

APPLICATION FOR OSHPD PREAPPROVAL

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT **FACILITIES DEVELOPMENT DIVISION**

OFFICE USE ONLY

OF MANUFACTURER'S CERTIFICATION (OPM) APPLICATION #: OPM-0305-13										
OSHPD Preapproval of Manufacturer's Certification (OPM)										
Type: ☐ New ☐ Renewal ☐ Update to Pre-CBC 2013 OPA Number:										
Manufacturer Information										
Manufacturer: CFI Medical Solutions										
Manufacturer's Technical Representative: Linely Mascarenhas										
Mailing Address: 14241 Fenton Road, Fenton, MI. 48430										
Telephone: (810) 750-5300 Email: Imasc@cfimedical.com										
Product Information OS DDd										
Product Name: ZGCM-HAS-90 Radiation Protection Shield										
Product Type: Suspended Equipment										
Product Model Number: ZGCM-HAS-90 BY: Jeffrey Y. Kikumoto										
General Description: Suspended radiation shield for surgeon in an operating room setting										
DATE: 03/30/2017										
Applicant Information										
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										
I hereby agree to reimburse the Office of Statewide Health Planning and Development review fees in accordance with the California Administrative Code, 2016.										
Signature of Applicant: Date: 2/2/16										
Title: Principal Engineer Company Name: EASE Co.										

"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs"







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: 909-606-7622 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 1950-16 ☐ Other* (Please Specify):										
OPM-0305-13										
*Use of criteria other than those adopted by the California Building Standards Code, 2016 (CBSC 2016) 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 2016 may be used when approved by OSHPD prior to testing. Analysis DATE: 03/30/2017 D										
☐ Experience Data										
Combination of Testing, Analysis, and/or Experience Data (Please Specify):										
Property of the second										
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 2016 & ALL PRE-2016 CODE BASED PROJECTS										
Signature: Date: 03-30-2017										
Print Name:										
Title: SSE										
Condition of Approval (if applicable):										

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EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING

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
OPM-0305-13

THIS PREAPPROVAL CONFORMS TO THE 2016 CALIFORNIA BUILDING CODE

MANUFACTURER:

CFI MEDICAL SOLUTIONS

EQUIPMENT NAME:

ZGCM-HSA - RADIATION SHIELD

Sheet: 1 of 9

Date: 3/29/17

GENERAL NOTES

- 1. THIS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2016 CBC. THE DEMANDS (DESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE 2016 CBC
- 2. 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 2016 CALIFORNIA BUILDING CODE WHERE SDS IS NOT GREATER THAN 2.20.
- 4. FORCES PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3, WHERE SDS = 2.20, a_p = 2.5, I_p = 1.5, R_p = 2.5, z/h < 1. SEE FOLLOWING SHEETS FOR Ω_0
- 5. THIS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRUCTURE.
- ALL DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED LOADS THAT SHALL BE USED FOR STRENGTH DESIGN.
- 7. CONCRETE SLAB ON METAL DECK DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION IN THE BUILDING. (i.e. z/h < 1)

8. RESPONSIBILITIES OF THE STRUCTURAL ENGINEER OF RECORD OF THE BUILDING

- A. PROVIDE SUPPORTING STRUCTURE TO SUPPORT WEIGHTS AND FORCES SHOWN IN ADDITION TO ALL OTHER LOADS.
- B. VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH THE 2016 CBC AND WITH THE DETAILS, MATERIAL AND GAGE OF THE UNIT WHERE ATTACHMENTS ARE MADE AGREE WITH THE INFORMATION SHOWN ON THE PREAPPROVAL DOCUMENTS.
- C. VERIFY THAT PROJECT SPECIFIC VALUES OF SDS & z/h RESULT IN SEISMIC FORCES (Eh, Ev) THAT DO NOT EXCEED THE VALUES ON THE DETAILS.
- 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.



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OF

CFI MEDICAL SOLUTIONS

DES. J. ROBERSON

11-1522

2

SHEET

ZGCM-HSA - RADIATION SHIELD

DATE 3/29/17

JOB NO.

9 SHEETS

10. EXPANSION ANCHORS:

A. ATTACHMENT IS TO BE MADE WITH THE ANCHORS LISTED BELOW AND INSTALLED AS DESCRIBED IN THE CORRESPONDING ICC REPORT.

nchor meter	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 Test
5/8"	Sand Light Weight	3000	Hilti Kwik Bolt TZ	ESR-1917	4"	12"	12"	See Detail "F"	60 FT-LB	N/A

- B. TESTING OF EXPANSION ANCHORS PER 2016 CBC, 1910A.5:
 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.

 BY: Jeffrey Y. Kikumo
 - TORQUE TEST: THE APPLICABLE TORQUE MUST BE ACHIEVED
 WITHIN THE FOLLOWING LIMITS: WEDGE TYPE 31/2 TURN OF THE
 NUT
 - (iii) IF ANY ANCHOR FAILS, TEST ALL ANCHORS.



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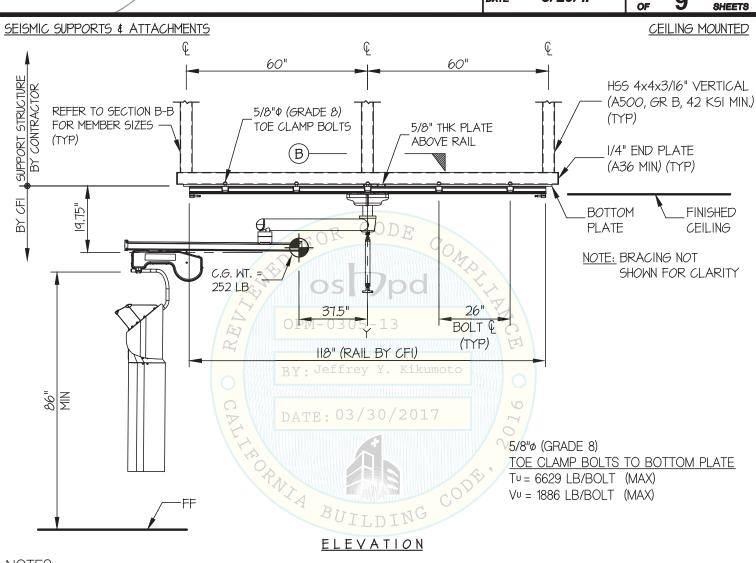
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JOB NO. 11-1522

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NOTES:

1. FORCES ARE DETERMINED PER 2016 CALIFORNIA BUILDING CODE AND ASCE 7-10.

STRENGTH DESIGN IS USED. (Sps = 2.20, 2p = 2.5, 2p = 1.5, 2p = 2.5, 2p

HORIZONTAL FORCE (Eh) = 3.96 Wp VERTICAL FORCE (Ev) = 0.44 Wp

2. CENTER OF GRAVITY (C.G.) AND WEIGHT ARE THE GOVERNING PARAMETERS FOR DESIGN. THIS PREAPPROVAL ENCOMPASSES ALL WEIGHTS UP TO THE MAXIMUM WEIGHT SHOWN.

3. STRUCTURAL ENGINEER OF RECORD FOR THE BUILDING SHALL PROVIDE SUPPORT STRUCTURE DESIGNED TO SUPPORT WEIGHTS AND FORCES SHOWN IN COMBINATION WITH ALL OTHER LOADS THAT MAY BE PRESENT.



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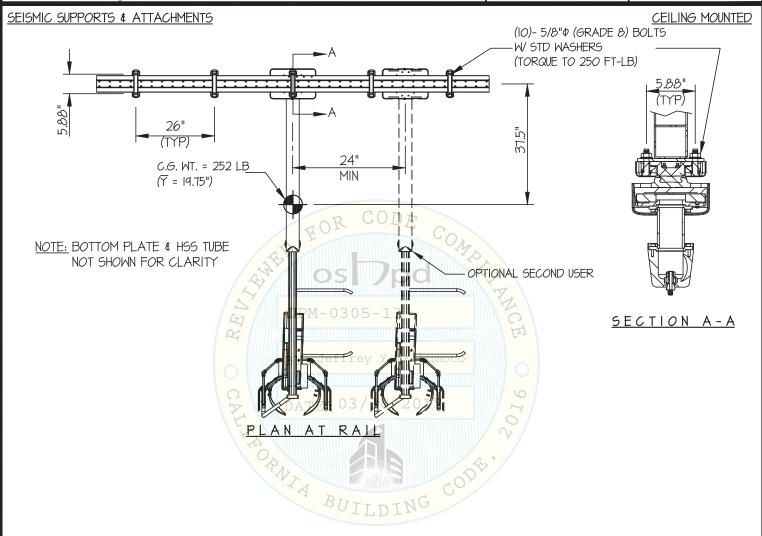
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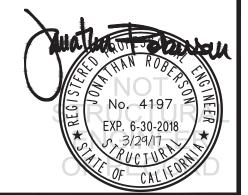
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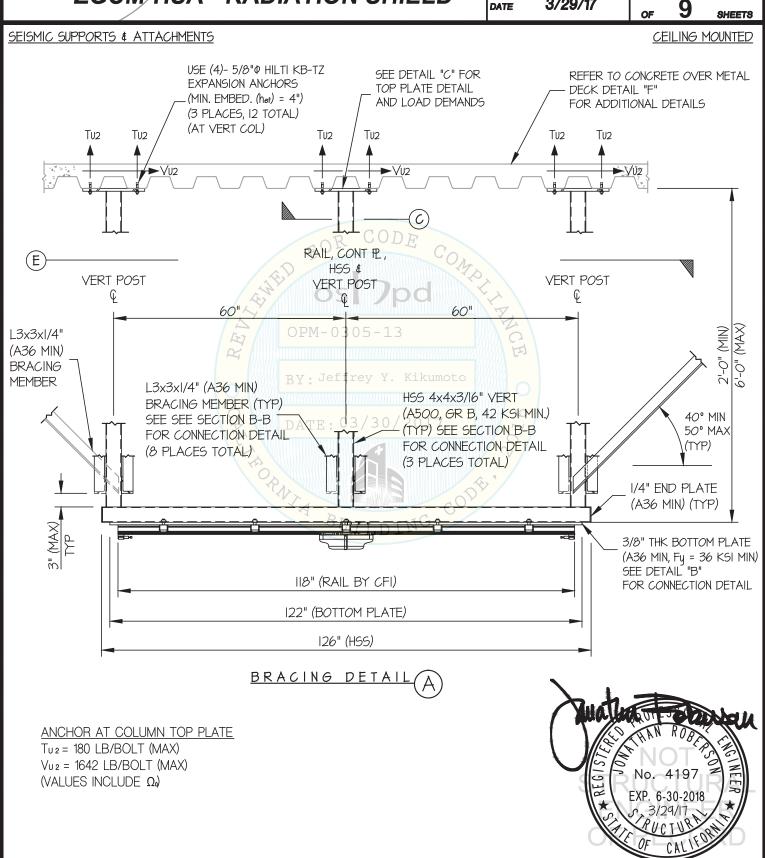
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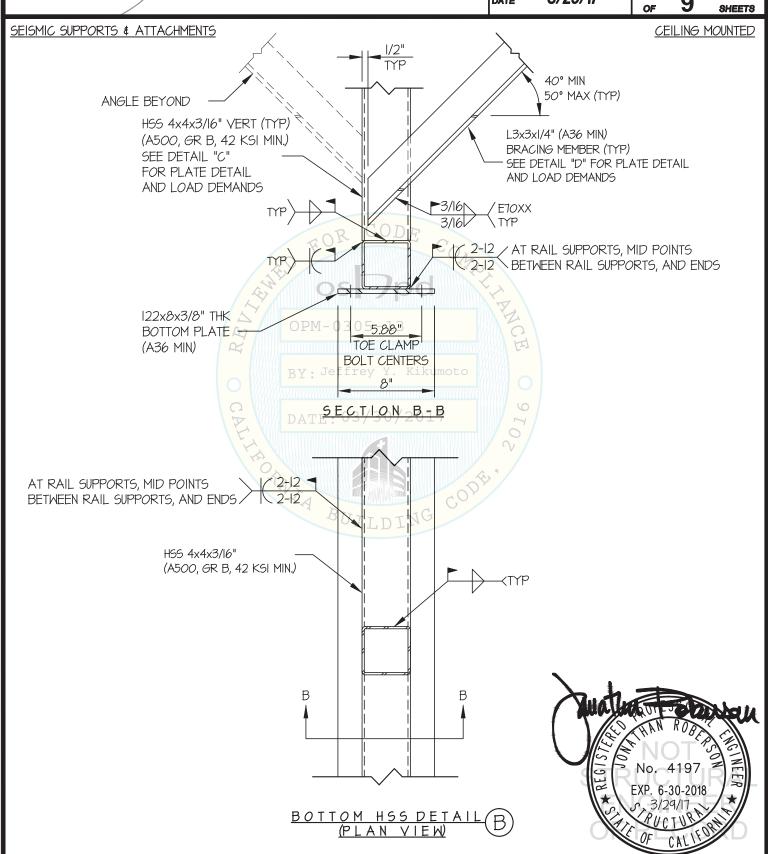
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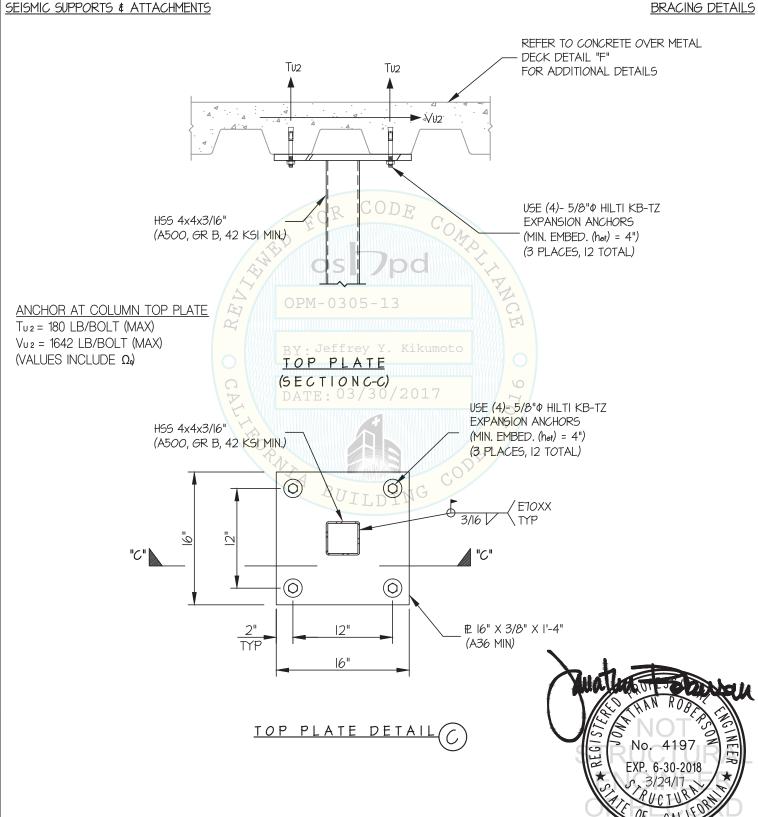
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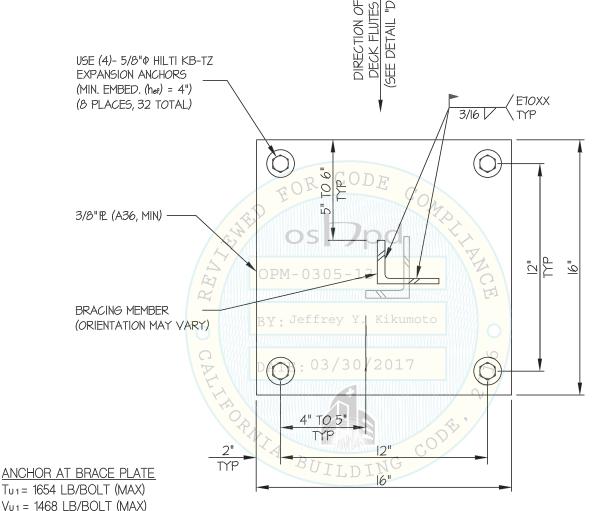
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SHEETS

SEISMIC SUPPORTS & ATTACHMENTS BRACING DETAILS



Tu 1 = 1654 LB/BOLT (MAX) $V_{U1} = 1468 LB/BOLT (MAX)$ (VALUES INCLUDE Ω)

BRACE PLATE DETAIL



EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING www.EquipmentAnchorage.com SHEET DES. J. ROBERSON CFI MEDICAL SOLUTIONS 11-1522 JOB NO. **ZGCM-HSA - RADIATION SHIELD** 3/29/17 DATE SHEETS OF SEISMIC SUPPORTS & ATTACHMENTS BRACING DETAILS HSS 4x4x3/I6" VERT L3x3x1/4" (A36 MIN) (A500, GR B, 42 KSI MIN.) BRACING MEMBER (TYP) (TYP) SEE DETAIL "C" SEE SECTION B-B FOR COLUMN DETAIL FOR BRACING DETAIL (3 PLACES TOTAL) (8 PLACES TOTAL) VIEW DETAI USE (4)- 5/8"Φ HILTI KB-TZ USE (4)- 5/8" PHILTI KB-TZ EXPANSION ANCHORS N.W. OR SAND L.W. EXPANSION ANCHORS (MIN. EMBED. (het) = 4") CONC. (3000 PSI MIN.) (MIN. EMBED, (het) = 4") (8 PLACES, 32 TOTAL) (3 PLACES, 12 TOTAL) TYP Tui Τυι Tui Tui ►VUI ► VU2 + MIN 20 GA STEEL W-DECK MIN NOTE: NOT ALL BRACES ARE 40° MIN SHOWN, FOR CLARITY 50° MAX (TYP) I" MAX **OFFSET** (TYP) FLUTE ANGLE BEYOND Œ FLUTE DETAIL (B) CONCRETE OVER METAL DECK DETAIL ANCHOR AT BRACE PLATE Tu₁ = 1654 LB/BOLT (MAX) $Vu_1 = 1468 LB/BOLT (MAX)$ ANCHOR AT COLUMN TOP PLATE $T_{U2} = 180 LB/BOLT (MAX)$ No. 4197 Vu₂ = 1642 LB/BOLT (MAX) EXP. 6-30-2018 (ALL VALUES INCLUDE Ω)