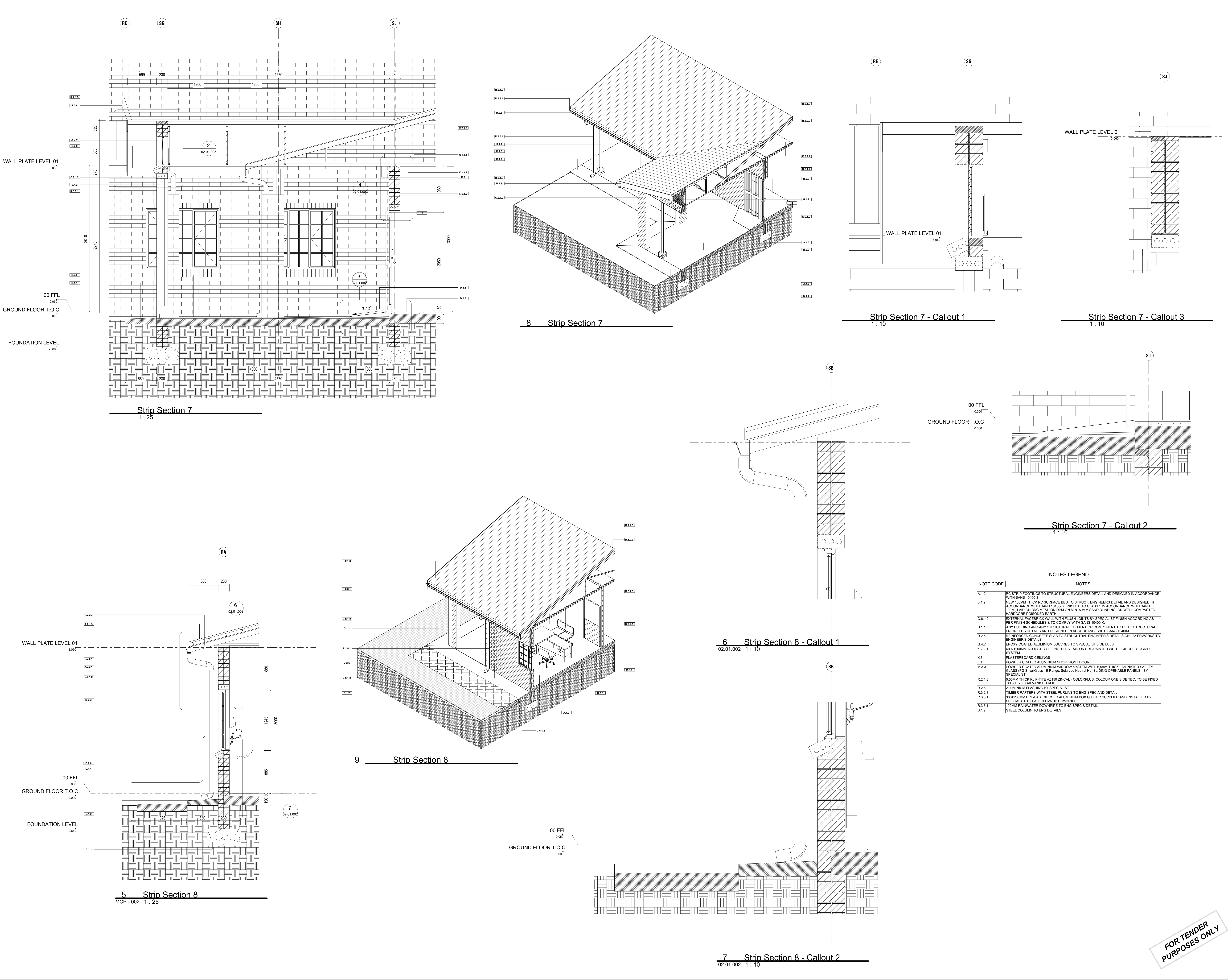




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Notes

SIGNATURES: DEPT OF HEALTH

DISTRICT MANAGER

DATE

AREA MANAGER

DATE

CLINIC MANAGER

DATE

Stamped by Plans Approval Committee

Revisions		
Rev no	Date	Description

Checked by Consultant

Name

Signature

Date

Checked by Project Leader

Name

Signature

Date

Consultant

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Client

KZN Health
PROVINCE OF KWAZULU-NATAL
HEAD: HEALTH

Project
THULASIZWE CLINIC
ZNB 1009 / 2021-H

Drawing description
CLINIC STRIP SECTIONS 03

Drawn
DRO

Date
14/08/2024

Scale/s
1:100

Consultant Drawing number
110 - STRIP SECT 03

Revision
0

DOH Drawing number
110 - STRIP SECT 03

Revision
00

FOR TENDER
PURPOSES ONLY