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

OFFICE USE ONLY
APPLICATION #: OPM-0145-13

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: 179 North Hwy 27 Suite G, Clermont, FL 34711

Telephone: 352-243-7310 Email: **PAUL.PETERS@VIDIR.COM**

Product Information

Product Name: Bedlift

Product Type: Vertical Hospital Bed Storage

Product Model Number:

General Description: Unit for storing hospital beds, one on top of the other
Available in 2, 3 and 4 bed models

Applicant Information

Applicant Company Name: Seizmic Inc.

Contact Person: Gloria Gil

Mailing Address: 161 Atlantic Street, 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: 10/14/14

Title: Project manager Company Name: Seizmic Inc.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION

Registered Design Professional Preparing Engineering Recommendations

Company Name: Seizmic Inc.

Name: Sal E. Fateen California License Number: 25969

Mailing Address: 161 Atlantic Street, 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):

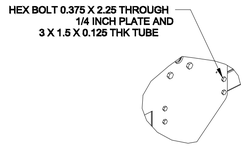
OFFICE USE ONLY – OSHPD APPROVAL VALID FOR CBC 2013 ONLY

Signature: Date: 12/29/2014

Print Name: Jeffrey Kikumoto

Title: SSE

Condition of Approval (if applicable):



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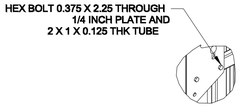

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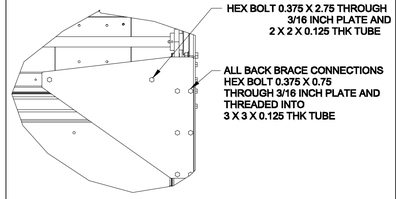

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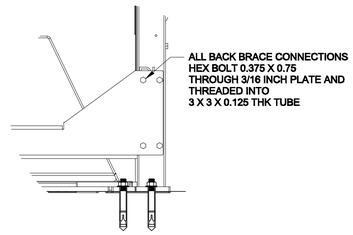

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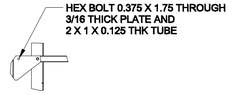

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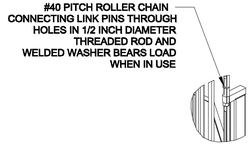

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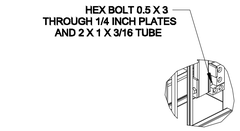

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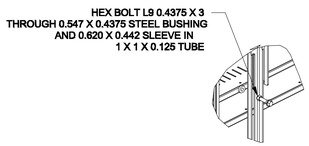

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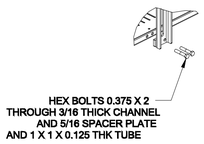

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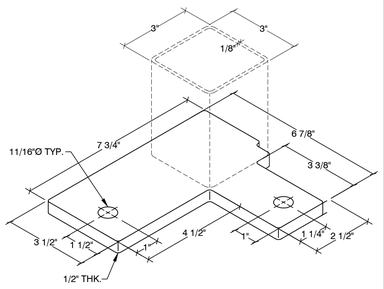
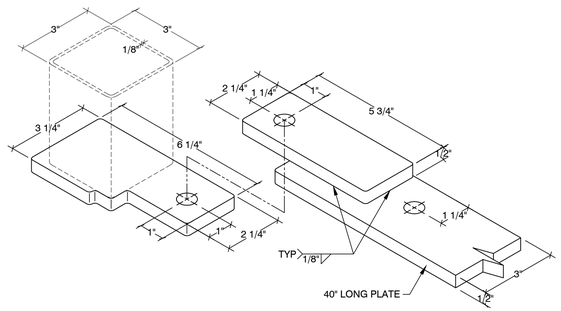
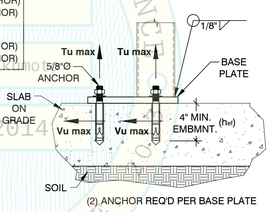


1A FRONT BASE PLATE DETAIL



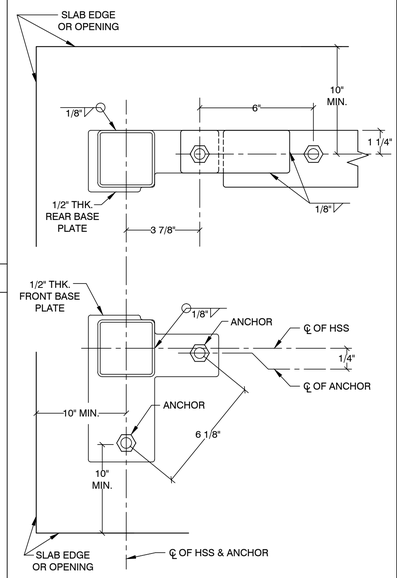
1B REAR BASE PLATE DETAIL

EXTRA CAPACITY SERIES SINGLE (LRFD)	REGULAR CAPACITY SERIES SINGLE (LRFD)
4 LEVEL	**4 LEVEL**
Tu max = 1827# (ANCHOR)	Tu max = 1605# (ANCHOR)
Vu max = 584# (ANCHOR)	Vu max = 554# (ANCHOR)
3 LEVEL	**3 LEVEL**
Tu max = 1565# (ANCHOR)	Tu max = 1560# (ANCHOR)
Vu max = 665# (ANCHOR)	Vu max = 642# (ANCHOR)
2 LEVEL	**2 LEVEL**
Tu max = 990# (ANCHOR)	Tu max = 865# (ANCHOR)
Vu max = 554# (ANCHOR)	Vu max = 484# (ANCHOR)



(2) ANCHOR REQ'D PER BASE PLATE

2 ANCHOR DETAILS



3 ANCHOR EDGE DISTANCE DETAIL

HEIGHT LOCATIONS ARE TAKEN AT THE CENTER OF GRAVITY OF THE PRODUCT LOAD.

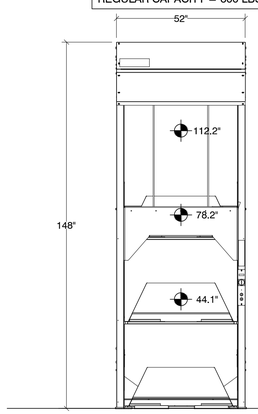
C.G. CENTERED IN PLAN VIEW IN BOTH DIRECTIONS

NOTE:
DESIGN BASED ON:
EXTRA CAPACITY SERIES 4 LEVEL (SINGLE) Sds = 0.97
EXTRA CAPACITY SERIES 3 LEVEL (SINGLE) Sds = 1.60
EXTRA CAPACITY SERIES 2 LEVEL (SINGLE) Sds = 2.5

REGULAR CAPACITY SERIES 4 LEVEL (SINGLE) Sds = 1.13
REGULAR CAPACITY SERIES 3 LEVEL (SINGLE) Sds = 1.83
REGULAR CAPACITY SERIES 2 LEVEL (SINGLE) Sds = 2.5
I = 1.5
z/h = 0.0
ap = 1.0
Rp = 2.5
Ωo = 2.5
GROUND FLOOR INSTALLATION
(SLAB ON GRADE INSTALLATION ONLY)

4 LEVEL UNIT

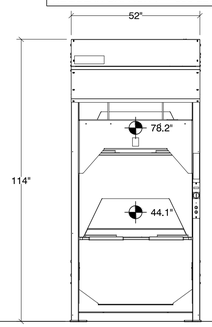
LBS PER LEVEL:
EXTRA CAPACITY = 900 LBS
REGULAR CAPACITY = 600 LBS



FRONT VIEW

3 LEVEL UNIT

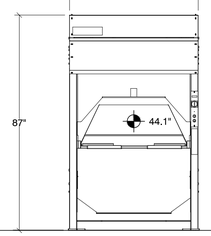
LBS PER LEVEL:
EXTRA CAPACITY = 900 LBS
REGULAR CAPACITY = 600 LBS



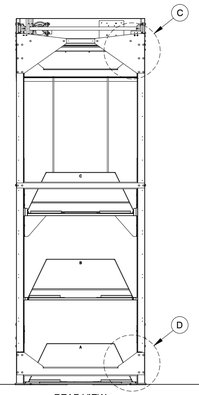
FRONT VIEW

2 LEVEL UNIT

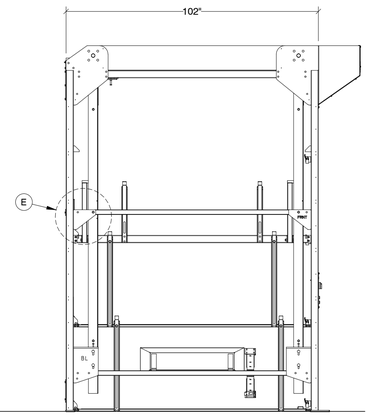
LBS PER LEVEL:
EXTRA CAPACITY = 900 LBS
REGULAR CAPACITY = 600 LBS



FRONT VIEW

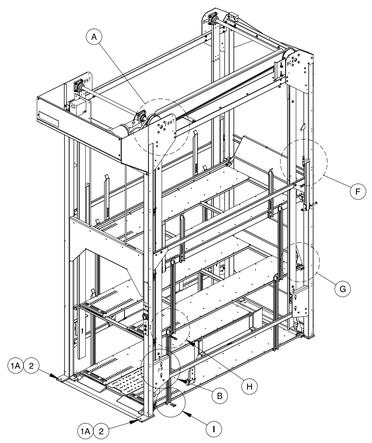


REAR VIEW



SIDE VIEW

HOSPITAL BED LIFT SYSTEM ELEVATIONS



GENERAL CONFIGURATION

GENERAL NOTES:

1. 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.
2. THIS PREAPPROVAL CONFORMS TO THE 2013 CBC WHERE:
   EXTRA CAPACITY SERIES 4 LEVEL (SINGLE) Sds = 0.97
   EXTRA CAPACITY SERIES 3 LEVEL (SINGLE) Sds = 1.60
   EXTRA CAPACITY SERIES 2 LEVEL (SINGLE) Sds = 2.5

   REGULAR CAPACITY SERIES 4 LEVEL (SINGLE) Sds = 1.13
   REGULAR CAPACITY SERIES 3 LEVEL (SINGLE) Sds = 1.83
   REGULAR CAPACITY SERIES 2 LEVEL (SINGLE) Sds = 2.5
3. FORCES ARE PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3 WHERE: EXTRA CAPACITY SERIES 4 LEVEL (SINGLE) Sds = 0.97,
   EXTRA CAPACITY SERIES 3 LEVEL (SINGLE) Sds = 1.60,
   EXTRA CAPACITY SERIES 2 LEVEL (SINGLE) Sds = 2.5,

   REGULAR CAPACITY SERIES 4 LEVEL (SINGLE) Sds = 1.13
   REGULAR CAPACITY SERIES 3 LEVEL (SINGLE) Sds = 1.83
   REGULAR CAPACITY SERIES 2 LEVEL (SINGLE) Sds = 2.5

   ap = 1.0, Ip = 1.5, Rp = 2.5, Ωo = 2.5 & z/h = 0.0
   AT CONCRETE SLAB ON GRADE.
4. THIS PREAPPROVAL COVERS ONLY ATTACHMENTS OF THE EQUIPMENT TO THE HOSPITAL BUILDING'S STRUCTURE.
5. ALL DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED ASD LOADS THAT SHALL BE USED FOR STRENGTH DESIGN.
6. STORAGE CAPACITY: EXTRA CAPACITY SERIES = **900#** PER LEVEL.
   REGULAR CAPACITY SERIES = **600#** PER LEVEL.

MATERIAL REQUIREMENTS:

SHAPE: ASTM A1011, Fy = **30,000** PSI, GRADE **30.**
BASE PLATE: ASTM 1011, Fy = **36,000** PSI
ALL BOLTS: A307 (UNLESS OTHERWISE NOTED).
ANCHORS: HILTI KWIK BOLT TZ, ICC **#ESR-1917.**
CONCRETE: **6"** THICK
NORMAL WEIGHT
f'c = **3,000** PSI.

RESPONSIBILITIES OF THE SEOR OF THE BUILDING:

1. PROVIDE SUPPORTING STRUCTURE TO SUPPORT WEIGHTS AND FORCES SHOWN IN ADDITION TO ALL OTHER LOADS.
2. VERIFY INSTALLATION IS IN CONFORMANCE WITH THE 2013 CBC AND WITH THE DETAILS.
3. VERIFY THAT PROJECT SPECIFIC VALUES OF SDS & z/h RESULTS 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 ANCHORED MEETS THE REQUIREMENTS OF THE APPLICABLE ICC-ES ESR
5. VERIFY THAT THE ANCHORS ARE AT ADEQUATE DISTANCES FROM ANY SLAB EDGE OR OPENINGS (REFER TO DETAIL 3)
6. 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 6hef FROM THIS UNITS ANCHORS.

EXPANSION ANCHORS:

PER ESR-1917 & ACI 318-11

ANCHOR DIA (IN)	CONC. TYPE	MIN f'c (PSI)	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"

TORQUE TEST (LBS)	DIRECT TENSION (LBS)
60 LBS-FT	4086 LBS

NOTES:

1. THIS PREAPPROVAL ALLOWS FOR UP TO A MAXIMUM OF 2 ADJACENT CONCRETE SLAB EDGES 10" AWAY FROM MINIMUM FROM CORNER (2 DIRECTIONS)
2. TESTING OF EXPANSION ANCHORS PER 2013 CBC 1913A.7; TESTING, TENSION OR TORQUE 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 OR TORQUE TEST AT LEAST 50% OF THE ANCHORS.
   b. ACCEPTANCE CRITERIA:
      1. 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.
      2. 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.

OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM)
OPM-0145-13

ADDRESS:
VIDIR HOSPITAL BED LIFT SYSTEM
CALIFORNIA

REV.	DATE	BY	DESCRIPTION
◁			
◁			
◁			
◁			
◁			

SEISMIC
EST. 1985
SEISMIC ENGINEERING, INC.
151 Atlantic Street
Pomona, California
91768
Tel.(909)869-0989
Fax (909)869-0981

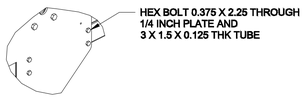
DRAWN BY:	M.V. / Y.S.
DATE:	11/04/14
LAST REV. BY:	P.O.
REV. DATE:	12/29/14
TYPE:	VID
SCALE:	N.T.S.
APRVD BY:	SAL E. FATEEN

REGISTERED PROFESSIONAL ENGINEER
SAL E. FATEEN
No. 25961
CIVIL
STATE OF CALIFORNIA
EXPIRES:
12-31-2015

DESCRIPTION:
HOSPITAL BED LIFT SYSTEM (SINGLE)

DRAWING NUMBER:
14-1080-A

B DETAIL



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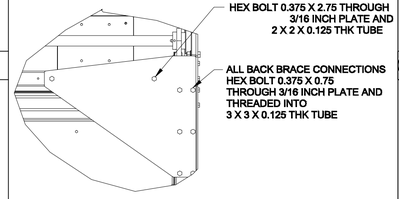

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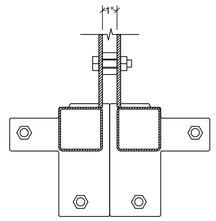
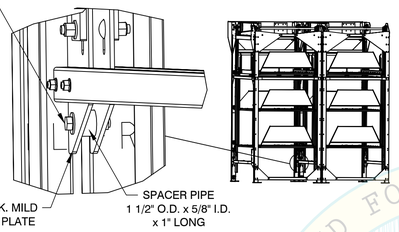


PLAN VIEW



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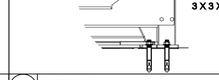

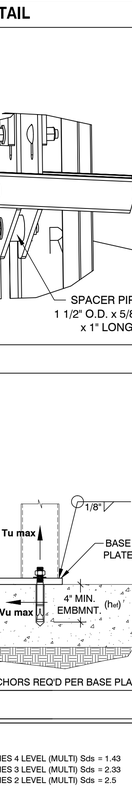

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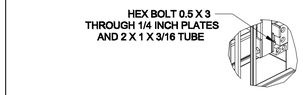

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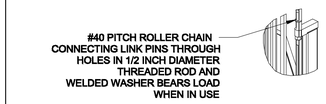

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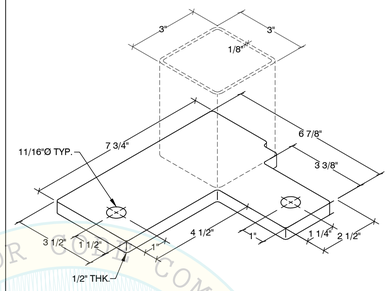

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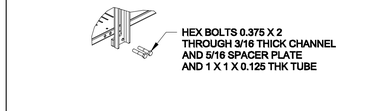

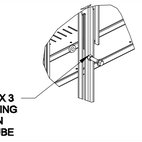

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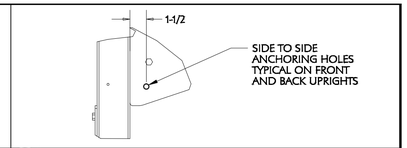

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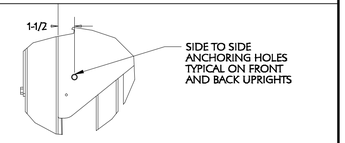


J DETAIL

GENERAL NOTES:

1. 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.
2. THIS PREAPPROVAL CONFORMS TO THE 2013 CBC WHERE:
   EXTRA CAPACITY SERIES 4 LEVEL (MULTI) Sds = 1.43
   EXTRA CAPACITY SERIES 3 LEVEL (MULTI) Sds = 2.33
   EXTRA CAPACITY SERIES 2 LEVEL (MULTI) Sds = 2.5

   REGULAR CAPACITY SERIES 4 LEVEL (MULTI) Sds = 1.73
   REGULAR CAPACITY SERIES 3 LEVEL (MULTI) Sds = 2.5
   REGULAR CAPACITY SERIES 2 LEVEL (MULTI) Sds = 2.5
3. FORCES ARE PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3 WHERE: EXTRA CAPACITY SERIES 4 LEVEL (MULTI) Sds = 1.43
   EXTRA CAPACITY SERIES 3 LEVEL (MULTI) Sds = 2.33
   EXTRA CAPACITY SERIES 2 LEVEL (MULTI) Sds = 2.5

   REGULAR CAPACITY SERIES 4 LEVEL (MULTI) Sds = 1.73
   REGULAR CAPACITY SERIES 3 LEVEL (MULTI) Sds = 2.5
   REGULAR CAPACITY SERIES 2 LEVEL (MULTI) Sds = 2.5

   ap = 1.0, Ip = 1.5, Rp = 2.5, Ωo = 2.5 & z/h = 0.0
   AT CONCRETE SLAB ON GRADE.
4. THIS PREAPPROVAL COVERS ONLY ATTACHMENTS OF THE EQUIPMENT TO THE HOSPITAL BUILDING'S STRUCTURE.
5. ALL DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED ASD LOADS THAT SHALL BE USED FOR STRENGTH DESIGN.
6. STORAGE CAPACITY: EXTRA CAPACITY SERIES = **900#** PER LEVEL.
   REGULAR CAPACITY SERIES = **600#** PER LEVEL.

MATERIAL REQUIREMENTS:

SHAPE: ASTM A1011 FOR Fy = **30,000** PSI GRADE **30.**
BASE PLATE: ASTM 1011, Fy = 36,000 PSI
ALL BOLTS: A307 (UNLESS OTHERWISE NOTED).
ANCHORS: HILTI KWIK BOLT TZ, ICC # **ESR-1917.**
CONCRETE: **6"** THICK
NORMAL WEIGHT
f'c = **3,000** PSI.

RESPONSIBILITIES OF THE SEOR OF THE BUILDING:

1. PROVIDE SUPPORTING STRUCTURE TO SUPPORT WEIGHTS AND FORCES SHOWN IN ADDITION TO ALL OTHER LOADS.
2. VERIFY INSTALLATION IS IN CONFORMANCE WITH THE 2013 CBC AND WITH THE DETAILS.
3. VERIFY THAT PROJECT SPECIFIC VALUES OF SDS & z/h RESULTS 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 ANCHORED MEETS THE REQUIREMENTS OF THE APPLICABLE ICC-ES ESR
5. VERIFY THAT THE ANCHORS ARE AT ADEQUATE DISTANCES FROM ANY SLAB EDGE OR OPENINGS (REFER TO DETAIL 3)
6. 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 6hef FROM THIS UNITS ANCHORS.

EXPANSION ANCHORS:

PER ESR-1917 & ACI 318-11

ANCHOR DIA (IN)	CONC. TYPE	MIN f'c (PSI)	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"

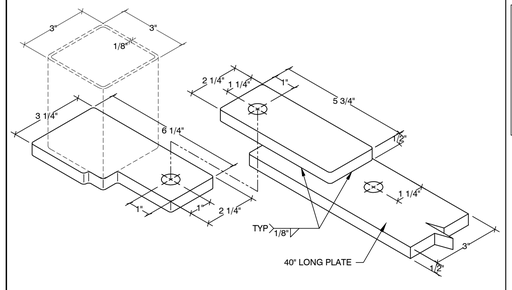
TORQUE TEST (LBS)	DIRECT TENSION (LBS)
60 LBS-FT	4086 LBS

NOTES:

1. THIS PREAPPROVAL ALLOWS FOR UP TO A MAXIMUM OF 2 ADJACENT CONCRETE SLAB EDGES 10" AWAY FROM MINIMUM FROM CORNER (2 DIRECTIONS)
2. TESTING OF EXPANSION ANCHORS PER 2013 CBC 1913A.7; TESTING, TENSION OR TORQUE 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 OR TORQUE TEST AT LEAST 50% OF THE ANCHORS.
   b. ACCEPTANCE CRITERIA:
      1. 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.
      2. 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.

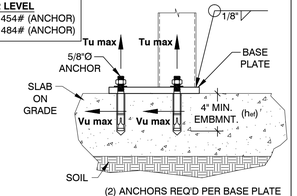
OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM)
OPM-0145-13

L DETAIL



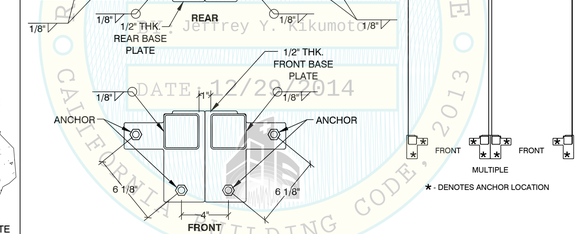
1B BASE PLATE DETAIL

EXTRA CAPACITY SERIES MULTIPLE (LRFD)	REGULAR CAPACITY SERIES MULTIPLE (LRFD)
4 LEVEL	**4 LEVEL**
Tu max = 1332# (ANCHOR)	Tu max = 1391# (ANCHOR)
Vu max = 861# (ANCHOR)	Vu max = 847# (ANCHOR)
3 LEVEL	**3 LEVEL**
Tu max = 1294# (ANCHOR)	Tu max = 1193# (ANCHOR)
Vu max = 967# (ANCHOR)	Vu max = 877# (ANCHOR)
2 LEVEL	**2 LEVEL**
Tu max = 523# (ANCHOR)	Tu max = 454# (ANCHOR)
Vu max = 554# (ANCHOR)	Vu max = 484# (ANCHOR)

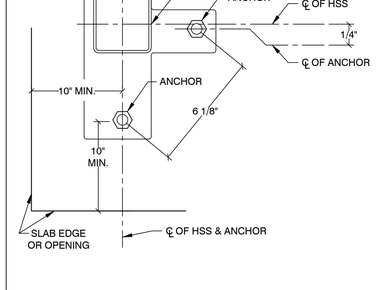


(2) ANCHORS REQ'D PER BASE PLATE

2 ANCHOR DETAILS



4 MINIMUM ANCHOR SEPARATION DETAIL



4 ANCHOR EDGE DISTANCE DETAIL

4 LEVEL UNIT

LBS PER LEVEL:
EXTRA CAPACITY = 900 LBS
REGULAR CAPACITY = 600 LBS

3 LEVEL UNIT

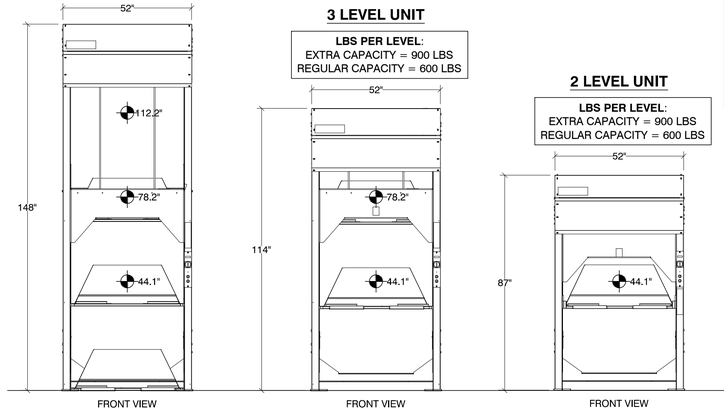
LBS PER LEVEL:
EXTRA CAPACITY = 900 LBS
REGULAR CAPACITY = 600 LBS

2 LEVEL UNIT

LBS PER LEVEL:
EXTRA CAPACITY = 900 LBS
REGULAR CAPACITY = 600 LBS

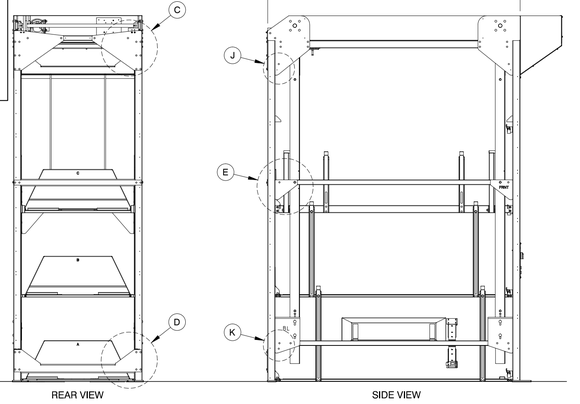
HEIGHT LOCATIONS ARE TAKEN AT THE CENTER OF GRAVITY OF THE PRODUCT LOAD.

C.G. CENTERED IN PLAN VIEW IN BOTH DIRECTIONS

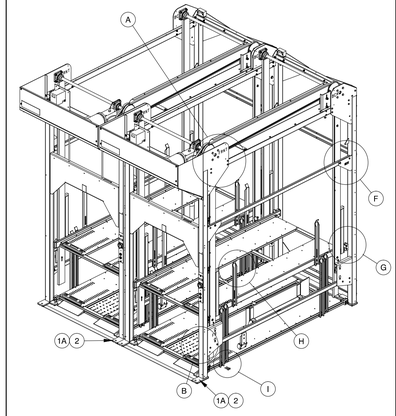


NOTE:
DESIGN BASED ON:
EXTRA CAPACITY SERIES 4 LEVEL (MULTI) Sds = 1.43
EXTRA CAPACITY SERIES 3 LEVEL (MULTI) Sds = 2.33
EXTRA CAPACITY SERIES 2 LEVEL (MULTI) Sds = 2.5

REGULAR CAPACITY SERIES 4 LEVEL (MULTI) Sds = 1.73
REGULAR CAPACITY SERIES 3 LEVEL (MULTI) Sds = 2.5
REGULAR CAPACITY SERIES 2 LEVEL (MULTI) Sds = 2.5
I = 1.5
z/h = 0.0
ap = 1.0
Rp = 2.5
Ωo = 2.5
GROUND FLOOR INSTALLATION
(SLAB ON GRADE INSTALLATION ONLY)



HOSPITAL BED LIFT SYSTEM ELEVATIONS



GENERAL CONFIGURATION

ADDRESS:
VIDIR HOSPITAL BED LIFT SYSTEM
CALIFORNIA

REV	DATE	BY	DESCRIPTION
◁			
◁			
◁			
◁			
◁			

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

DRAWN BY:	M.V. / Y.S.
DATE:	11/04/14
LAST REV. BY:	P.O.
REV. DATE:	12/29/14
TYPE:	VID
SCALE:	N.T.S.
APRVD BY:	SAL E. FATEEN

REGISTERED PROFESSIONAL ENGINEER
No. 25961
CIVIL
STATE OF CALIFORNIA
EXPIRES
12-31-2015

DESCRIPTION:
HOSPITAL BED LIFT SYSTEM (MULTIPLE)

DRAWING NUMBER:
14-1080-B