



**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION**

**APPLICATION FOR OSHPD PREAPPROVAL  
OF MANUFACTURER'S CERTIFICATION (OPM)**

OFFICE USE ONLY

APPLICATION #: OPM-0051-13

**OSHPD Preapproval of Manufacturer's Certification (OPM)**

Type:  New  Renewal  Update to Pre-CBC 2013 OPA Number: \_\_\_\_\_

**Manufacturer Information**

Manufacturer: Vidir machine inc

Manufacturer's Technical Representative: Paul peters

Mailing Address: Box 700 arborg, mb

Telephone: 204-364-2442 Email: Paul.peters@vidir.com

**Product Information**

Product Name: Bedlift

Product Type: Vertical hospital bed storage OPM-0051-13

Product Model Number: Bedlift+3, bedlift+4, bedlift+5

General Description: Unit for storing hospital beds, one on top of the other. Available in 3, 4, and 5 bed models

**Applicant Information**

Applicant Company Name: Seismic inc

Contact Person: Meredith young

Mailing Address: 161 atlantic st Pomona ca 91768

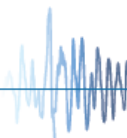
Telephone: 909-869-0989 Email: operations@seizmicinc.com

I hereby agree to reimburse the Office of Statewide Health Planning and Development review fees in accordance with the California Administrative Code, 2013.

Signature of Applicant:  Date: 8-26-2013

Title: operations Company Name: Seismic inc

"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs"





**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION**

**Registered Design Professional Preparing Engineering Recommendations**

Company Name: Seismic inc

Name: Sal fateen California License Number: 25969

Mailing Address: 161 atlantic st Pomona ca 91768

Telephone: 909-869-0989 Email: Operations@seizmicinc.com

**OSHPD Special Seismic Certification Preapproval (OSP)**

Special Seismic Certification is preapproved under OSP-  
(Separate application for OSP is required)

Special Seismic Certification is not preapproved

**Certification Method(s)**

Testing in accordance with:  ICC-ES AC156  FM 1950-10

Other\* (Please Specify): \_\_\_\_\_

\*Use of criteria other than those adopted by the California Building Standards Code, 2013 (CBSC 2013) for component supports and attachments are not permitted. For distribution system, interior partition wall, and suspended ceiling seismic bracings, test criteria other than those adopted in the CBSC 2013 may be used when approved by OSHPD prior to testing.

Analysis

Experience Data

Combination of Testing, Analysis, and/or Experience Data (Please Specify): \_\_\_\_\_

**List of Attachments Supporting the Manufacturer's Certification**

Test Report  Drawings  Calculations  Manufacturer's Catalog

Other(s) (Please Specify): \_\_\_\_\_

**OFFICE USE ONLY – OSHPD APPROVAL VALID FOR CBC 2013 ONLY**

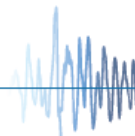
Signature: *William Staehlin* Date: March 04, 2014

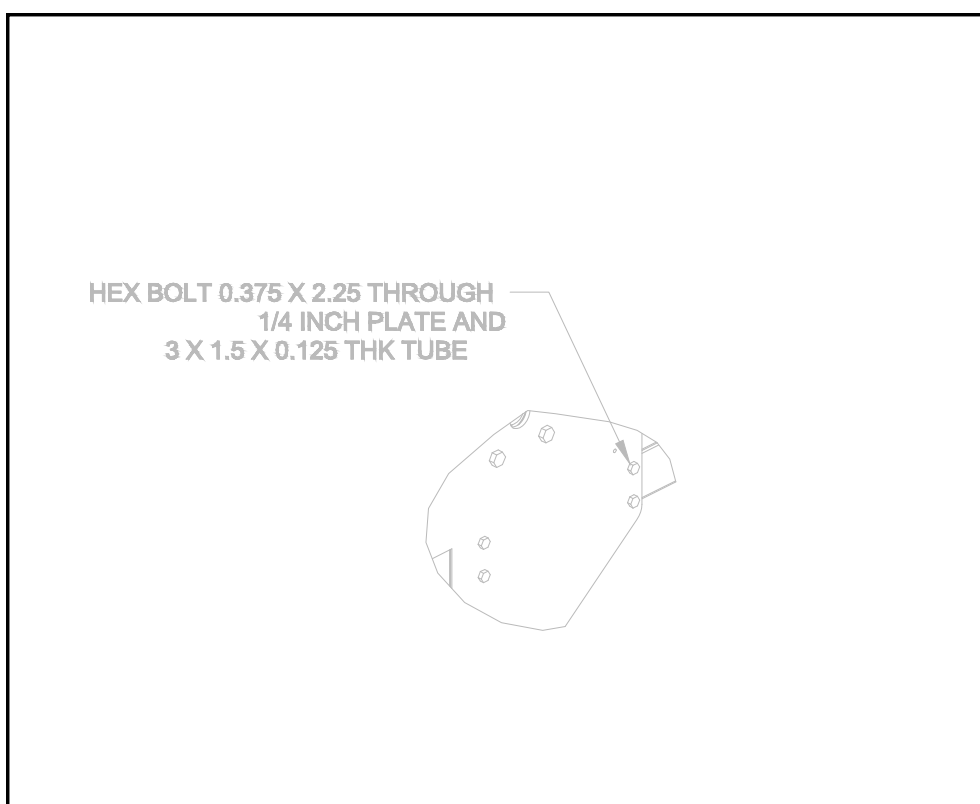
Print Name: William Staehlin

Title: Senior Structural Engineer

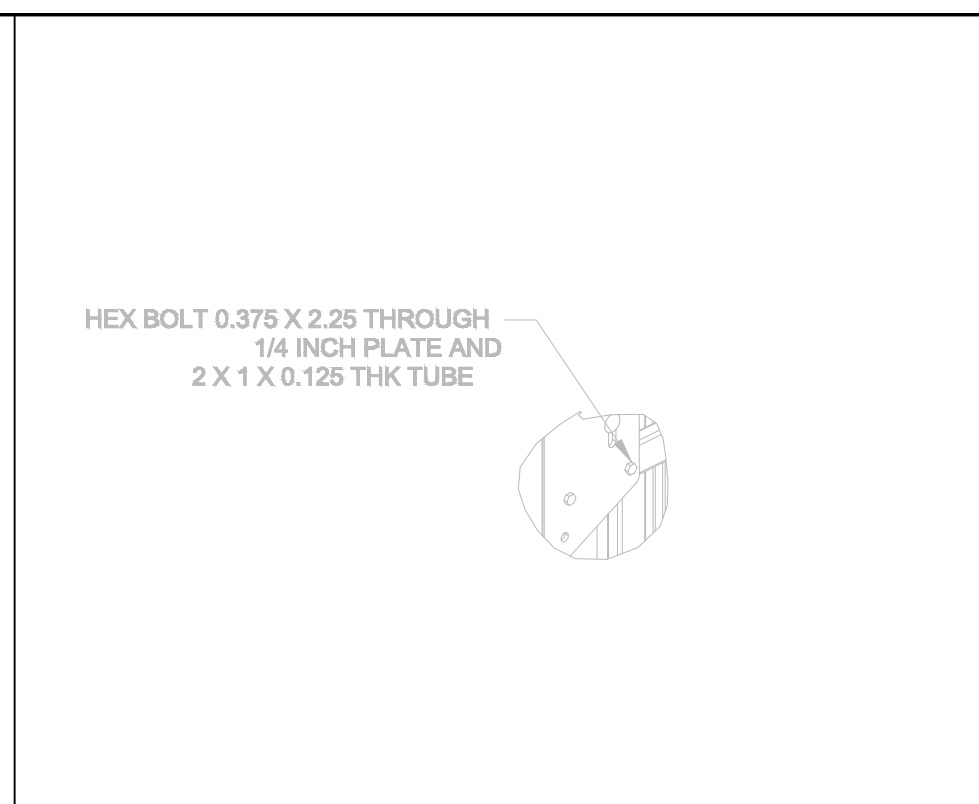
Condition of Approval (if applicable): \_\_\_\_\_

"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs"

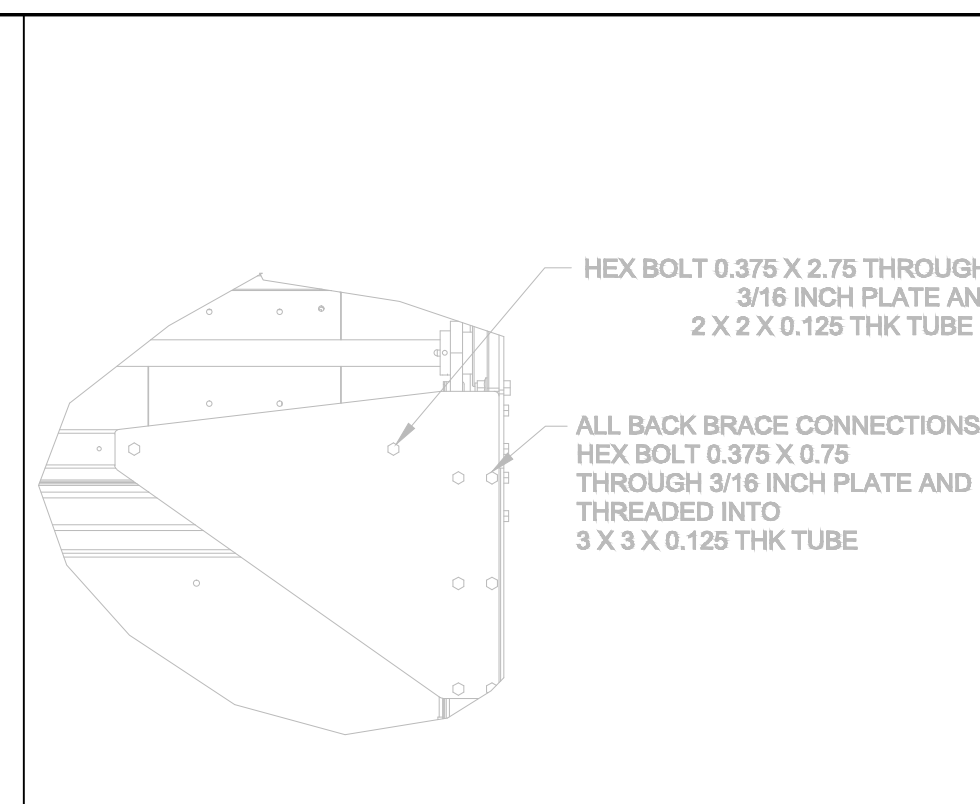




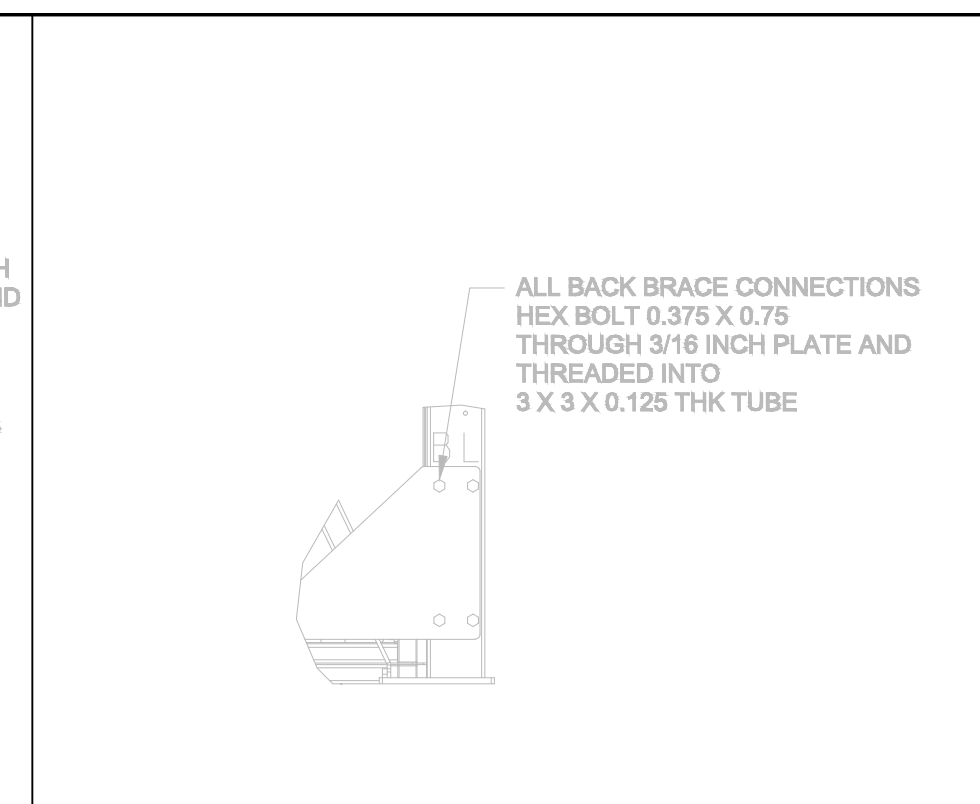
**A** DETAIL



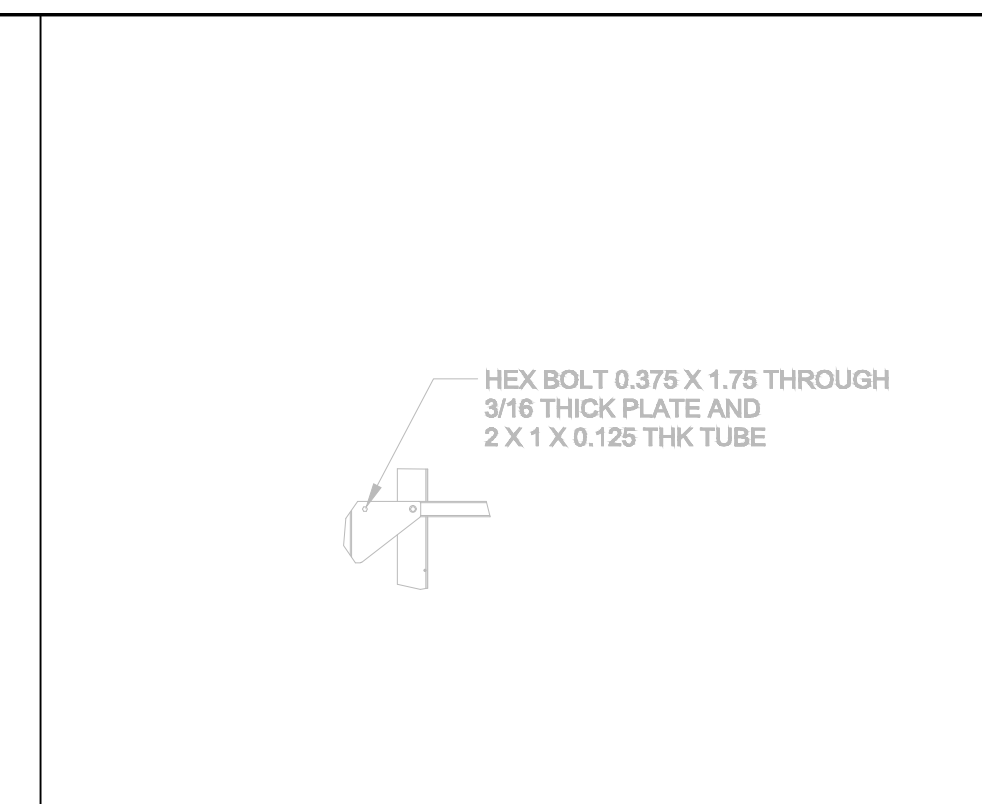
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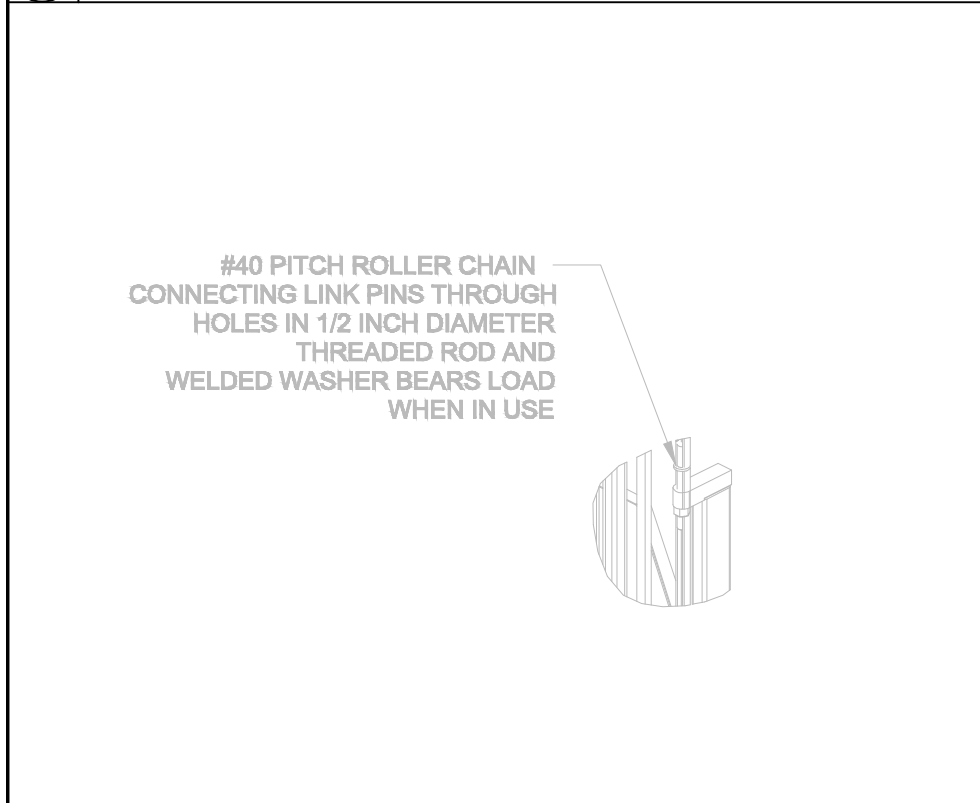
**C** DETAIL



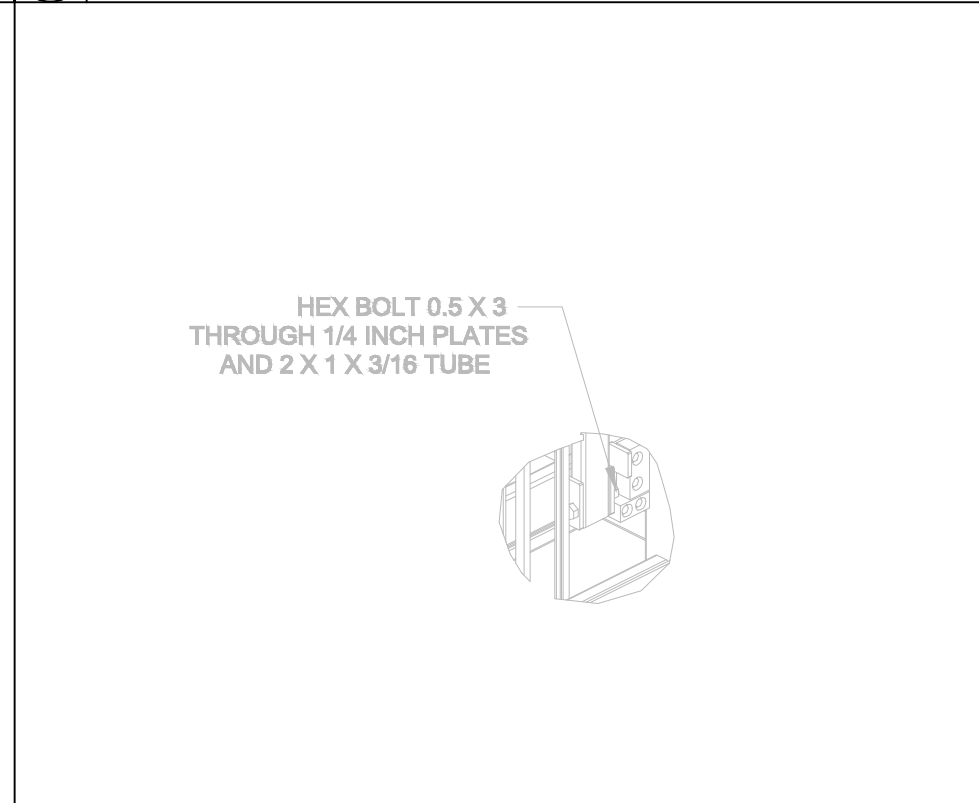
**D** DETAIL



**E** DETAIL



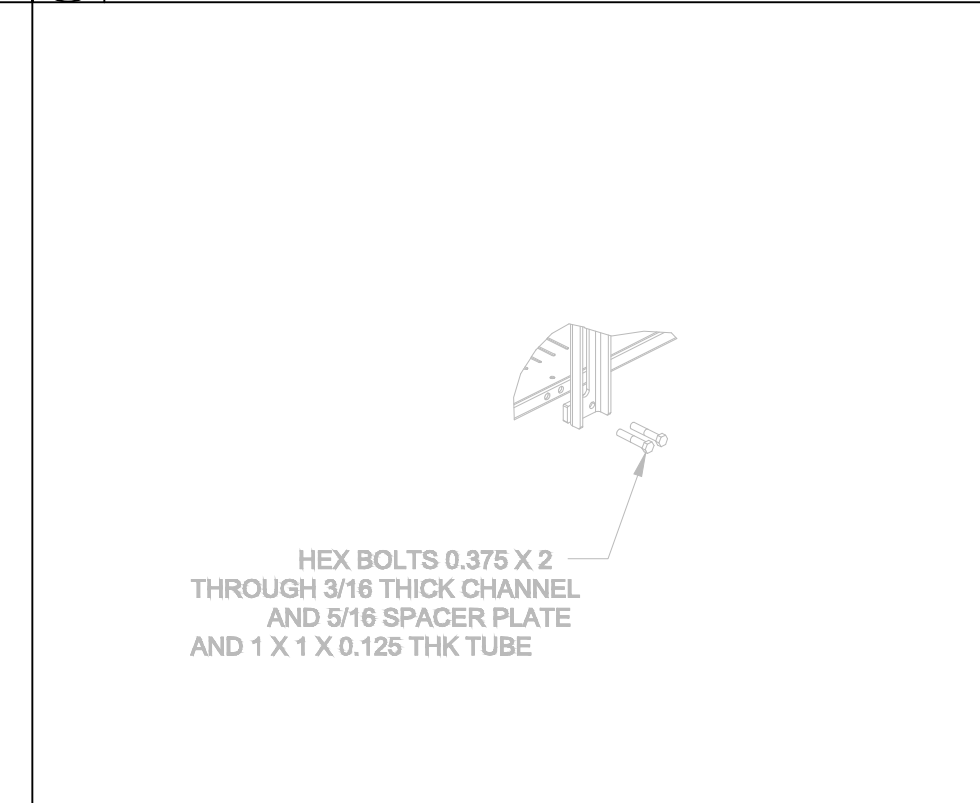
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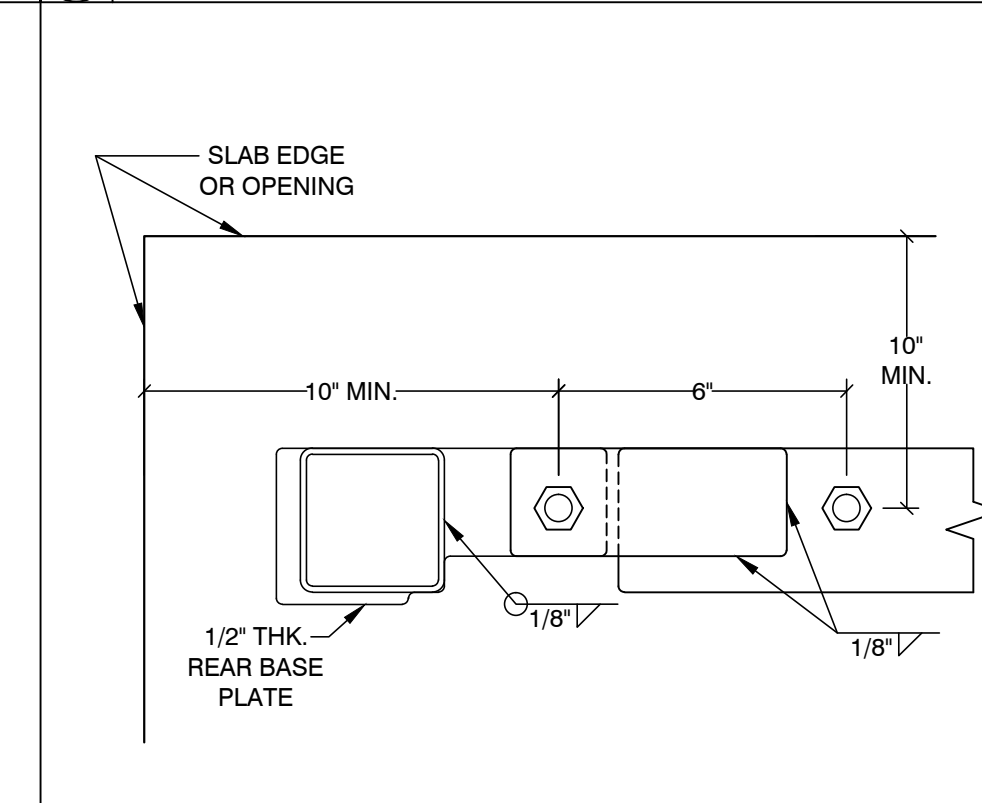
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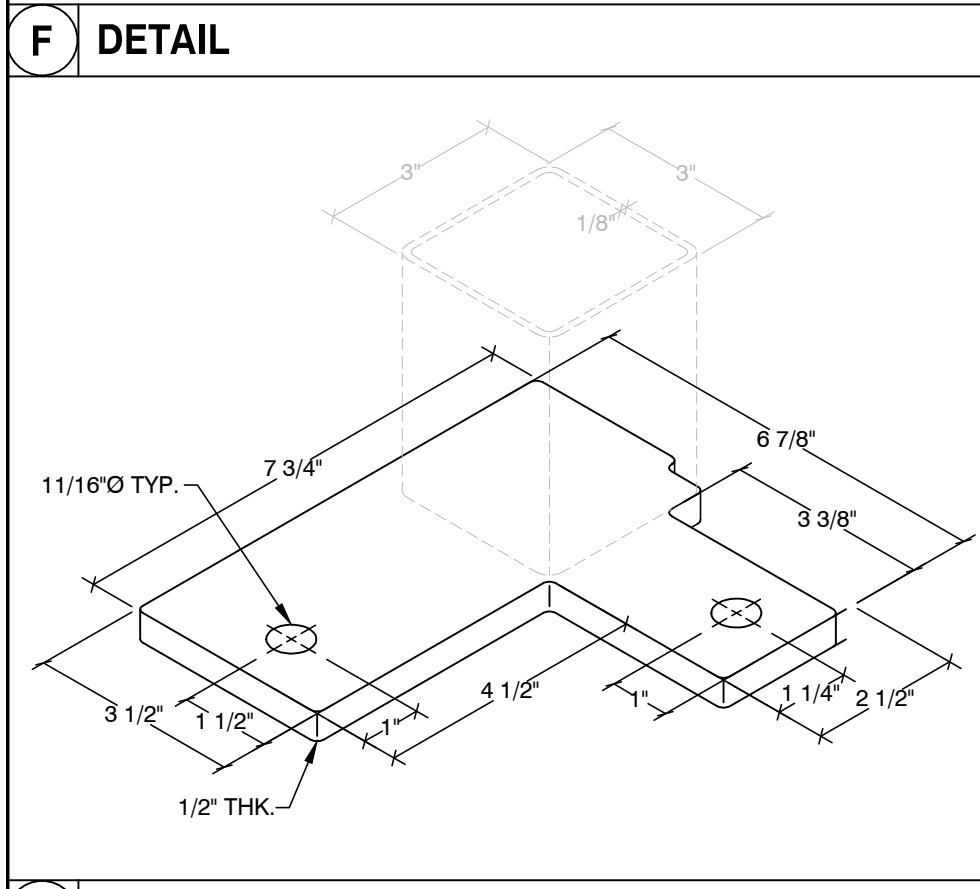
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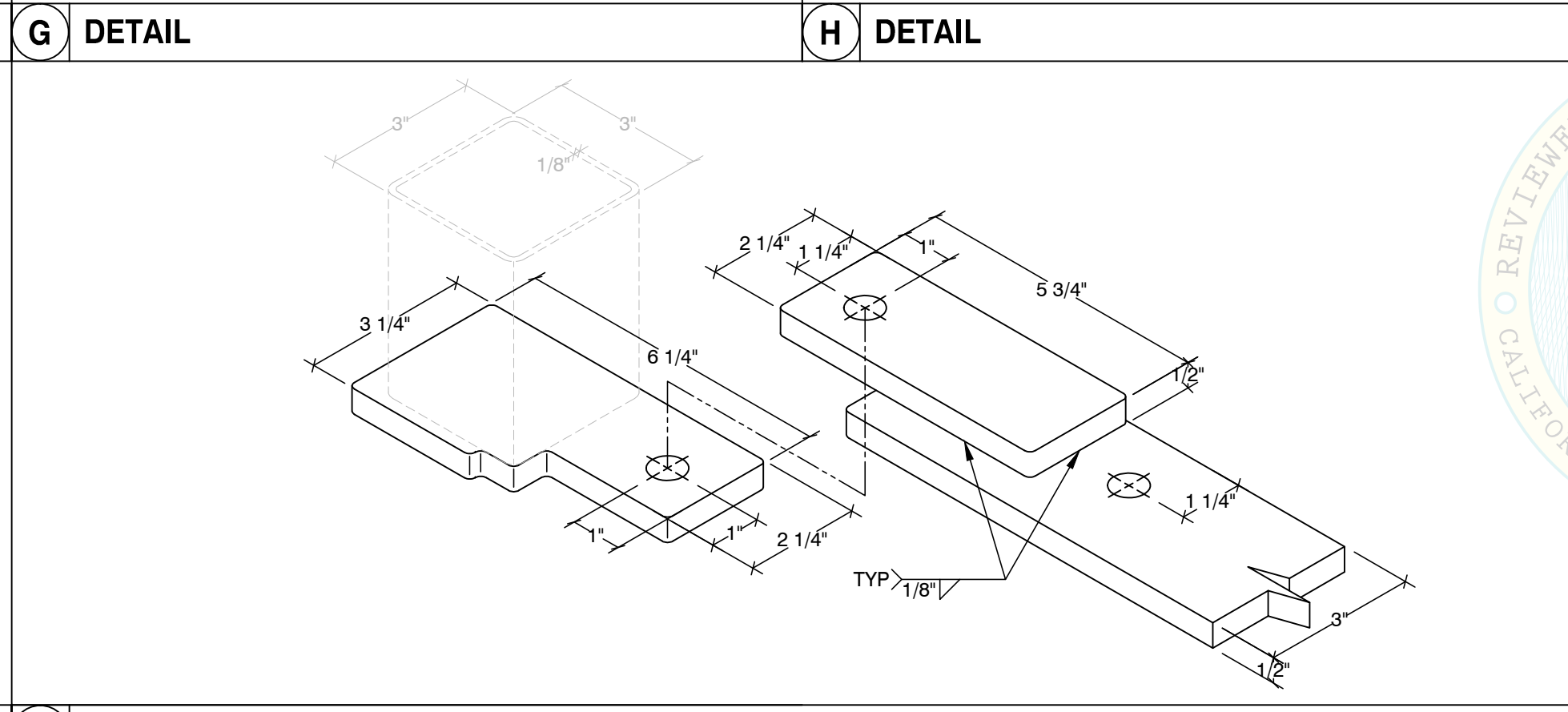
**I** DETAIL



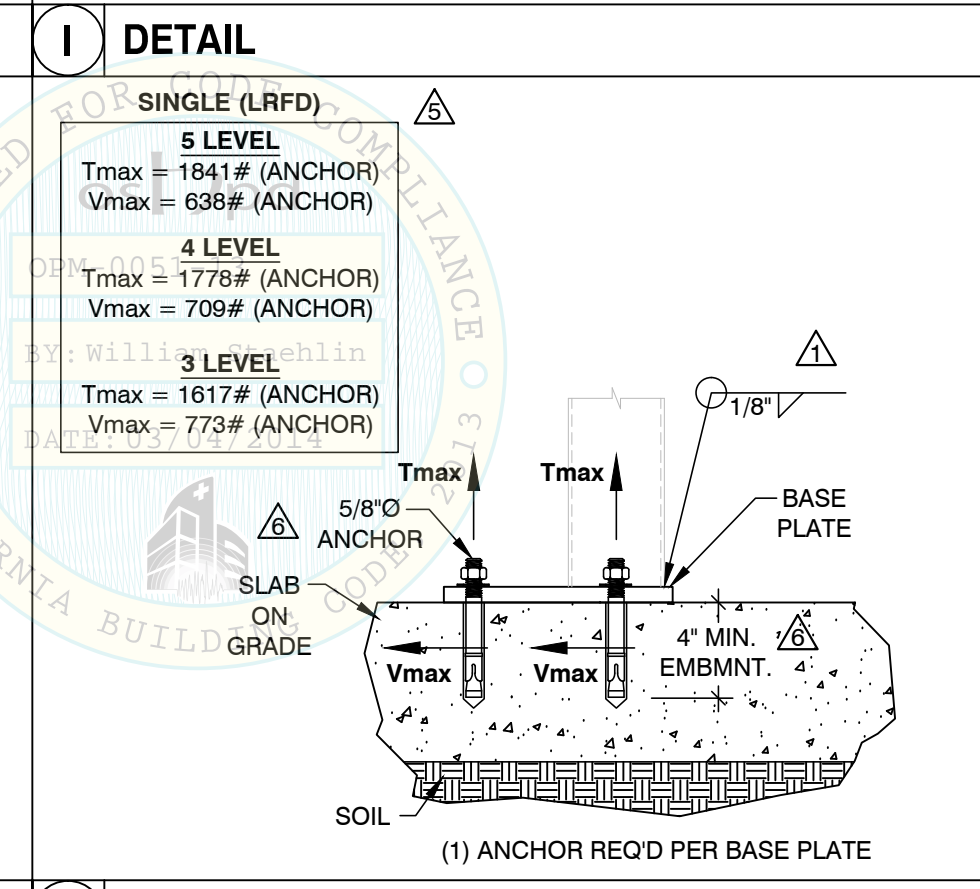
**3** ANCHOR EDGE DISTANCE DETAIL



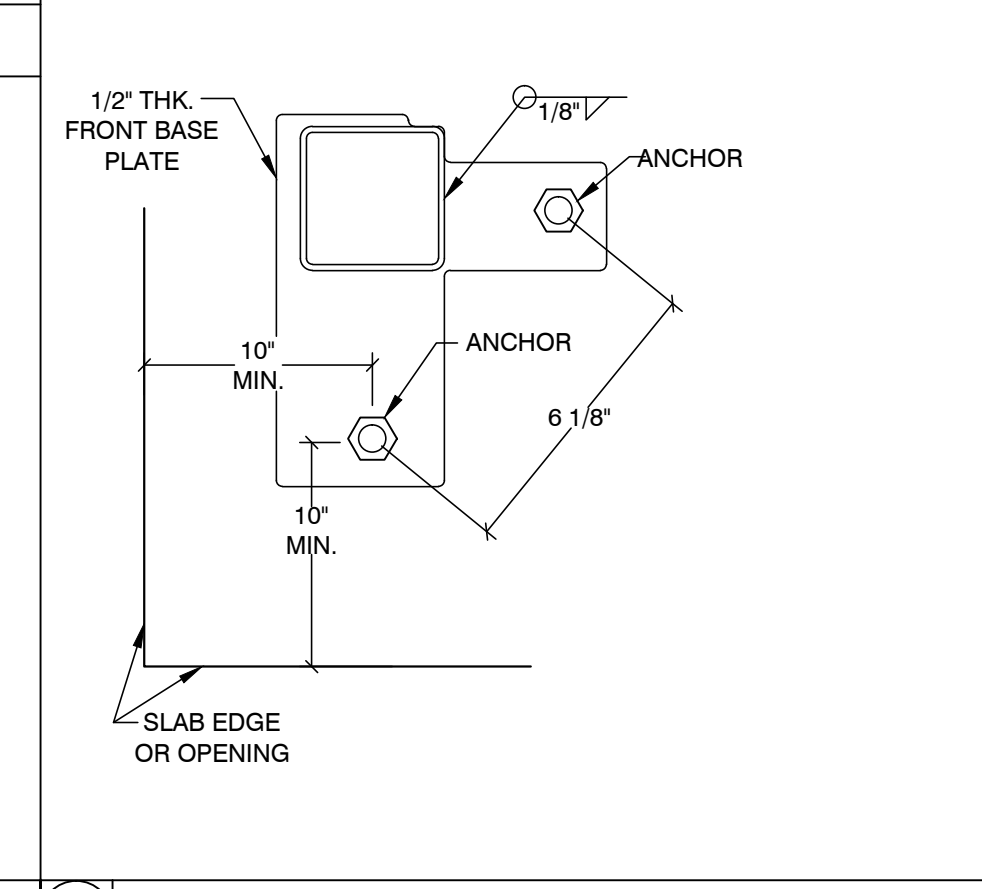
**1A** FRONT BASE PLATE DETAIL



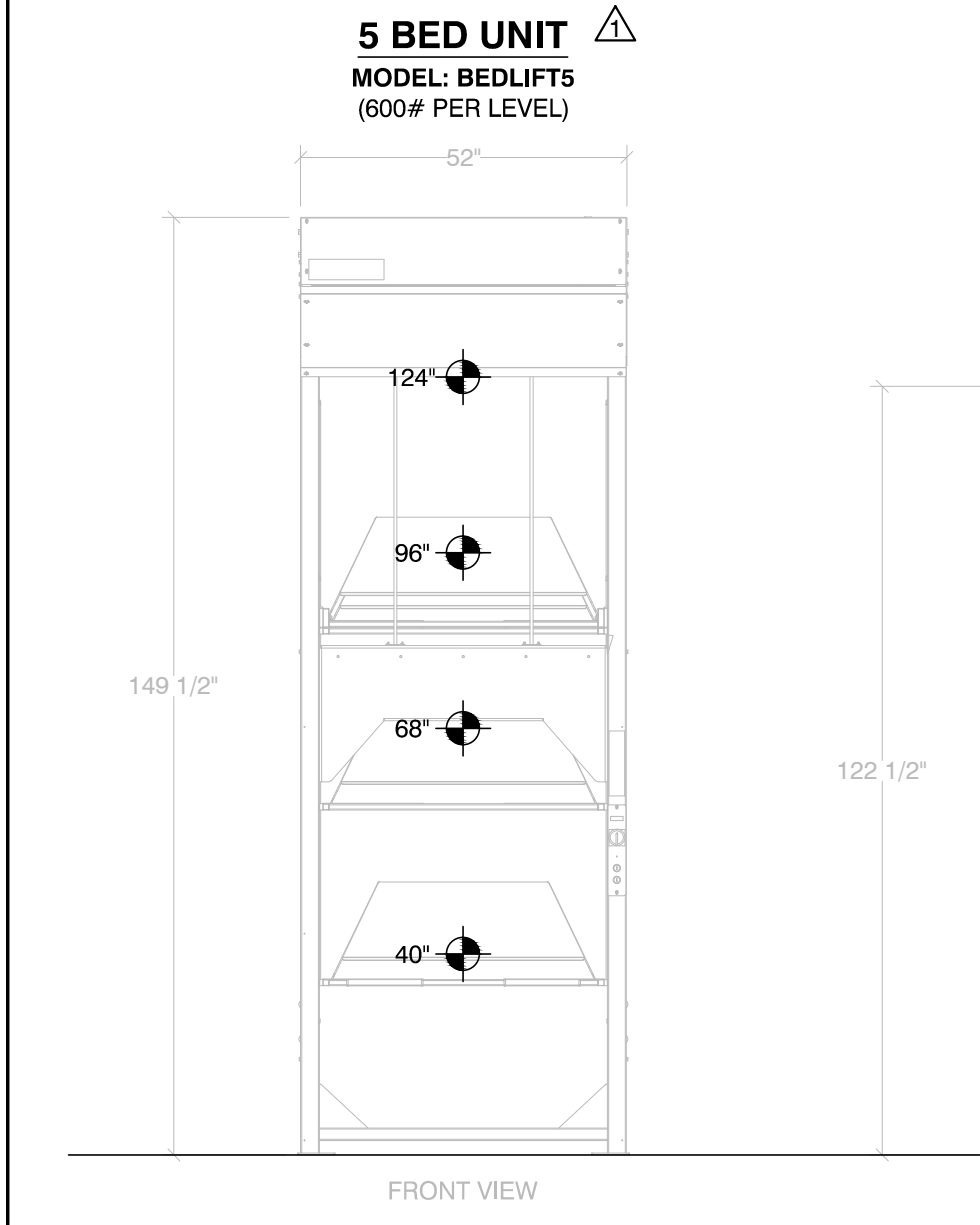
**1B** REAR BASE PLATE DETAIL



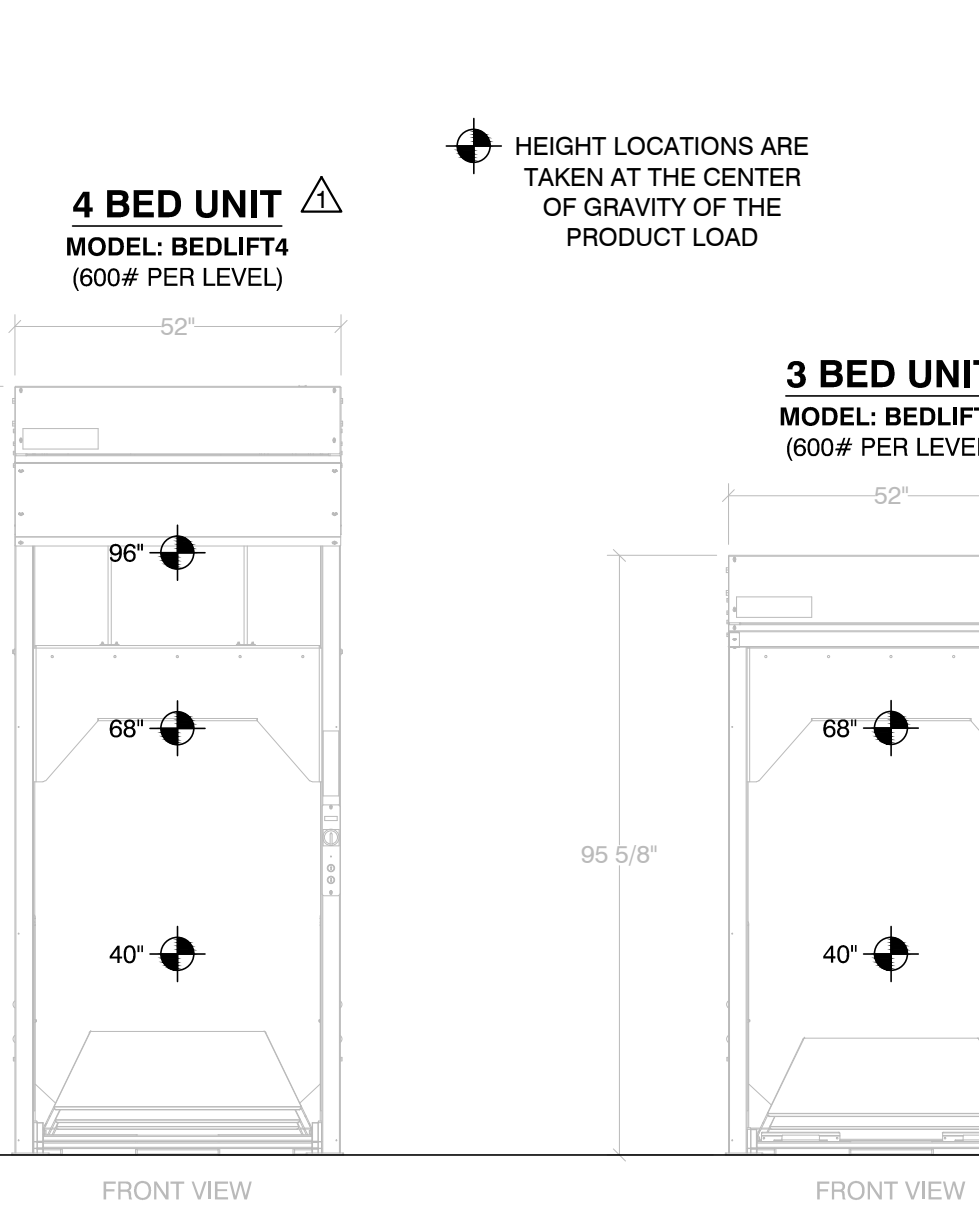
**2** ANCHOR DETAILS



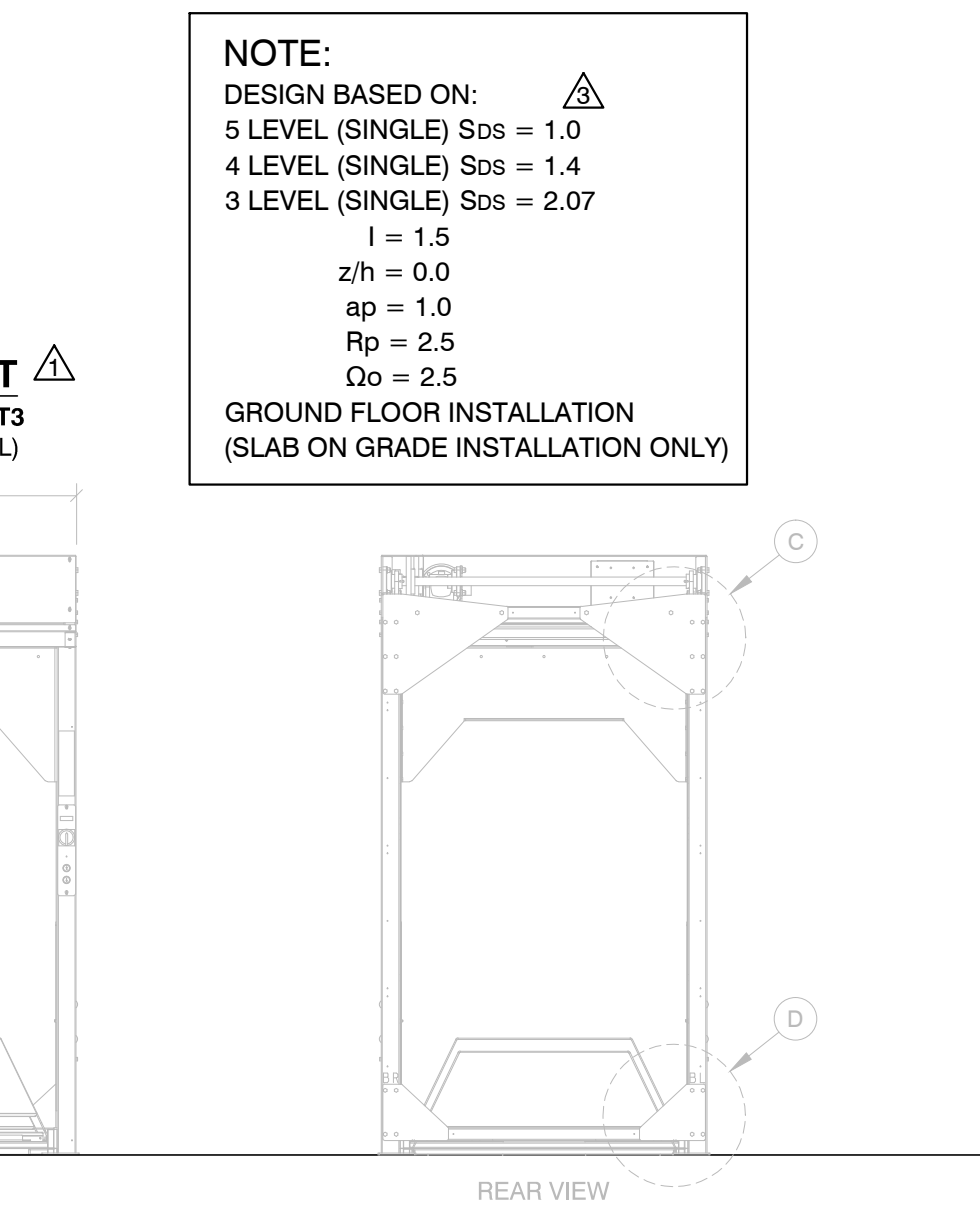
**3** ANCHOR EDGE DISTANCE DETAIL



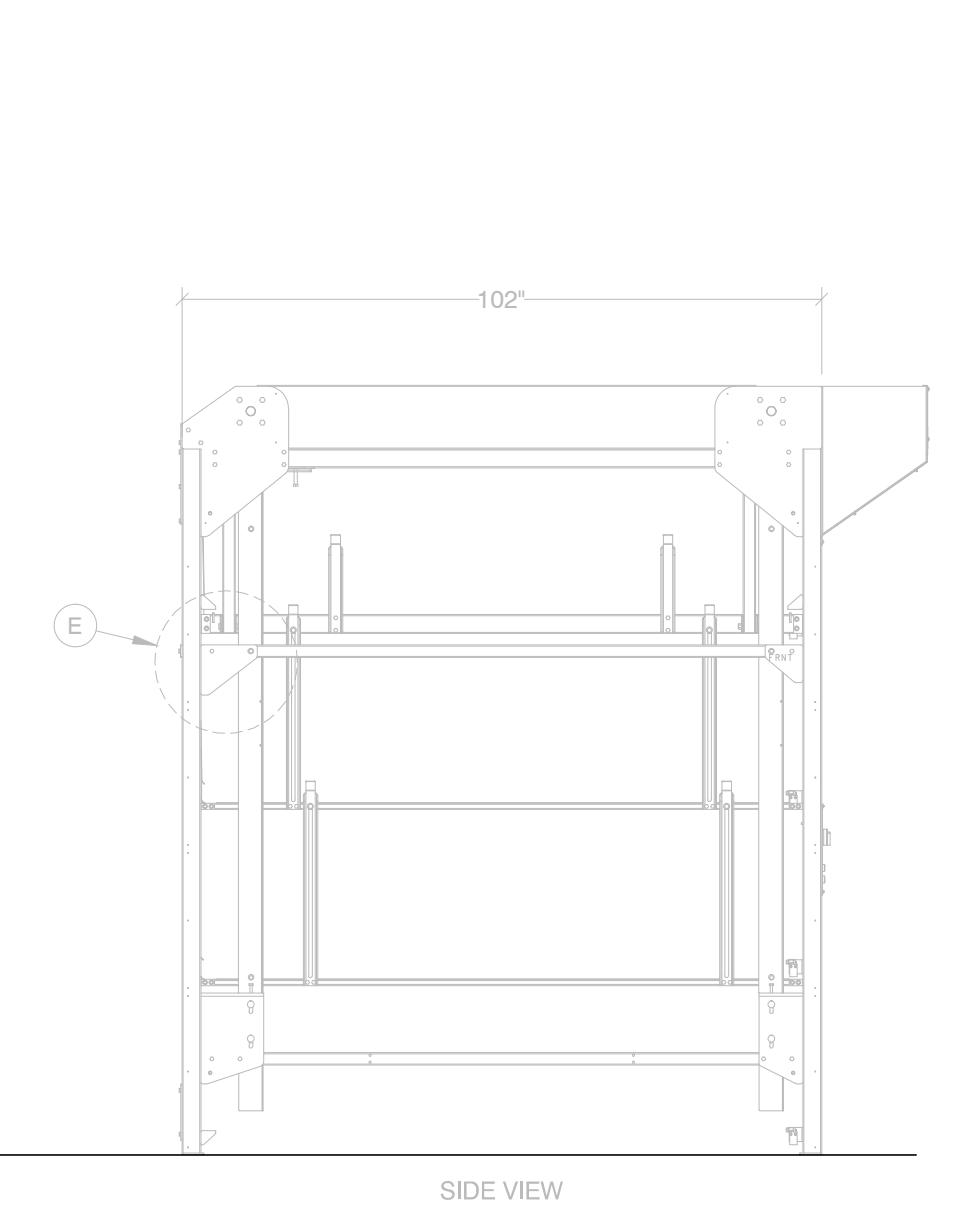
**5 BED UNIT**



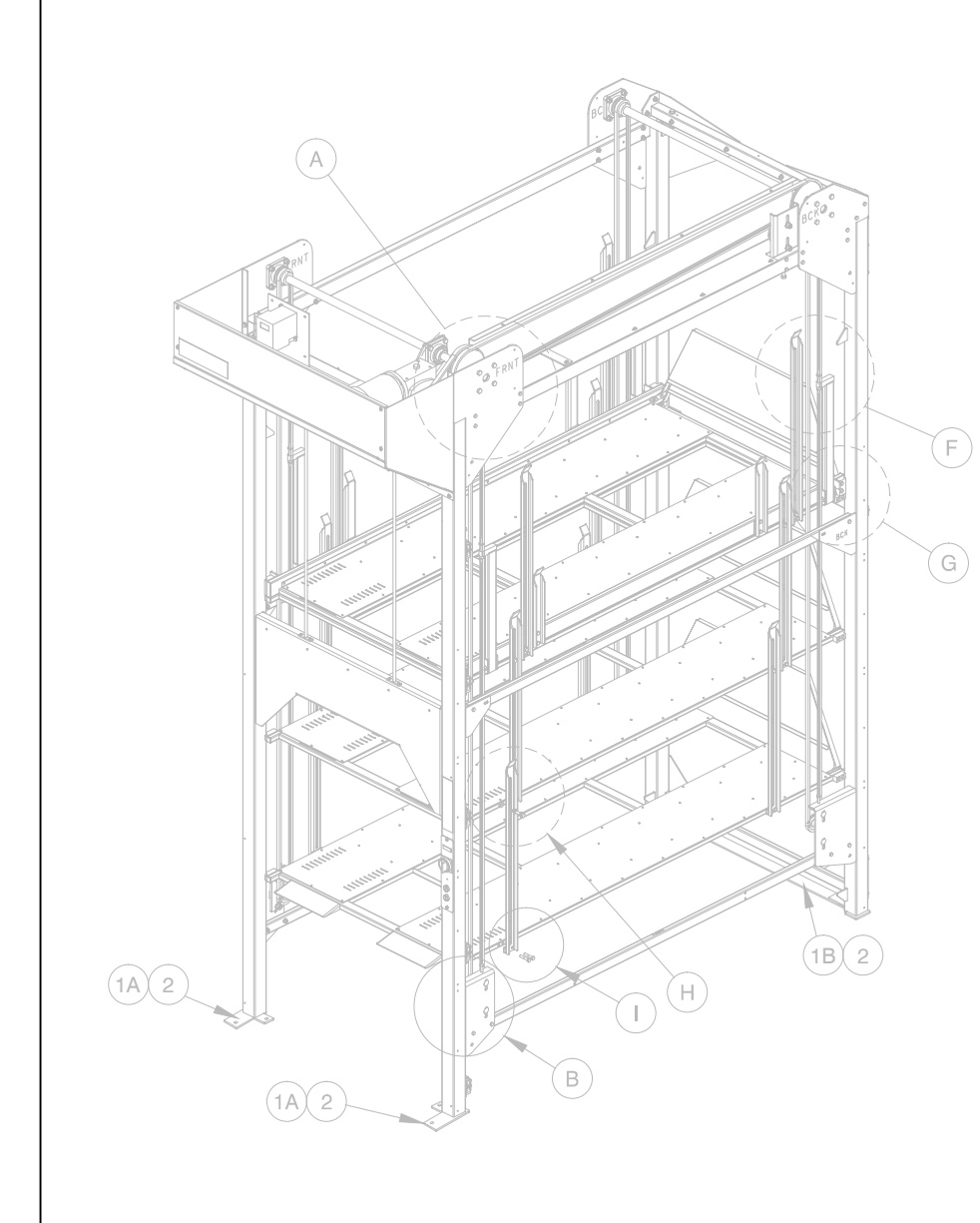
**4 BED UNIT**



**3 BED UNIT**



**SIDE VIEW**



**GENERAL CONFIGURATION**

**HOSPITAL BED LIFT SYSTEM ELEVATIONS**

**GENERAL CONFIGURATION**

**GENERAL NOTES:**

- THIS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE CBC 2013. THE DEMAND (DESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE CBC 2013.
- THIS PREAPPROVAL CONFORMS TO THE 2013 CBC WHERE:
  - 5 LEVEL (SINGLE) Sds = 1.0
  - 4 LEVEL (SINGLE) Sds = 1.4
  - 3 LEVEL (SINGLE) Sds = 2.07
- FORCES ARE PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3 WHERE:
  - 5 LEVEL (SINGLE) Sds = 1.0
  - 4 LEVEL (SINGLE) Sds = 1.4
  - 3 LEVEL (SINGLE) Sds = 2.07
- ap = 1.0, Ip = 1.5, Rp = 2.5, Qo = 2.5 & z/h = 0.0 AT CONCRETE SLAB ON GRADE.
- THIS PREAPPROVAL COVERS ONLY ATTACHMENTS OF THE EQUIPMENT TO THE HOSPITAL BUILDING'S STRUCTURE.
- ALL DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED ASD LOADS THAT SHALL BE USED FOR STRENGTH DESIGN.
- STORAGE CAPACITY: 600# PER LEVEL.

**MATERIAL REQUIREMENTS:**

SHAPE: ASTM A1011 FOR Fy = 30,000 PSI GRADE 30.  
 ALL BOLTS: A307 (UNLESS OTHERWISE NOTED).  
 ANCHORS: HILTI KWIK BOLT TZ, ICC # ESR-1917.  
 CONCRETE: 6" THICK  
 NORMAL WEIGHT  
 fc = 3,000 PSI.

**RESPONSIBILITIES OF THE SEOR OF THE BUILDING:**

- PROVIDE SUPPORTING STRUCTURE TO SUPPORT WEIGHTS AND FORCES SHOWN IN ADDITION TO ALL OTHER LOADS.
- VERIFY INSTALLATION IS IN CONFORMANCE WITH THE 2013 CBC AND WITH THE DETAILS.
- VERIFY THAT PROJECT SPECIFIC VALUES OF SDS & z/h RESULTS IN SEISMIC FORCES (Eh & Ev) THAT DO NOT EXCEED THE VALUES ON THE DETAILS.
- VERIFY THAT THE CONCRETE SLAB TO WHICH THE EQUIPMENT IS ANCHORED MEETS THE REQUIREMENTS OF THE APPLICABLE ICC-ES ESR.
- VERIFY THAT THE ANCHORS ARE AT ADEQUATE DISTANCES FROM ANY SLAB EDGE OR OPENINGS (REFER TO DETAIL 3).
- VERIFY THAT ALL NEW OR EXISTING ANCHORS ARE AN ADEQUATE DISTANCE FROM THE UNIT ATTACHMENTS & CHECK FOR INTERACTION WHERE OTHER ANCHORS ARE WITHIN 18" OR 6h FROM THIS UNITS ANCHORS.

**EXPANSION ANCHORS:**

PER ESR-1917 & ACI 318-11

| ANCHOR DIA. (IN) | CONC. TYPE | MIN Fc | ANCHOR TYPE | ICC-ES ESR No | MIN EMBED | MIN SPACING | MIN. EDGE DIST. | MIN. CONC. THICKNESS |
|------------------|------------|--------|-------------|---------------|-----------|-------------|-----------------|----------------------|
| 5/8              | NORMAL     | 3,000  | KB-TZ       | 1917          | 4"        | 3"          | 10"             | 6"                   |

**NOTES:**

- THIS PREAPPROVAL ALLOWS FOR UP TO A MAXIMUM OF 2 ADJACENT CONCRETE SLAB EDGES 10" AWAY FROM MINIMUM FROM CORNER (2 DIRECTIONS).
- TESTING OF EXPANSION ANCHORS PER 2013 CBC 1913A.7. TENSION TESTING SHALL BE DONE IN THE PRESENCE OF THE SPECIAL INSPECTOR AND A REPORT OF THE TEST RESULTS SHALL BE SUBMITTED TO OSHPD.
  - a. AFTER 24 HOURS MINIMUM HAVE ELAPSED SINCE INSTALLATION, DIRECT PULL TENSION TEST AT LEAST 50% OF THE ANCHORS.
  - b. ACCEPTANCE CRITERIA:
    - DIRECT TENSION TEST: ANCHOR SHALL HAVE NO OBSERVABLE MOVEMENT AT THE TEST LOAD. A PRACTICAL WAY TO DETERMINE OBSERVABLE MOVEMENT IS THAT THE WASHER BECOMES LOOSE.
    - TORQUE TEST: THE APPLICABLE TORQUE FOR TORQUE CONTROLLED EXPANSION ANCHOR SHALL BE ACHIEVED WITHIN THE 1/2 TURN OF THE NUT.
  - c. IF ANY ANCHOR FAILS, TEST ALL ANCHORS.

ADDRESS: VIDIR HOSPITAL BED LIFT SYSTEM CALIFORNIA

| REV.     | DATE | BY | DESCRIPTION         |
|----------|------|----|---------------------|
| 02/05/14 | M.V. |    | REVISED BASE PLATES |
| 02/12/14 | M.V. |    | REVISED ANCHORS     |
| 02/21/14 | M.V. |    | REVISED TORQUE      |

| REV.     | DATE | BY | DESCRIPTION                 |
|----------|------|----|-----------------------------|
| 09/11/13 | M.V. |    | REVISED/ADDED NOTES & C.G.  |
| 11/05/13 | M.V. |    | REVISED NOTES & DTLS        |
| 11/15/13 | M.V. |    | REVISED NOTES               |
| 12/20/13 | M.V. |    | ADDED MULTI & REVISED NOTES |

**SEIZMIC**  
 EST. 1985  
**SEIZMIC ENGINEERING, INC.**  
 161 Atlantic Street  
 Pomona, California 91768  
 Tel: (909) 869-0989  
 Fax: (909) 869-0981

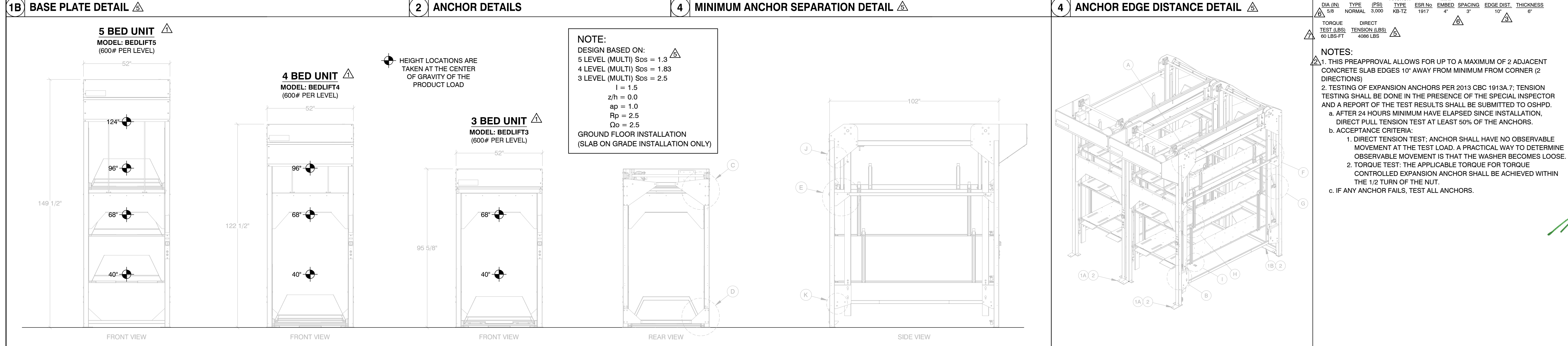
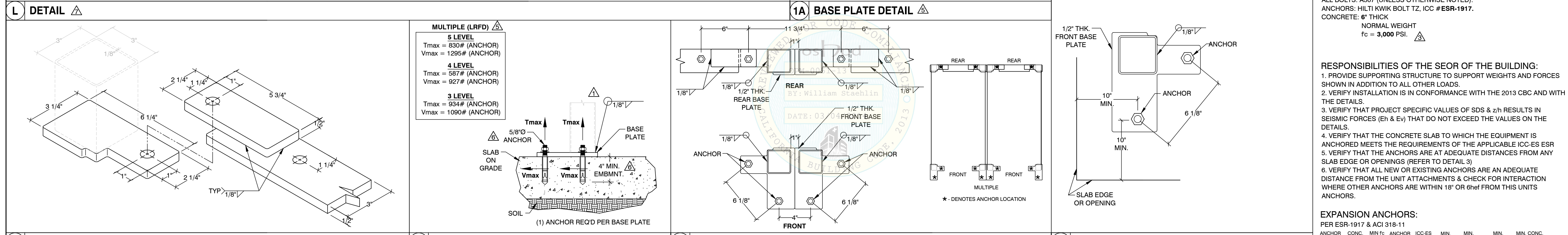
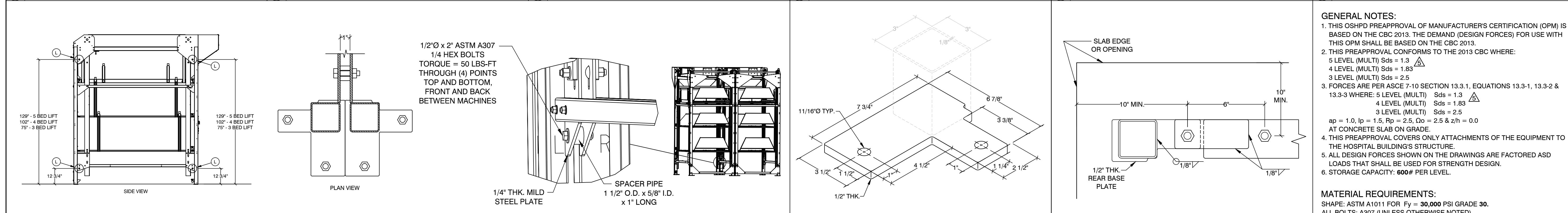
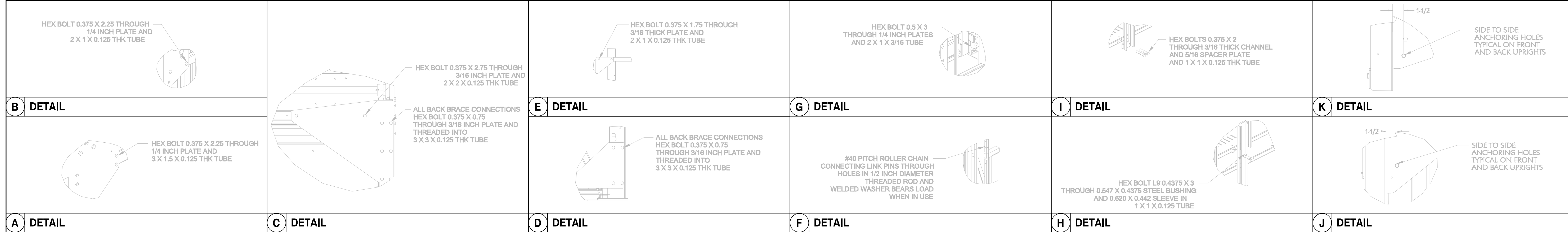
DRAWN BY: M.V. / L.C.  
 DATE: 08/13/13  
 LAST REV BY: P.O.  
 REV. DATE: 01/03/14  
 TYPE: VID  
 SCALE: N.T.S.  
 APRVD BY: SAL E. FATEEN

REGISTERED PROFESSIONAL ENGINEER  
 SAL E. FATEEN  
 No. 25969  
 STATE OF CALIFORNIA  
 EXPIRES 12-31-2015

DESCRIPTION:  
**HOSPITAL BED LIFT SYSTEM (SINGLE)**

DRAWING NUMBER:  
**13-1014-A**





ADDRESS: VIDIR HOSPITAL BED LIFT SYSTEM CALIFORNIA

| REV.     | DATE | BY | DESCRIPTION |
|----------|------|----|-------------|
| 02/05/14 | M.V. |    | REVISIONS   |
| 02/12/14 | M.V. |    | REVISIONS   |
| 02/21/14 | M.V. |    | REVISIONS   |

| REV.     | DATE | BY | DESCRIPTION |
|----------|------|----|-------------|
| 09/11/13 | M.V. |    | REVISIONS   |
| 11/05/13 | M.V. |    | REVISIONS   |
| 11/15/13 | M.V. |    | REVISIONS   |
| 12/20/13 | M.V. |    | REVISIONS   |

**SEIZMIC**  
EST. 1985  
SEIZMIC ENGINEERING, INC.  
161 Atlantic Street  
Pomona, California 91768  
Tel: (909) 869-0989  
Fax: (909) 869-0981

DRAWN BY: M.V. / L.C.  
DATE: 08/13/13  
LAST REV BY: P.O.  
REV. DATE: 01/03/14  
TYPE: VID  
SCALE: N.T.S.  
APRVD BY: SAL E. FATEEN

REGISTERED PROFESSIONAL ENGINEER  
No. 25989  
CIVIL  
STATE OF CALIFORNIA  
EXPIRES 12-31-2015

DESCRIPTION:  
**HOSPITAL BED LIFT SYSTEM (MULTIPLE)**

DRAWING NUMBER:  
**13-1014-B**