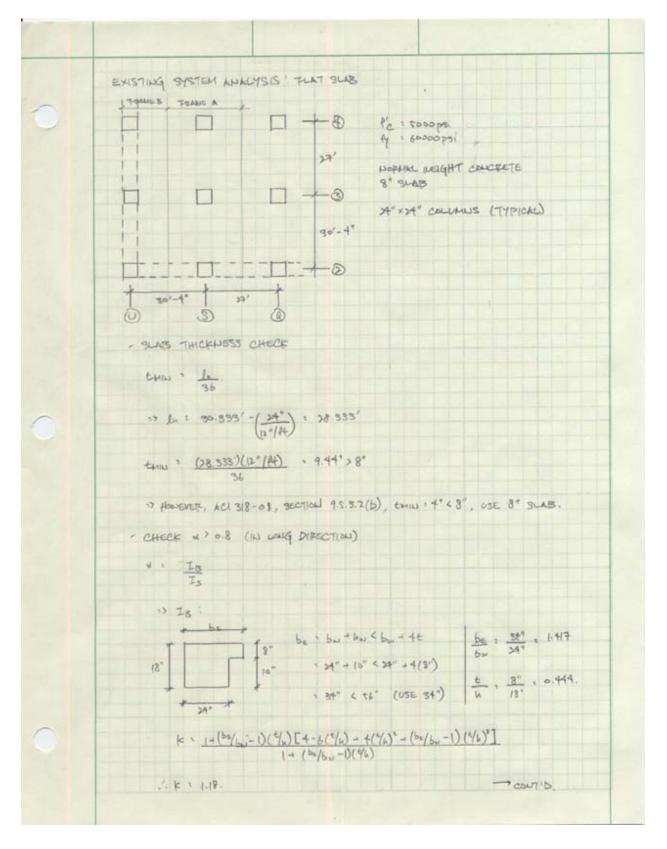
The floor systems were designed as per ACI 318-08 and AISC 13th Edition Steel Construction Manual.

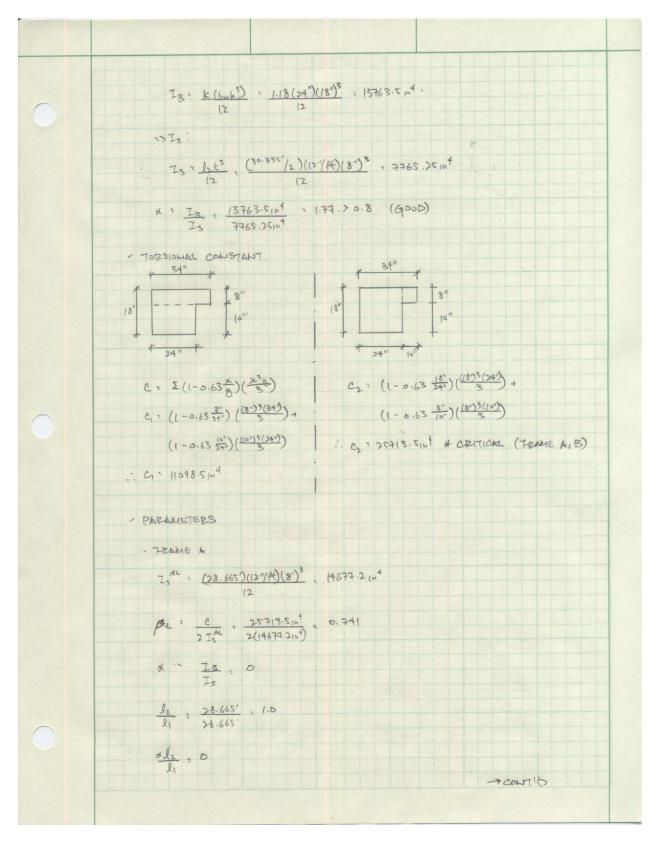
MONONGALIA GENERAL HOSPITAL

PRO-CON STRUCTURAL STUDY OF ALTERNATE FLOOR SYSTEMS

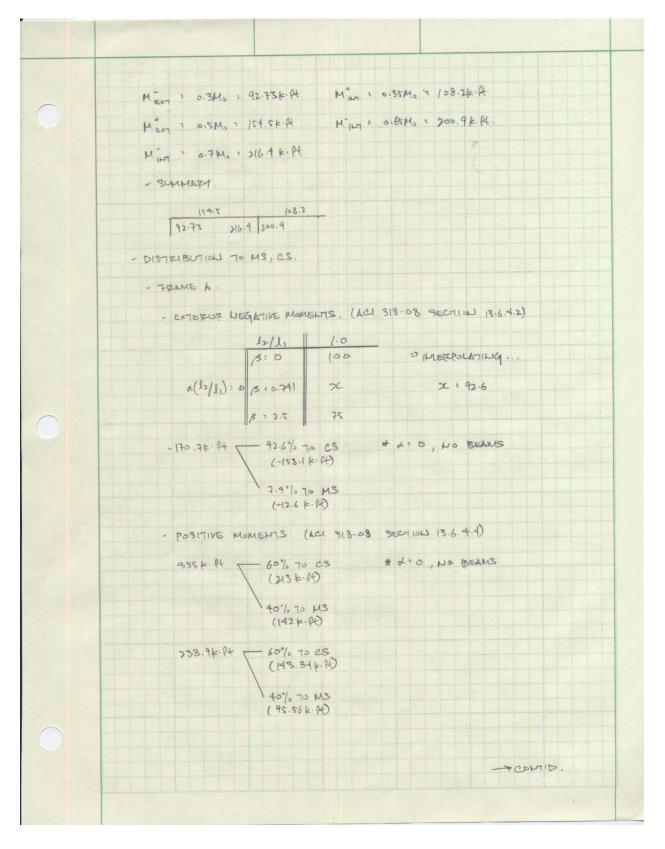
APPENDIX E

CALCULATIONS





	- TRAME B $Z_{3}^{\mu_{0}} = \frac{(15.164^{1})(12^{4}/4t)(8^{4})^{3}}{12}, 7762.25 \text{ in}^{4}$
	BL 21753.510 ⁴ , 1.4. 2(7762.2510 ³)
	× 1.77
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	alz 2 1.77.
	- TOTAL JACTORED MOMENT AND DISTRIBUTIONS
-	$= \frac{1}{2} \frac{1}{2} \frac{1}{2} \left(1 - \frac{22}{3l_1}\right)^2}{8}$
	$w_{n} = 1.2 \left[\frac{8''(12''/4+)(145 PCT) + 20PST}{1 + 1.6(80PST) + 268 PST} \right]$ $W_{n} = \frac{(268PST)(28.665)(28.665)^{2}(1 - \frac{2(24)}{08665)(10''/4)}}{2} = 682.8 \pm .94$
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	MINT : D.7 Mo : 977.968.64
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	3\$5 238.9 [70:7 477.96 493.8
	- TRAME (3
	M3 2 (268 PSTD (15.665')(28.665') (1- 2(20)) 3346'(20/19)) 309.1 K.Pt
E	
	-> columid.



- INTERIOR NEGATIVE MOMENTS (ACI 318-08 SECTION 13.6.4.1)
- 477.96 K. Pt 75% 7. C3 # K-0, NO BEAMS (358.5 K-Ct)
15°6 70 MS (119.49 K-P4)
- 443.8k.Pt 7 75% 70 CS
(352.9E.Pt) 15% 70 MS
(110.8 K. FD)
- SUMMARY MERT MERT MINT MINT MINT
MEAT MEAT MINT MINT MINT TOTAL -170.7 355 - 477.96 - 443.8 238.9 CS -158.1 2/3 - 358.5 - 332.9 143.34
MS -12.6 142 -119.49 -110.8 95.56
- FEANG B
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x 12/21 1320.741 X X 192.6
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Monongalia General Hospital Morgantown, WV Pro-Con Study of Alternate Floor Systems

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		1	81.2E.PD	1 4	59K-00			
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			the prime const					
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		/	(102-56-191)	1 113	THETY			
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			soizkild)		2.6 K.A)			
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	MS	-6.83	38.6	-54.1	-53.6	27.1		
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			d d show					
		diste	d show					
-			1					
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and the second second							->COLTID.	
dear	2 2 6.9	3" - (5/8")	+ 6.31"					

E-7

COLUMN STRIP DESIGN FRAME A

COLUMN STRIP DESIGN FRAME A									
Item	Description		Exterior Span	Interior	Span				
		M ⁻ _{EXT}	M^+_{INT}	M ⁻ INT	M	\mathbf{M}^+			
1	M _n	-158.1	213	-358.5	-332.9	143.34			
2	b _{CS}	182	182	182	182	182			
3	d _{eff}	6.31	6.31	6.31	6.31	6.31			
4	$\mathbf{M}_{u}=\mathbf{M}_{n}/\varphi$	-175.67	236.67	-398.33	-369.89	159.27			
5	M _n (12/b)	-10.42	14.04	-23.64	-21.95	9.45			
6	$R=M_u/bd^2$	-291	392	-660	-613	264			
7	ρ	0.00051	0.0068	0.00118	0.00111	0.0045			
8	$A_{steel} = \rho bd$	0.59	7.81	1.36	1.27	5.17			
9	$A_{s,min} = 0.002 bt \\$	2.91	2.91	2.91	2.91	2.91			
10	$N = A_s / (0.31)$	5	25	9	9	17			
11	$N_{min} = w_{strip}/2t$	11	11	11	11	11			

MIDDLE STRIP DESIGN FRAME A

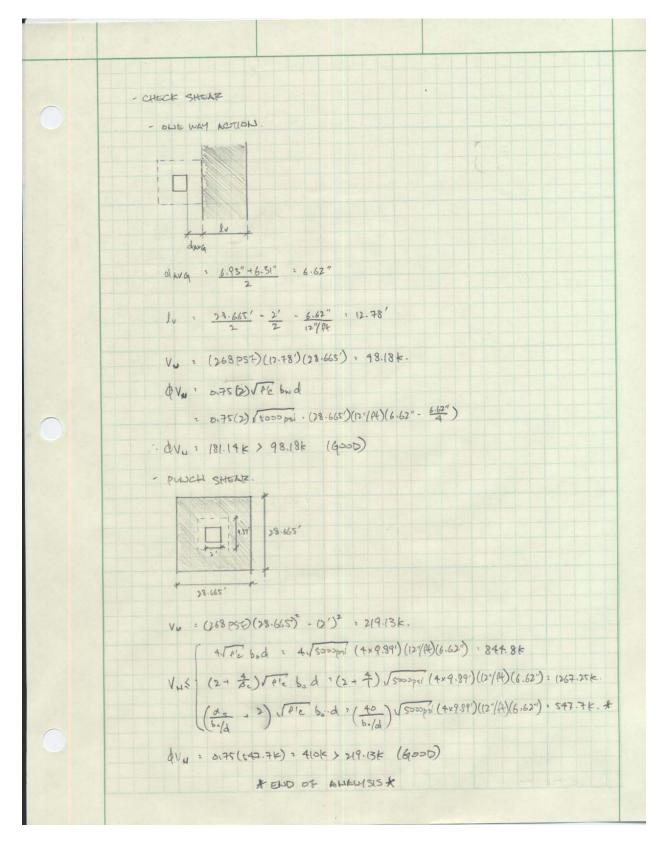
Item	Description]	Exterior Span	Interior S	Span	
		M _{EXT}	$M^+_{\ INT}$	MINT	M	\mathbf{M}^+
1	M _n	-12.6	142	-119.49	-110.8	95.56
2	b _{MS}	91	91	91	91	91
3	d _{eff}	6.93	6.93	6.93	6.93	6.93
4	$\mathbf{M}_{u}=\mathbf{M}_{n}\!/\!\boldsymbol{\varphi}$	-14.00	157.78	-132.77	-123.11	106.18
5	M _n (12/b)	-1.66	18.73	-15.76	-14.61	12.60
6	$R=M_u/bd^2$	-38	433	-365	-338	292
7	ρ	0.0007	0.0078	0.0063	0.0057	0.0052
8	$A_{steel} = \rho bd$	0.44	4.92	3.97	3.59	3.28
9	$A_{s,min} = 0.002 bt \\$	1.46	1.46	1.46	1.46	1.46
10	$N = A_s/(0.31)$	2	16	13	12	11
11	$N_{min} = w_{strip}/2t$	6	6	6	6	6

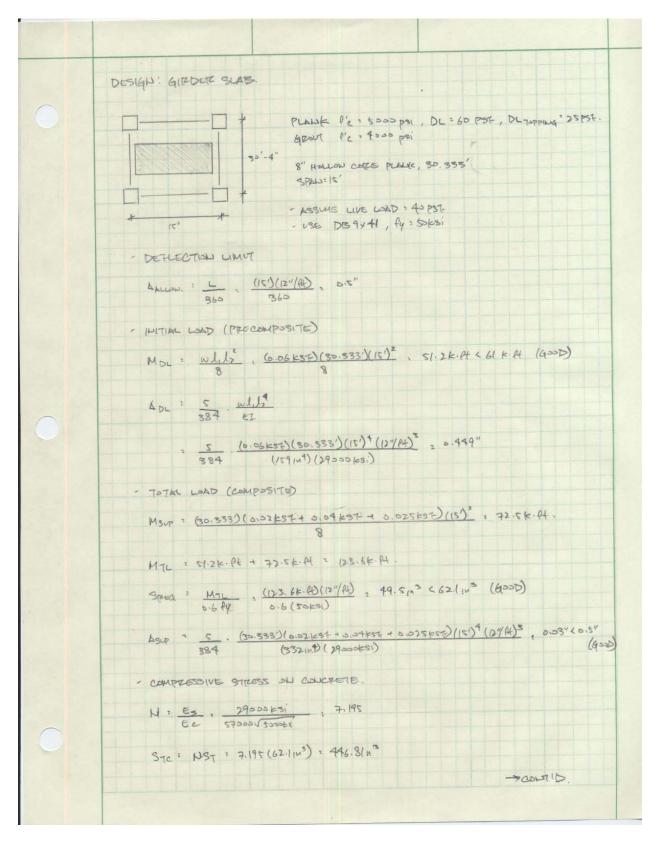
COLUMN STRIP DESIGN FRAME B

_	COLUMN STRIP DESIGN FRAME B								
Item	Description	Exterior Span			Interior	Span			
		M _{EXT}	M^{+}_{INT}	M _{INT}	M	M^+			
1	M _n	-12.9	17.32	-24.35	-22.6	12			
2	b _{CS}	91	91	91	91	91			
3	d _{eff}	6.31	6.31	6.31	6.31	6.31			
4	$M_u = M_n / \varphi$	-14.33	19.24	-27.06	-25.11	13.33			
5	M _n (12/b)	-1.70	2.28	-3.21	-2.98	1.58			
6	$R=M_u/bd^2$	-47	64	-90	-83	44			
7	ρ	0.0007	0.0011	0.0015	0.0014	0.00068			
8	$A_{steel} = \rho bd$	0.40	0.63	0.86	0.80	0.39			
9	$A_{s,min} = 0.002 bt$	1.27	1.27	1.27	1.27	1.27			
10	$N = A_s/(0.31)$	2	2	4	4	1			
11	$N_{min} = w_{strip}/2t$	6	6	6	6	6			

MIDDLE STRIP DESIGN FRAME B

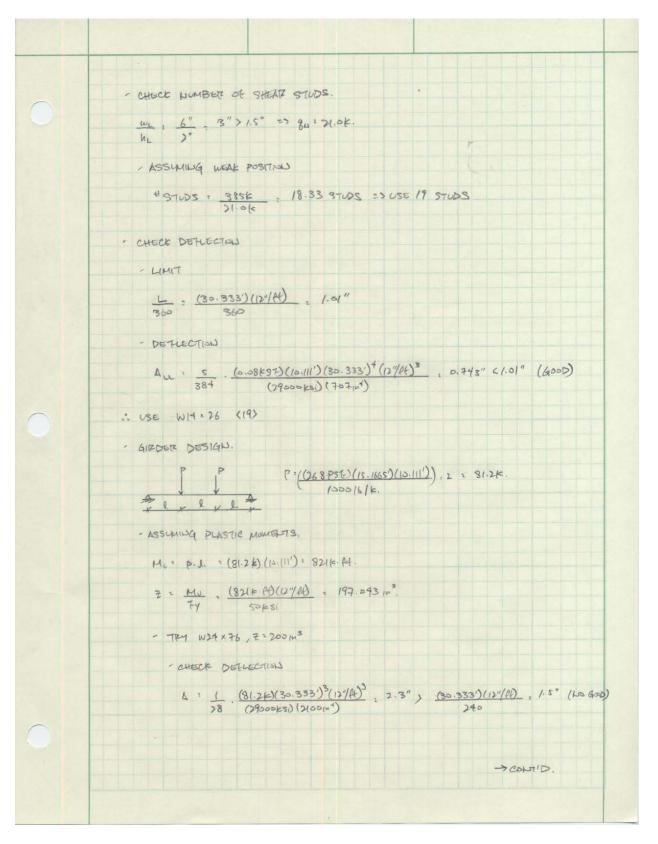
Item	Description		Exterior Span		Interior	Snan
Item	Description	•				
		M _{EXT}	M^+_{INT}	MINT	M	M^+
1	M _n	-4.5	33.33	-40.83	-37.91	20.42
2	b _{MS}	45.5	45.5	45.5	45.5	45.5
3	d _{eff}	6.93	6.93	6.93	6.93	6.93
4	$M_u = M_n / \varphi$	-5.00	37.03	-45.37	-42.12	22.69
5	M _n (12/b)	-1.19	8.79	-10.77	-10.00	5.39
6	$R=M_u/bd^2$	-27	203	-249	-231	125
7	ρ	0.0004	0.0034	0.0042	0.0036	0.0021
8	$A_{steel} = \rho b d$	0.13	1.07	1.32	1.14	0.66
9	$A_{s,min} = 0.002 bt \\$	0.64	0.64	0.64	0.64	0.64
10	$N = A_s / (0.31)$	2	2	2	2	2
11	$N_{min} = w_{strip}/2t$	3	3	3	3	3





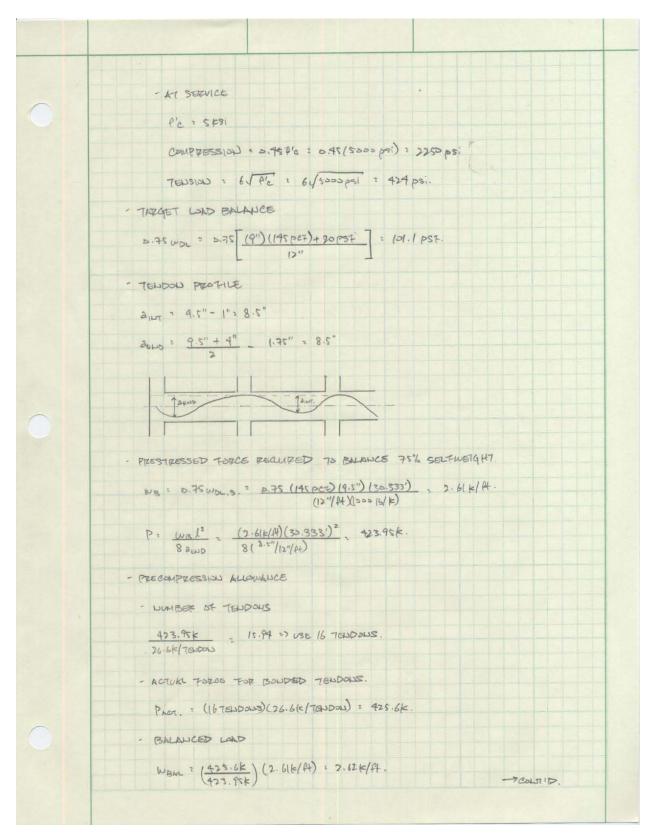
Per MSUP. (72.5E.PO(12"/PD), 1.95ESi. Te 1 0.454'e 1 0.45(5ES) = 2.25 ESI > 1.95 KSI (600D) - CHECK BOTTOM FLANGE TENSION CAPACITY fb * Ma + Move, (51.2E: AD(12"/AD) + (72.5E: AD(12"/AD), 23.2Esi Sb Sbra 51145 + 77.7143 FL : 0.9(50Ksi): 45Ksi) 23.2Ksi (4000) - SHEAR CAPACITY WL 2 145 PSE W 2 (3.143 KSD (30.333') : 4.398 K/A V : (4.398 E/ At) (15), 32.19 K. fv : <u>32.99k</u> 1 16.7 KS((0.375)(5.25) Ty : 0.4 (50 ksi) : 10 ksi > 16.7 ksi (6000) :0 USE DB 9×41 AND 8" HOLLOW CORE PLANK XEND of AWALYSIS X

Design: Coeffestite twose $\frac{1}{1} + \frac{1}{1} + \frac{1}{1}$		
I = I + I + I + I + I + I + I + I + I +	0	150 p EQ + EQ + T T + l'2: 5000 pol
- SLAE DESIGN. - TEM 45" SLAS, 1864, 2" LOK- TLOOP. - KLIOWASHE LOAD! 270 PST > 268 PST. (GOOD) - MAXIMUM LUSHARED SPAN; 10.88" > 6.111" (GOOD) -> DETHEOTIN, RENDOWG, SHEARE CONSIDERED. - BEAM DESIGN MU : <u>GOBPSSID(IC.111)(30.3331)</u> : 3-08.23 K.H. R.(100016/12) - TEM WI4>26. - ASSIME $\Delta = 1.0"$ $Y_2 + 45" - \frac{10"}{2} = 40"$ DET S (SPACHAG : (IA.111)(12/14) : (21.32" bert S (SPACHAG : (21.32")) : (21.32" bert S (SPACHAG : (21.32")) : (21.32") : (21.32")		30'-4"
- TEM 4.5" SLAS, 18 (4, 2" LOC- FLOOP. - KLOWARTE LAND: 270 (PST > 268 PST. (GOD) - MINIMUM UNSHORED SPAN; (D.88" > A.III (" (GOD) -> DETHEORING, REHDING, SHEARE CONDORED - BEAM DESIGN MU : <u>GASPSOLO.(III)(SD.335)</u> , 308.23 E.M. MU : <u>GASPSOLO.(III)(SD.335)</u> , 308.23 E.M. - 727 WI4×76. - ASSIME 2: 1.0" Y2: 45" - $\frac{10"}{2}$: 40" <u>574000</u> ; (0.111)(02)(H): (21.52" bert 5 <u>SPANJA</u> : (80.3337/H)(127(H): (21.52" bert 5 <u>SPANJA</u> : (80.3337/H)(127(H): 41" + CRITICAL. PHA #1 . <u>dMp</u> : 316 F. H > 358.73 F.M. (GOD) <u>4.8.</u> : 385 F. - CHTECK ASSIMPTION 2: <u>100</u> 7. <u>385 K</u> - 0.85(562)(91"); <u>0.995" <1.0"</u> (GOD)		
· KLOWKELE LAND ! 270 (PST > 268 PST (GOOD) · MAXIMUM UNSHAPED 3PAN ; 10.835' > 0.111' (GOOD) · DETLECTIN, REHDING, SHERE CONSIDERED · BEAM DESIGN MU : <u>068 PSD(10.111) (30.335)</u> · 308.23 E.R. RU : <u>068 PSD(10.111) (30.335)</u> · 308.23 E.R. · ASSIME 2: 1.0" Y2 : 4.5" - $\frac{10^{2}}{2}$: 4.0" bert & SPACING : (00.111)(10.7/H) : (21.35)" bert & SPACING : (00.0333'/b)(10/10) · 91" + certicet. PNA # 1 · dMp : 316 k A > 308.331 · (4 (dood)) & 2.0 M = 385 k. · OKTECE ASSEMPTION a : <u>10.</u> 7 <u>385 (k = 0.085(5k=0)(91')</u>		· SLAB DESIGH.
- MAXIMUM UNSHARED 3PAN; $(0.83') h(11')' ((400))$ -> DETHECTION, RENDOWG, STEAR CONSIDERED -> BEAM DESIGN HU: (048 PSD)(0.111)(30.335)' : 3-8.73 E.M. HU: (048 PSD)(0.111)(30.335)' : 3-8.73 E.M. -> 7 EM W(4 × 76. -> 7 EM W(4 × 76. -> ASSUME $\Delta = (10^{-1})$ $Y_2 : 4.5'' - \frac{10^{-1}}{2} : 4.0''$ DETT 5 (SPACING : (10.111')(17/(H)) : (21.55)'' DETT 5 (SPACING : (10.111'		- TEY 4.5" SLAS, 18GA, 2" LOK- FLOOR.
$H_{U}: \underbrace{G_{68}PSD(Lo.1(1))(30.335)^{2}}_{B.(1000)H/B}: 308.73 E.R 8.(1000)H/B - 7E4 WI4+26 ASSIME \Delta = 1.0^{"}Y_{2}: 4.5^{"} - \frac{10^{"}}{2}: 4.0^{"}b_{CTL} \le \underbrace{SPACHAG: (10.111)(127/H): (21.52")}_{SPALYA: (80.3337/H)(127/H): 91" + CETTLCAL. PNA = 1 \cdot d_{Mp}: 316 E.H > 30.8.73 E.P(G_{000})E_{R,U}: 385E.- CHECKE ASSUMPTION\Delta : \underbrace{10_{U}}_{0.15} = \frac{2}{0.85(5ED)(91")}: 0.995" < 1.0" (G00)$		- MAYIMAM LAICHATET QPAN: 10.83'> 10.111' (600)
- 724 W14×26. - ASSIME $a = 1.0^{"}$ $Y_2 : 4.5" - \frac{10"}{2} : 4.0"$ $y_2 : 4.5" - \frac{10"}{2} : 4.0"$ $berr 5 \left(\frac{\text{SPACING} : (10.111')(12'/\text{H}) : (21.32"}{\text{SPAUJ}_4 : (80.333'/4)(12'/\text{H}) : 91" + DETTICAL.} \right)$ $PNA \neq 1$ $\cdot dM_p : 316 \text{ K} \text{ H} > 308.23 \text{ K} \text{ H} (4000)$ $4a_{\mu} : 385 \text{ K}.$ $\cdot chreate Assumptions$ $a : 100 = 7 \frac{385 \text{ K}}{0.85(5\text{ K} \text{ S})(91")} : 0.995" < 1.0" (4000)$		· BEAM DESIGN
- ASSUME $d = 1.0^{"}$ $Y_2 : 4.5^{"} - \frac{10^{"}}{2} : 4.0^{"}$ $b_{CTL} \leq \begin{cases} SPACING : (10.111')(12'/H) : (21.52") \\ SPAN/4 : (80.553'/H)(12'/H) : 91" + 02TUCAL. \\ PNA # 1 \cdot d_{Mp} : 316 + H > 308.23 + P (4000) \\ 4R_{H} : 385 + . \\ \cdot CHTECH ASSUMPTION \\ a : 10p 7 385 + . \\ \cdot 0.855 + 02H 7 0.85(545)(91") \\ \cdot 0.995" < 1.0" (4000) \end{cases}$		Mu: 068PS:010.111) (30.333) : 308.23 E.A. 8. (100016/E)
$\frac{1}{2} : 4.5'' - \frac{10''}{2} : 4.0''$ $\frac{1}{2} : 4.5'' = \frac{10''}{2} : 4.0''$ $\frac{1}{2} : 4.5'' = \frac{1}{2} : 4.0''$ $\frac{1}{2} : \frac{1}{2} : 4.0'' = \frac{1}{2} : 4.0''$ $\frac{1}{2} : \frac{1}{2} : \frac{1}$		- 784 W14×26.
but $\leq \left(\begin{array}{c} SPACHNG_{+}:(lo.111')(12'/44):(21.32'')\\ SPANY_{4}:(80.333'/4)(12'/44):91'' & CERTICAL.\\ PNA = 1\\ \cdot dmp: 316 \models ft > 308.23 & ft (Good)\\ & & & $		
PNA # 1 · d_{Mp} : $316 \times 6t > 358.73 \times 6t$ (good) $4R_{\mu}$: $385 \times$ · $CHECK = ASSUMPTION$ $a : 18_{\mu}$? $385 \times$ $a : 18_{\mu}$? $385 \times$ a : 995" < 1.0" (good)		
PNA # 1 . d_{Mp} : $316 \times 64 > 308.73 \times 64$ (good) $4R_{\mu}$: $385 \times$. $CHECK ASSUMPTION$ $a : \frac{1R_{\mu}}{2} = \frac{385 \times}{2.85(5 \times 3)(91'')}$: $a.995'' < 1.0'' (Gaod)$		bert & SPACING : (10.111')(12"/H) : 121.32" bert & SPAN/4 : (80.333'/+)(12"/H) : 91" + CETTICAL.
$\frac{4}{8} R_{\mu}^{2} 385 k$. - CHECK ASSUMPTION $a = \frac{18\nu}{2.85 Fc} \frac{7}{3.85 k} \frac{3.85 k}{2.85 (565)(91'')} = 0.995'' < 1.0'' (600)$		
- CHECK ASSUMPTION $a = \frac{16v}{2.85 f'_{c} b_{eff}} = \frac{3.85 k}{0.85 (5 k s)(91'')} = 0.995'' < 1.0'' (600)$. d.Mp: 316 k. ft > 308.23 k. ft (6,00)
$a = \frac{10\nu}{2.85} \frac{7}{10} \frac{3.85}{100} \frac{100}{100} \frac$		2 Rp : 385K.
2.85 Fe bett 0.85(563)(91")		- CHECK ASSUMPTION
* 107 1/4 /2/		$a : \frac{10}{0.85} \frac{2}{100} \frac{3.85}{100} \frac{100}{100} \frac$
ss use with the)	, USE W14 × 26.
->CONTID.		->CONTID.

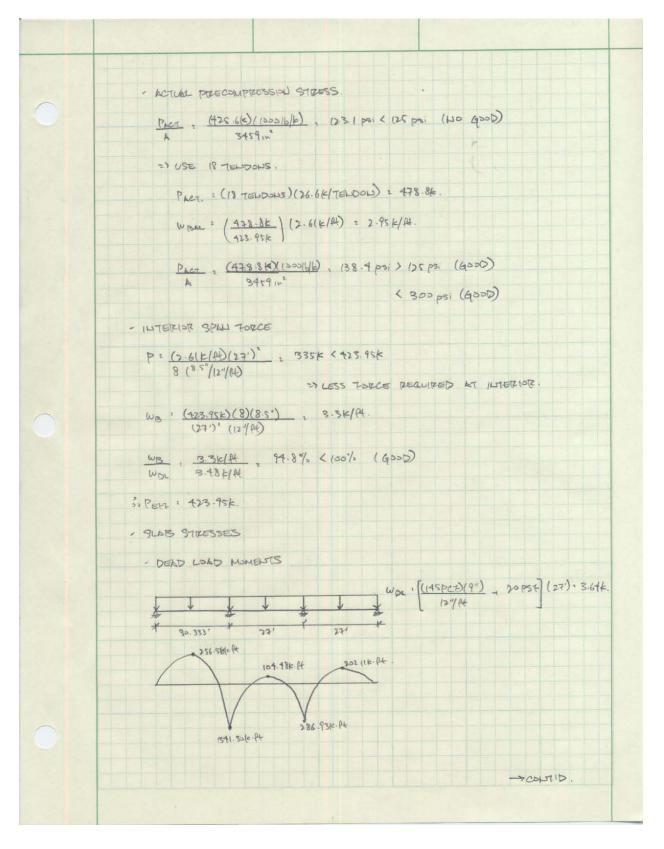


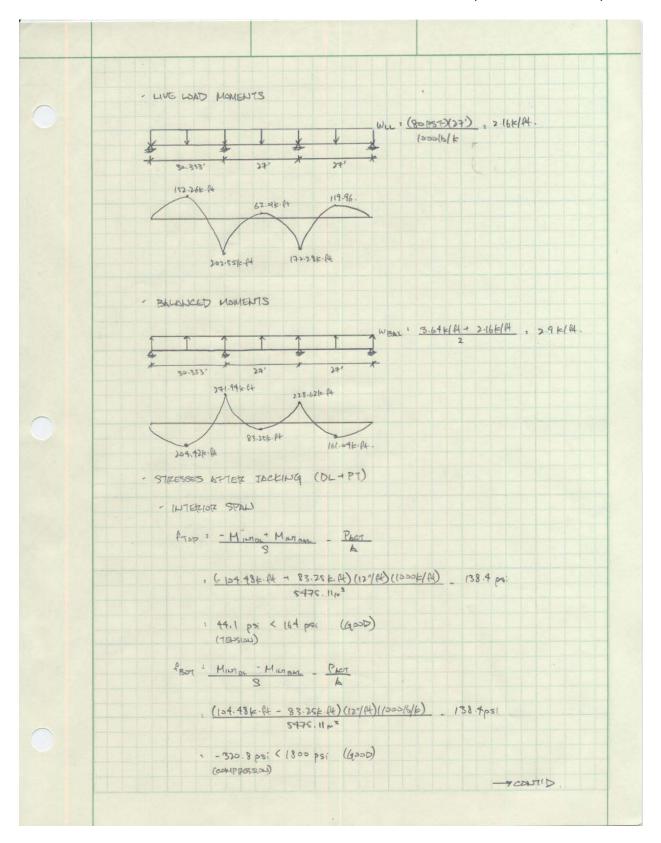
- CHECK AGAINST DETLECTION (30.333')(12"(AL) , 1.5" 290 1.5" · (81.24)(30.333') (12.1/84)* 28 (29000KSI)(Z) I & 3215.1311ª USE WI8 × 175, I 3450 113 - SUMMERTY. US6: 4.5" SLAB, 1864, 2" LOK- FLOOR W14×26 <19) 702 BEAM W18×175 TOR GIRDER. ABNO OF ANALYSISH

	DESIGN; POST-TELSIONED SLAZ.
•	P'a: 5000psi P'a: 5000psi P'aiz 3000psi go'-4" fy: 60ksi.
	1/2" & , 7 WIRE STRAUDS, A: 0.153m ² Apr: 270E31.
	* 30'-4" * 27' (TYP)
	- POST-TENSIONING.
	- ESTIMATED PRESTRESS LOSSES = 15(43).
	fse = 0.7 fpu - Lasses = 0.7(270451) - 15451 = 174 KSI.
	PETE : A × fse : (b. 153 m2) (174 psi) : 26.64/7840000.
	- PRIMARM SLABS THICKNESS
•	1 (30.333'-2')(12"/A) - 9.44" => USE 9.5" 36 36
	· SECTION PROPERTIES
	A = bh = (30.333)(12"/A)(9.5") = 3458 m2
	$S = \frac{bh^2}{6} = \frac{(30.333'X12''/H)(4.5')^2}{6} = 5475.1 \text{ m}^3$
	- DESIGN PARAMETERS
	· ASSUNE CLASS U.
	- AT TIME OF TACKING
	1/21 = 3/251
	COMPRESSION : 0.66'ai : 0.6 (3000psi) : 1800psi.
	TENSION : 3, FOI = 3, Broopsi - 164 ps1.
-	
	-> CONTID.

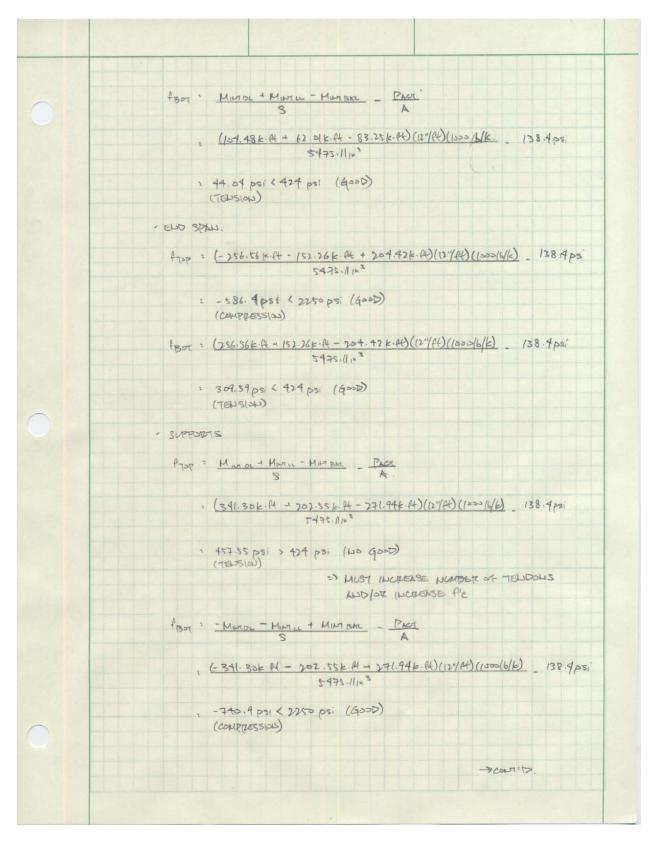


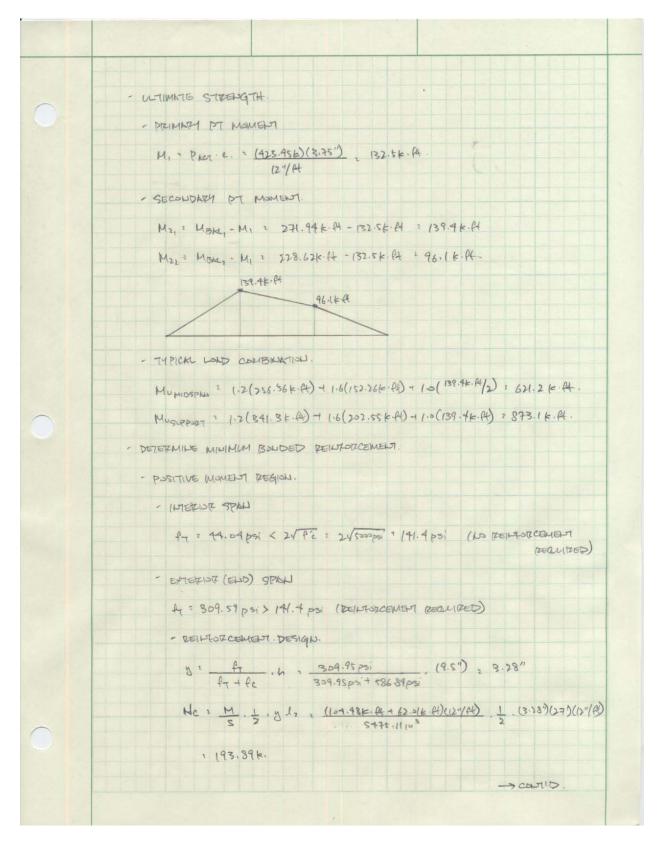
E-17

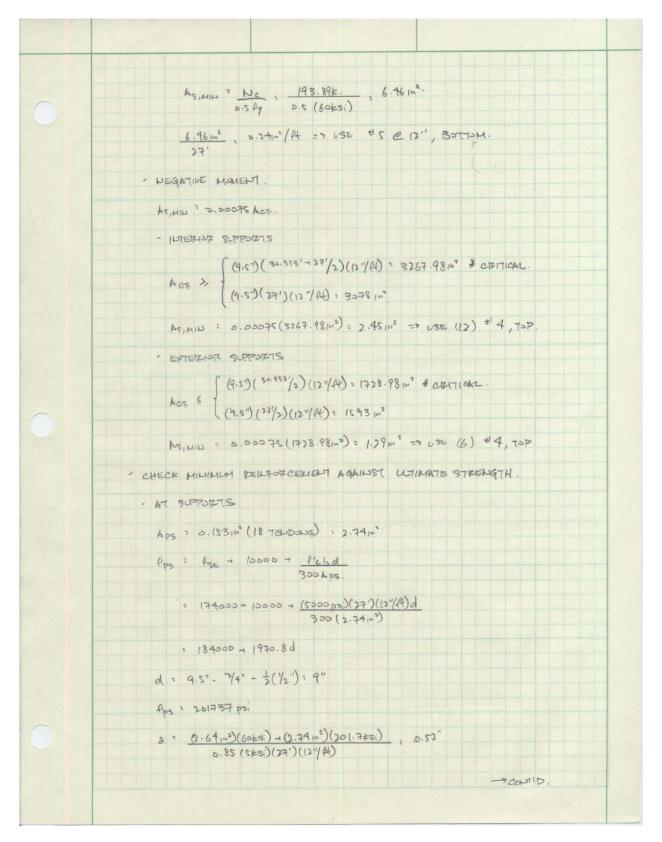


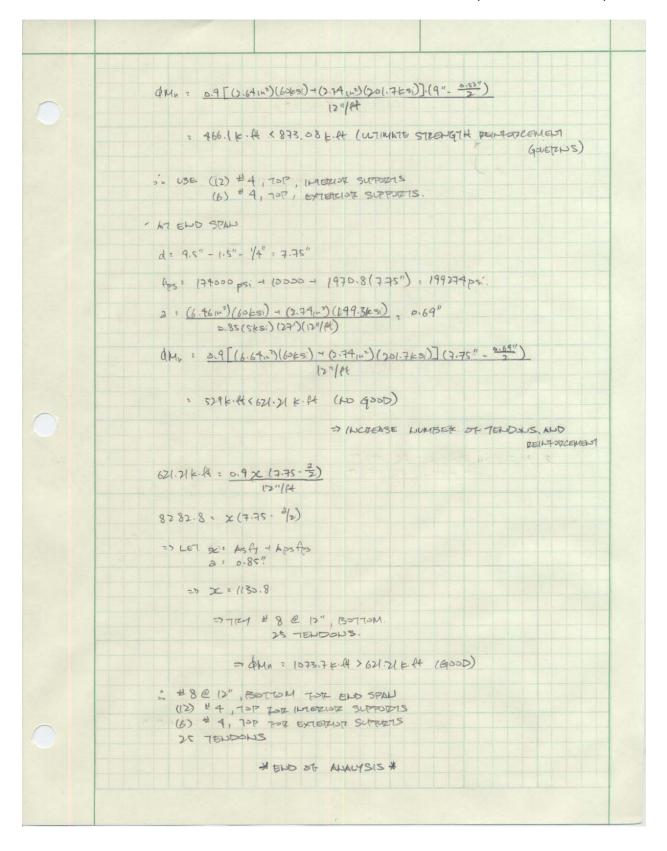


- BUD SPAN
P-22P = (-256.56 p. At + 204.926 (A)(12"/Pt)(1000/6/6) 138.4 psi 5475.11113
1 -252.7 psi < 1800 psi (GOOD) (COMPRESSION)
PBM = (256,56 E.Pt - 204.42E.A)(12 /A)(1000(6/4) _ 138.4 ps; 5475.11,12
2 - 24.12 psi < 1800 psi (good) (COMPRESSION)
· SUPPORTS
FTOP - MINTON - MINTON - PACT
, (341.30 k. 94 - 271.94 k. 94) (12"(94) (1000/6/k) - 138.4 psi 3475,11 m3
· 13.62 psi < 16tpsi (Good) (TBS100)
FBM 1 - MINTON + MINTON - PACT S A
: (- 341.30 k.ft + 271.94 k.ft) (12-1ft) (1000/4/6) _ 138.4ps; 5475.11 ms
-290.53 psi < (800 ps. (900) (COMPRESSION)
- STRESSES AT SERVICE LOAD. (DL+LL+PT)
- ILTIGIZIOZ SPAN.
PTOP = - MANDL - MINTLL + MINTER - PACE 3 A
- (-104.48k.A - 62.01k.A - 83.25k.A)(12"/A)(1000/6/6) - 138.4psi 5475.11m3
- 370.84 psi (2250 psi (4000) (COMPRESSION)
-> CAJI'D.









MONONGALIA GENERAL HOSPITAL

PRO-CON STRUCTURAL STUDY OF ALTERNATE FLOOR SYSTEMS

APPENDIX F

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
 - o S2-4AD Top
 - o S3-0
 - o S3-1
 - o S4-0
 - o S4-1
 - o S4-4
 - o S8-0
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Photographs

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

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