

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FACILITIES DEVELOPMENT DIVISION

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

OFFICE USE ONLY

APPLICATION #: OPM-0254

| HCAI Preapproval of Ma | nufacturer's Certification (| OPM) |
|------------------------|------------------------------|------|
|------------------------|------------------------------|------|

Type: New X Renewal/Update

Manufacturer Information

Manufacturer: Herman Miller

Manufacturer's Technical Representative: Lillian Johnson

Mailing Address: 375 West 48th Street, Holland, MI 494235341

Telephone: (920) 716-4378

Email: (lillian_johnson@hermamiller.com

Product Information

Product Name: COMPASS WALL SYSTEM

Product Type: Other electrical and mechanical components

Product Model Number: N/A O BY: William

General Description: Patient room wall mounted headwall support system for medical utilities, cabinets and lighting

)PM-0254

Applicant Information

| Applicant Company Name: EASE LLC. | | | | | |
|-----------------------------------|--|--------|--------------------|--|--|
| Contact Person: | Tiffany Tonn | BL | ILDING | | |
| Mailing Address: | ss: 1515 FAIRVIEW AVE, STE 205, MISSOULA, MT 59801 | | | | |
| Telephone: (406) | 541-3273 | Email: | tiffany@easeco.com | | |
| Title: Office Assis | tant | | | | |

"A healthier California where all receive equitable, affordable, and quality health care"

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY





DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FACILITIES DEVELOPMENT DIVISION

Registered Design Professonal Preparing Engineering Recommendations

| Name: Jonathan Roberson | California License Number: S4197 | | | | | |
|---|----------------------------------|--|--|--|--|--|
| Mailing Address: 5877 Pine Ave., Suite 210, Chino Hills, CA 91709 | | | | | | |
| Telephone: (951) 295-1892 | Email: jon@EASECo.com | | | | | |

| HCAI Special Seismic Certification Preapproval (OSP) | | | | | |
|--|--|--|--|--|--|
| Special Seismic Certification is pro | eapproved under OSP | OSP Number: | | | |
| | FORCODEC | | | | |
| Certification Method | | Mp, | | | |
| Testing in accordance with: | C <mark>-ES AC</mark> 156 🛛 🗍 FM 1950-16 | | | | |
| Other(s) (Please Specify): | OPM-0254 | Z | | | |
| | r distribution system, interior partiti | ards Code, 2022 (CBSC 2022) for component supports on wall, and suspended ceiling seismic bracings, test pproved by HCAI prior to testing. | | | |
| X Analysis | | | | | |
| Experience Data | DATE: 01/05/20 | | | | |
| Combination of Testing, Analysis, and/or Experience Data (Please Specify): | | | | | |
| | OPNIA | CODE | | | |
| HCAI Approval | BOILDING | | | | |
| Date: 1/5/2024 | | | | | |
| Name: William Staehlin | | Title: Senior Structural Engineer | | | |
| Condition of Approval (if applicable): | | | | | |
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