

APPLICATION FOR OSHPD PREAPPROVAL	OFFICE USE ONLY	
OF MANUFACTURER'S CERTIFICATION (OPM)	APPLICATION #: OPM-0122-13	
OSHPD Preapproval of Manufacturer's Certification (OPM)		
Type:          \[             New         \[             Renewal         \[             Update to Pre-CBC 2013 OPA Number:         \[          \]		
Manufacturer Information		
Manufacturer: Ergotron		
Manufacturer's Technical Representative: Jay Sorlie		
Mailing Address: 1181 Trapp Road, St. Paul, MN. 55121		
Telephone: (651) 681-7623 Email: Djsorlie@ergotron.com		
Product Information	OMB	
Product Name: _ StyleView Combo Arm with External Horizontal Wall Mount Support		
Product Type: Computer OPM-0122-13	E	
Product Model Number: 45-272 with 45-261		
General Description: Wall Mounted CPU, Monitor and Keyboard Support		
G DATE: 08-19-2014		
F-		
Applicant Information	DEP 3	
Applicant Company Name: EASE Co.		
Contact Person: Jonathan Roberson, S.E.		
Mailing Address: 5877 Pine Ave. Suite 210, Chino Hills, CA. 91709		
	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.		
Signature of Applicant:	Date: 7/11/14	
Title: Principal Engineer Company Name: EASE	<u>Co.</u>	
	-	
"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs"	os 7pd	
STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY OSH-FD-700 (REV 1/24/13)	Page 1 of 2	
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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)		
<ul> <li>Special Seismic Certification is preapproved under OSP- (Separate application for OSP is required)</li> <li>Special Seismic Certification is not preapproved</li> </ul>		
Certification Method(s)		
Testing in accordance with:       ICC-ES AC156       FM 1950-10         Other*       (Please Specify):		
E OS POC		
*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.		
List of Attachments Supporting the Manufacturer's Certification            Test Report		
OFFICE USE ONLY – OSHPD APPROVAL VALID FOR CBC 2013 ONLY		
Signature: Nell Jack Date: 08/19/2014		
Print Name: William Staehlin		
Title: SSE		
Condition of Approval (if applicable):		
"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs"		

EQUIPMENT ANCHORAGE       5877 Pine Ave, Ste. 210         Chino Hills, CA. 91709       Phn: (909) 606-7622         Office of Statewide Health Planning and Development       PREAPPROVAL OF MANUFACTURER'S CERTIFICATION         OPIN-0122-13       THIS PREAPPROVAL CONFORMS TO THE 2013 CALIFORNIA BUILDING CODE		
MANUFACTURER: ERGOTRON EQUIPMENT NAME: STYLEVIEW COMBO ARM W/ EXTERNAL HORIZONTAL SUPPORTS	Sheet: <u>1 of 5</u> Date: 7/25/14	







