

APPLICATION FOR OSHPD PREAPPROVAL	OFFICE USE ONLY			
OF MANUFACTURER'S CERTIFICATION (OPM)	APPLICATION #: OPM-0060-13			
OSHPD Preapproval of Manufacturer's Certification (OPM)				
Type: New Renewal Update to Pre-CBC 2013 OPA Number:				
Manufacturer Information				
Manufacturer: Enthermics Medical Systems				
Manufacturer's Technical Representative: Adam Van Essen				
Mailing Address: _ W164 N9221 Water Street, Menomonee Falls, WI. 53052				
Telephone: (262) 509-6457				
Product Information	COM			
Product Name: ivNOW OS DDD	The second se			
Product Type: Miscellaneous Medical Equipment -0060-13	E			
Product Model Number: IvNow-1, IvNow-2 & ivNOW-3	CE			
General Description: Wall Mounted iv bag holder				
G DATE: 03/19/2014	4 <u>S</u>			
i F				
Applicant Information	AP '			
Applicant Company Name: EASE Co.				
Contact Person: Jonathan Roberson, S.E.				
Mailing Address: 5877 Pine Ave. Suite 210, Chino Hills, CA. 91709				
Telephone: (909) 606-7622 Email: J.Rob	person@EASECo.com			
I hereby agree to reimburse the Office of Statewide Health Planning and Development review fees in accordance with the California Administrative Code, 2013.				
accordance with the California Administrative Code, 2013.				
Signature of Applicant:	Date: 12/13/13			
Title: Principal Engineer Company Name: EASE	<u>= Co.</u>			
	-			
"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs"	os 🗇 p	bd		
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OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

Registered Design Professional Preparing Engineering Recommendations				
Company Name: EASE Co.				
Name: Jonathan Roberson, S.E. California License Number: S4197				
Mailing Address: 5877 Pine Ave. Suite 210, Chino Hills, CA. 91709				
Telephone: 909-606-7667 Email: <u>J.Roberson@EASECo.com</u>				
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 test 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:				
Title: Senior Structural Engineer				
Condition of Approval (if applicable):				
"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs" STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY OSH-FD-700 (REV/1/24/13) Page 2 of 2				

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	EQUIPMENT ANCHORAGE SEISMIC ENGINEERING Office of Statewide Health Planning and Development PREAPPROVAL OF MANUFACTURER'S CERTIFICATION OPM-0060-13 THIS PREAPPROVAL CONFORMS TO THE 2013 CALIFORNIA BUILDING CODE	5877 Pine Ave, Ste. 210 Chino Hills, CA. 91709 Phn: (909) 606-7622		
	ANUFACTURER: ENTHERMICS MEDICAL SYSTEMS AUIPMENT NAME: ivNow-1, ivNow-2 & ivNow-3	Sheet: <u>1 of 5</u> Date: 3/19/14		
G	ENERAL NOTES			
 THIS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2013 CBC. THE DEMANDS (DESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE 2013 CBC 				
 THIS DOCUMENT MAY ONLY BE USED WITH THE EXPRESS WRITTEN CONSENT OF THE MANUFACTURER LISTED ABOVE FOR THE SPECIFIC PROJECT SITE AND INSTALLATION LOCATION. THIS DOCUMENT IS INVALID WITHOUT SUCH CONSENT. 				
3. THIS PREAPPROVAL CONFORMS TO THE 2013 CALIFORNIA BUILDING CODE.				
4. FORCES PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3, WHERE SDS = 2.5, ap = 1.0, lp = 1.5, Rp = 1.5, z/h < 1.				
5. THE DETAILS IN THIS PREAPPROVAL MAY BE USED AT ANY LOCATION IN THE STATE OF CALIFORNIA, WHERE SDS IS NOT GREATER THAN 2.5.				
6.				
7. SHEET METAL SCREWS SHALL BE TEKS SCREWS BY ITW BUILDEX (ICC ESR-1976).				
8. THIS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRUCTURE.				
9. RESPONSIBILITIES OF THE STRUCTURAL ENGINEER OF RECORD OF THE BUILDING				
	A. PROVIDE SUPPORTING STRUCTURE REQUIRED TO SUPPORT WEIGHTS AND FORCES SHOWN, IN ADDITION TO ALL OTHER LOADS.			
	B. VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH THE 2013 CBC AND WITH THE DETAILS SHOW PREAPPROVAL. VERIFY THAT THE ACTUAL EQUIPMENT'S WEIGHT, CG LOCATION, ANCHOR LOCATIONS, AI AND THE MATERIAL AND GAGE OF THE UNIT WHERE ATTACHMENTS ARE MADE AGREE WITH THE INFORM ON THE PREAPPROVAL DOCUMENTS.	NCHOR DETAILS		
	C. VERIFY THAT THE COMBINATION OF SDS & z/h RESULT IN SEISMIC FORCES (Eh , Ev) THAT ARE NOT GREATI VALUES ON THE DETAILS.	ER THAN THE		
	D. DESIGN BACKING BARS, STUDS, ETC. WHICH THE UNITS ARE ATTACHED TO AS NOTED ON THE DRAWINGS.	No. 4197 EXP. 6-30-2014 or 3/19/14 OF CALLEDHING		







