APPLICATION FOR OSHPD PREAPPROVAL

OF MANUFACTURER'S CERTIFICATION (OPM) APPLICATION #: OPM-0053-13										
OSHPD Preapproval of Manufacturer's Certification (OPM)										
Type: New Renewal Update to Pre-CBC 2013 OPA Number:										
Manufacturer Information										
Manufacturer: ARCOMA NORTH AMERICA, INC.										
Manufacturer's Technical Representative: BRIAN W. GOGAN										
Mailing Address: _23112 ALCALDE DRIVE, SUITE A, LAGUNA HILLS, CA 92653										
Telephone: 949-457-1231 Email: DBrian.gogan@arcoma-na,com										
Product Information										
Product Name: 0170, ARCOMA-IMIX TRANSFORMER										
Product Type: TRANSFORMER OPM-0053-13										
Product Model Number: 0170										
General Description: X-RAY TRANSFORMER										
DATE: 10/30/2013										
Applicant Information										
Applicant Company Name: ARCOMA NORTH AMERICA, INC.										
Contact Person: BRIAN W. GOGAN										
Mailing Address: 23112 ALCALDE DRIVE, SUITE A, LAGUNA HILLS, CA 92653										
Telephone: 949-457-1231 Email: Brian.gogan@arcoma-na.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: July 31, 2012										
Title: EXEC. VICE PRESIDENT Company Name: ARCOMA NORTH AMERICA, INC.										

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



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OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT LITIES DEVELOPMENT DIVISION

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY OSH-FD-700 (REV 5/30/13)

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Registered Design Professional Preparing Engineering Recommendations										
Company Kam Yan and Associates Name:										
Name: Kam Yan California License Number: S3312										
Mailing Address: 433 Hegenberger Road, Suite 204										
Telephone: 510-562-0581 Email: kam@kyase.com										
OSHPD Special Seismic Certification Preapproval (OSP)										
 □ Special Seismic Certification is preapproved under OSP-(Separate application for OSP is required) □ Special Seismic Certification is no preapproved 										
ROR CODE										
Certification Method(s)										
☐ Testing in accordance with: ☐ 4CC-ES AC156 ☐ FM 950-10 ☐ Other* (Please Specify): ☐ OPM-0053-13										
*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. DATE: 10/30/2013										
BUZZZZZZZ										
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: Date: 30 October 2013										
Print Name: Veffrey Y. Kikumoto										
Title: Senior Structural Engineer										
Condition of Approval (if applicable):										

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X-RAY TRANSFORMER 0170. ARCOMA-IMIX

Kam Yan & Associates Structural Engineers

433 HEGENBERGER ROAD, SUITE 204 OAKLAND, CALIFORNIA 94621 (TEL) (510) 562 - 0581 (FAX) (510) 562 - 0584



DATE: 10/29/2013 KYASE JOB#:13.261A D.E: GL

OF 2 SHEETS

Office of Statewide Health Planning and Development

OSHPD PRE-APPROVAL OF MANUFACTURER'S CERTIFICATION (OPM)

EQUIPMENT MANUFACTURE: ARCOMA EQUIPMENT TYPE: X-RAY TRANSFORMER

GENERAL NOTES

- THIS OSHPD PRE-APPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE CBC 2013. THE DESIGN FORCES FOR USE WITH THIS OPM SHALL BE BASED ON THE CBC 2013.
- THE SUPPORT AND ATTACHMENT DETAILS INCLUDED IN THIS APPROVAL MAY BE USED AT ANY HEIGHT AND AT ANY INDOOR LOCATION IN THE STATE OF CALIFORNIA WHERE S_{DS} DOES NOT EXCEED 2.5g.
- THE SUPPORT AND ATTACHMENT DESIGN WAS BASED ON STRENGTH LEVEL LOADS AND MAY BE USED FOR LOAD AND RESISTANCE FACTOR DESIGN (LRFD).
- 4. FORCES PER ASCE 7-10 SECTION 13.3.1, WHERE S_{DS} =2.5, Q_{D} =1.5, R_{P} =2.5, Ω_{O} =2.5, & $\frac{7}{10}$ =1.5. THIS PRE-APPROVAL COVERS THE SUPPORTS AND ATTACHMENTS OF THE UNIT ONLY.

RESPONSIBILITIES OF THE SEOR OF THE BUILDING:

- PROVIDE ANY SUPPORTING STRUCTURE REQUIRED TO SUPPORT THE WEIGHT AND FORCES SHOWN ON THIS PRE-APPROVAL DOCUMENTS, IN ADDITION TO ALL OTHER LOADS.
- VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH THE 2013 CBC AND THE DETAILS SHOWN IN THIS
- 3. VERIFY THAT PROJECT SPECIFIC VALUES OF SDS AND 74 RESULT IN SEISMIC FORCES (Eh & Ev) THAT DO NOT EXCEED THE VALUES ON THE DETAILS.

 4. VERIFY THAT THE CONCRETE SLAB TO WHICH THE EQUIPMENT IS ATTACHED MEETS THE REQUIREMENTS OF THE
- APPLICABLE ICC-ES ESR.
- 5. VERIFY THAT THE ANCHORS ARE AT ADEQUATE DISTANCE FROM ANY SLAB EDGES OR OPENINGS (SEE TABLE BELOW).

 6. VERIFY THAT ALL NEW OR EXISTING ANCHORS ARE AN ADEQUATE DISTANCE FROM THE UNIT ATTACHMENTS AND CHECK FOR INTERACTION WHERE OTHER ANCHORS ARE WITHIN 18" OR 6xh FROM THIS UNIT'S ANCHORS.

 7. VERIFY THAT THE ACTUAL EQUIPMENT AGREE WITH THE INFORMATION SHOWN ON THE PRE-APPROVAL DOCUMENTS.

 8. ATTACHMENT SHALL BE MADE WITH THE EXPANSION ANCHORS SPECIFIED IN THE TABLE BELOW AND INSTALLED PER
- CORRESPONDING ICC-ES ESR REPORT.

UNIT WEIGHT AND SEISMIC FORCESBUILDING

UNIT WEIGHT $(W_P) = 330 LBS$

HORIZONTAL FORCE $(E_h) = 1.80 \times W_P = 594$ LBS

VERTICAL FORCE $(E_V) = 0.2S_{DS} \times W_P = 165 LBS$

TESTING AND INSTALLATION OF ANCHOR											
ANCHOR Ø	SUB- STRATE	F' _C MIN. (psi)	ATTACH- MENT	ICC-ES ESR	h _{ef} , MIN. EMBED.	MIN. SPACING	MIN. EDGE DISTANCE	MIN. THICKNESS	INSTALLATION TORQUE (LB-FT)	TORQUE TEST (LB-FT)	
3/8"	SAND L.W.C	3000	HILTI KWIK BOLT TZ	1917	2"	4"	9"	3¼"	25	25	
3/8"	N.W.C	3000	HILTI KWIK BOLT TZ	1917	2"	3%"	9"	4"	25	25	

- a. TESTING OF EXPANSION ANCHORS SHALL BE PER CBC 2013 SECTION 1913A.7.
- b. TORQUE TESTING SHALL BE DONE IN PRESENCE OF THE SPECIAL INSPECTOR AND A REPORT OF THE TESTING RESULTS SHALL BE SUBMITTED TO OSHPD.
- AFTER A MINIMUM OF 24 HOURS HAS ELAPSED SINCE THE INSTALLATION, TORQUE TEST AT LEAST 50% OF THE ANCHORS.
- ACCEPTANCE CRITERIA: ANCHOR SHALL BE TESTED USING A CALIBRATED TORQUE WRENCH AND ANCHOR MUST ATTAIN THE SPECIFIED TORQUE TEST LOAD WITHIN 1/2TURN OF THE NUT. IF ANY ANCHOR FAILS, TEST ALL ANCHORS.



X-RAY TRANSFORMER 0170, ARCOMA-IMIX

Kam Yan & Associates Structural Engineers

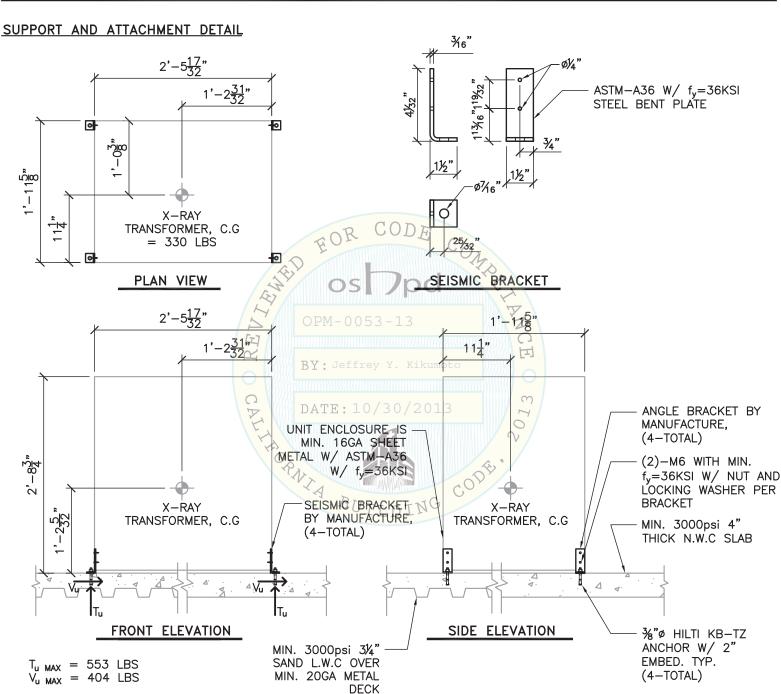
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NOTE:

- 1. %"Ø HILTI KB-TZ EXPANSION ANCHORS SHALL BE INSTALLED WITH MINIMUM 9" FROM EDGE OF CONCRETE.
- 2. SEE GENERAL NOTES AND RESPONSIBILITIES OF SEOR ON SHEET 1 OF 2.
- 3. CENTER OF GRAVITY (C.G), HEIGHT AND WEIGHT SHOWN ARE MAXIMUM. THE PRE-APPROVAL ENCOMPASSES ALL C.G, HEIGHT AND WEIGHT UP TO THE MAXIMUM SHOWN.