

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

| APPLICATION FOR OSHPD PREAPPROVAL | OFFICE USE ONLY | | | | | |
|--|---|--|--|--|--|--|
| OF MANUFACTURER'S CERTIFICATION (OPM) | APPLICATION #: OPM-0200-13 | | | | | |
| | | | | | | |
| OSHPD Preapproval of Manufacturer's Certification (OPM) | | | | | | |
| Type: 🛛 New 🗌 Renewal 🗌 Update to Pre-CBC 2013 C | PA Number: | | | | | |
| Manufacturer Information | | | | | | |
| | | | | | | |
| Manufacturer: Pentair Equipment Protection | | | | | | |
| Manufacturer's Technical Representative: <u>Nate Westby</u> | | | | | | |
| Mailing Address: 2100 Hoffman Way, Anoka, MN. 55303 | | | | | | |
| Telephone: (763) 422-2660 Email: DNate. | westby@pentair.com | | | | | |
| Product Information | OMA | | | | | |
| Product Name: Cabinet Rack | F_1 | | | | | |
| Product Type: Communication Equipment OPM-0200-13 | E | | | | | |
| Product Model Number: ENC2178S, ENC2189S, ENC21710S, ENC2 | 1712S | | | | | |
| Hoffman Pentair Cabinet Closed frame LAN rac | k is designed to hold electronic equipment in | | | | | |
| General Description: communication data centers and telecommunication rooms. | | | | | | |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | |
| Applicant Information | | | | | | |
| | CODI | | | | | |
| 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 | erson@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: 3/12/15 | | | | | |
| Title: Principal Engineer Company Name: EASE | Co. | | | | | |
| | | | | | | |
| | | | | | | |
| "Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs" | os Dpd | | | | | |
| STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY | | | | | | |
| OSH-FD-700 (REV 1/24/13) | Page 1 of 2 | | | | | |



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: J.Roberson@EASECo.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 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 Image: Drawings Image: Calculations Image: Manufacturer's Catalog Other(s) (Please Specify): Image: Calculations Image: Manufacturer's Catalog |
| OFFICE USE ONLY – OSHPD APPROVAL VALID FOR CBC 2013 ONLY |
| Signature: |
| Title: SSE |
| 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 |

| | | EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING Office of Statewide Health Planning and Development PREAPPROVAL OF MANUFACTURER'S CERTIFICATION ODM_0200_12 | 5877 Pine Ave, Ste. 210 Chino Hills, CA. 91709 Phn: (909) 606-7622 | | | | | | | |
|----|--|---|--|--|--|--|--|--|--|--|
| | OPM-0200-13 THIS PREAPPROVAL CONFORMS TO THE 2013 CALIFORNIA BUILDING CODE | | | | | | | | | |
| MA | MANUFACTURER: PENTAIR Sheet: 1 of 8 | | | | | | | | | |
| EQ | UIPI | MENT NAME: CABINET | Date: 7/7/15 | | | | | | | |
| GE | NE | RAL NOTES | | | | | | | | |
| 1. | | IS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2013 CBC. THE ESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE 2013 CBC | DEMANDS | | | | | | | |
| 2. | | IS DOCUMENT MAY ONLY BE USED WITH THE EXPRESS WRITTEN CONSENT OF THE MANUFACTURER LIS ECIFIC PROJECT SITE AND INSTALLATION LOCATION. THIS DOCUMENT IS INVALID WITHOUT SUCH CONS | | | | | | | | |
| 3. | | IS PREAPPROVAL CONFORMS TO THE 2013 CALIFORNIA BUILDING CODE WHERE SDS IS NOT GREATER T E DETAILS FOR APPLICABILITY. | HAN 1.35, 1.90 & 2.20: | | | | | | | |
| 4. | FO | RCES PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3, | | | | | | | | |
| | WH | HERE SDS = 1.35, $a_p = 2.5$, $I_p = 1.5$, $R_p = 6.0$, z/h = 0 AT CONCRETE SLAB. SEE FOLLOWING SHEETS FOR Ω ₀ | | | | | | | | |
| | WH | HERE SDS = 1.90, $a_p = 2.5$, $I_p = 1.5$, $R_p = 6.0$, z/h = 0 AT CONCRETE SLAB. SEE FOLLOWING SHEETS FOR Ω ₀ | | | | | | | | |
| | WH | IERE SDS = 2.20, ap = 2.5, lp = 1.5, Rp = 6.0, z/h ≤ 1 AT CONCRETE SLAB ON METAL DECK. SEE FOLLOWING | SHEETS FOR Ω. | | | | | | | |
| 5. | TH | IS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRL | JCTURE. | | | | | | | |
| 6. | ALI | L DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED LOADS THAT SHALL BE USED FOR STREI | NGTH DESIGN. | | | | | | | |
| 7. | | NCRETE SLAB ON METAL DECK DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION IN THE BUILDI | · _ / | | | | | | | |
| 8. | CO | NCRETE SLAB ON GRADE DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION BELOW GRADE. (i.e. | z/h = 0) | | | | | | | |
| 9. | RE | SPONSIBILITIES OF THE STRUCTURAL ENGINEER OF RECORD OF THE BUILDING | | | | | | | | |
| | A. | PROVIDE SUPPORTING STRUCTURE TO SUPPORT WEIGHTS AND FORCES SHOWN IN ADDITION TO ALI | L OTHER LOADS. | | | | | | | |
| | B. | VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH THE 2013 CBC AND WITH THE DETAILS, MATERIAL AND GAGE OF THE UNIT WHERE ATTACHMENTS ARE MADE AGREE WITH THE INFORMATION PREAPPROVAL DOCUMENTS. | SHOWN ON THE | | | | | | | |
| | C. | VERIFY THAT PROJECT SPECIFIC VALUES OF SDS & z/h RESULT IN SEISMIC FORCES (Eh, Ev) THAT DO N EXCEED THE VALUES ON THE DETAILS. | ЮТ | | | | | | | |
| | D. | VERIFY THAT THE CONCRETE SLAB TO WHICH THE EQUIPMENT IS ANCHORED MEETS THE REQUIREMENTS OF THE APPLICABLE ICC ESR. | | | | | | | | |
| | E. | VERIFY THAT THE ANCHORS ARE AN ADEQUATE DISTANCE FROM ANY SLAB EDGES OR OPENINGS (SEE TYPICAL DETAIL ON SHEET 2). | | | | | | | | |
| | F. | 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 6hef FROM THIS UNIT'S ANCHORS. | No. 4197 | | | | | | | |
| | G. | EQUIPMENT MANUFACTURER MUST DESIGN UNIT TO MAKE C.G. <= THAN THE C.G. HEIGHT DIMENSION SHOWN ON DRAWINGS. | EXP. 6-30-2016 | | | | | | | |
| | H. | ALL HOLES THRU STEEL FOR BOLTS SHALL BE STANDARD HOLE SIZE PER ANSI/AISC 360-10 TABLE J3.3. | PUCTURE OF CALIFORN | | | | | | | |

| EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING | | | | | | | | | | | |
|--|--------------------|----------------------------|---------------------|--|----------------------------|---------------------|-----------------|--------------------|-------------------------|----------------|--|
| | IJ, | | F | PENTAIR | I | | | DES. | J. ROBE | RSON | |
| | | | | | | | јов | NO. 11-1 | 461 | 2 | |
| | CABINET | | | | | | | | = 7/7/ | of 8 sheets | |
| 10. EXPANSION ANCHORS: | | | | | | | | | | | |
| A. ATTACHMENT IS TO BE MADE WITH THE ANCHORS LISTED BELOW AND INSTALLED AS DESCRIBED IN THE CORRESPONDING ICC REPORT. | | | | | | | | | | | |
| | Anchor Diameter | Concrete Type | Min. f'c (psi) | Anchor Type | ICC Report No. | Min. Embed. | Min. Spacing | Min. Edge Dist. | Min. Conc. Thickness | Torque Test | Direct Tension |
| | 3/8" | Sand Light Weight | 3000 | Hilti Kwik Bolt TZ | ESR-1917 | 2" | N/A | N/A | See Sheet 8 of 8 | 25 FT-LB | 1186 lb |
| | 5/8" | Normal Weight | 3000 | Hilti Kwik Bolt TZ | ESR-1917 | 3-1/8" | 12" | 24" | 5" | 60 FT-LB | 3135 lb |
| | 5/8" | Normal Weight | 3000 | Hilti Kwik Bolt TZ | ESR-1917 | 4" | 12" | 24" | 6" | 60 FT-LB | 4540 lb |
| B. THIS PREAPPROVAL ALLOWS FOR UP TO A MAXIMUM OF 2 ADJACENT CONCRETE SLAB EDGES, 24" AWAY MINIMUM (i.e CORNER). SEE ADJACENT DETAIL FOR ADDITIONAL MINIMUM ALLOWABLE CONCRETE EDGE DISTANCES. C. TESTING OF EXPANSION ANCHORS PER 2013 CBC, 1913A.7: TESTING SHALL BE DONE IN THE PRESENCE OF THE SPECIAL INSPECTOR AND A REPORT OF THE TEST RESULTS SHALL BE SUBMITTED TO OSHPD (i) AFTER AT LEAST 24 HOURS HAVE ELAPSED SINCE INSTALLATION, DIRECT PULL TENSION TEST OR TORQUE TEST AT LEAST 50% OF THE ANCHORS. (ii) ACCEPTANCE CRITERIA: DIRECT TENSION TEST: THE ANCHOR SHOULD 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 MUST BE ACHIEVED WITHIN THE FOLLOWING LIMITS: WEDGE TYPE : 1/2 TURN OF THE NUT (iii) IF ANY ANCHOR FAILS, TEST ALL ANCHORS. | | | | | | | | (MIN) | | | |
| | | | | I METAL DECK | | | | | | | |
| A | tight Requii | (THE SNUG- RED TO BRII | TIGHT C NG THE (|) by 3/4 turn of Ondition IS def Connected Plie Inless otherw | INED AS TH | E TIGHTN M CONTA | NESS | i | \geq | Anathe | |
| B | | | | ALL BE 1/16" LAR I/16) FOR CONCR | | BOLT SIZ | E | | | | HAN ROP TE |
| с | AND TE TENSIO | ESTING (THF ON DO NOT I | ROUGH E REQUIRE | RETE SHALL REC OLTS WITH STEE TENSION TESTII -INSTALLED ANC | EL TO STEEL NG) IN ACCO | | CTION IN | | | | No. 4197 XP. 6-30-2016 7/7/15 PUCIVENT OF CALIFORM |











