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

OFFICE USE ONLY
APPLICATION #: OPM-0318-13

OSHPD Preapproval of Manufacturer's Certification (OPM)

Type: ☒ New ☐ Renewal ☐ Update to Pre-CBC 2013 OPA Number: _____

Manufacturer Information

Manufacturer: Vidir Machine

Manufacturer's Technical Representative: Paul Peters

Mailing Address: Provincial Road 326, Arborg, Manitoba Canada ROC 2RO

Telephone: 204-364-2442 Email: Paul.Peters@Vidir.com

Product Information

Product Name: Vidir Hospital Bed Lift (multiple units)

Product Type: Vertical Hospital Bed Storage

Product Model Number: See Table 1 on OPM-0318-13, sht. 15-1476-A

General Description: Units for storing hospital beds, one on top of the other. Available in (3), (4) and (5) 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: February 22, 2016

Title: Assistant Operations MGR Company Name: Seizmic Inc.

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):

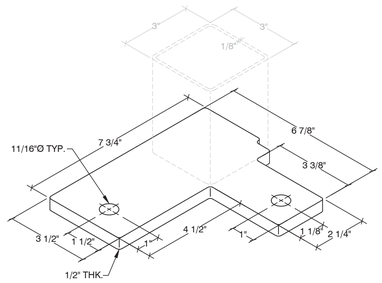
OFFICE USE ONLY – OSHPD APPROVAL VALID FOR CBC 2013 ONLY

Signature: Date: 09-27-2016

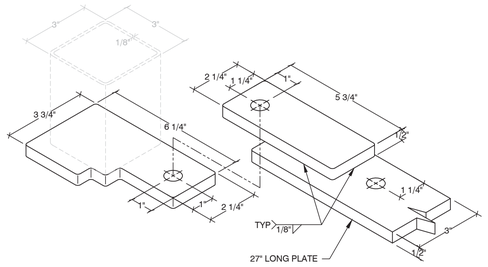
Print Name: Jeffrey Kikumoto

Title: SSE

Condition of Approval (if applicable):



1A FRONT BASE PLATE DETAIL



1B REAR BASE PLATE DETAIL

EXTRA CAPACITY SERIES (LRFD)
SINGLE (w/ Ω2) 3

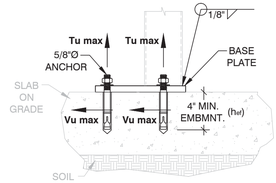
3 BED UNIT*	
Tu max = 2,280# (ANCHOR)	
Vu max = 765# (ANCHOR)	
4 BED UNIT*	
Tu max = 2,318# (ANCHOR)	
Vu max = 656# (ANCHOR)	

* SEE GENERAL NOTES FOR APPLICABLE MODEL NUMBERS

REGULAR CAPACITY SERIES (LRFD)
SINGLE (w/ Ω2) 3

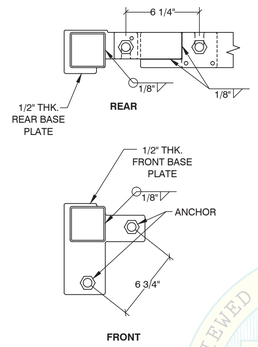
3 BED UNIT *	
Tu max = 2,134# (ANCHOR)	
Vu max = 701# (ANCHOR)	
4 BED UNIT*	
Tu max = 2,341# (ANCHOR)	
Vu max = 636# (ANCHOR)	
5 BED UNIT*	
Tu max = 2,434# (ANCHOR)	
Vu max = 568# (ANCHOR)	

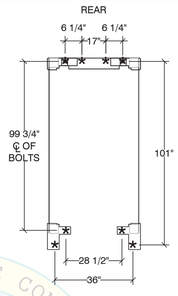
* SEE GENERAL NOTES FOR APPLICABLE MODEL NUMBERS



(2) ANCHORS REQ'D PER BASE PLATE

2 ANCHOR DETAILS

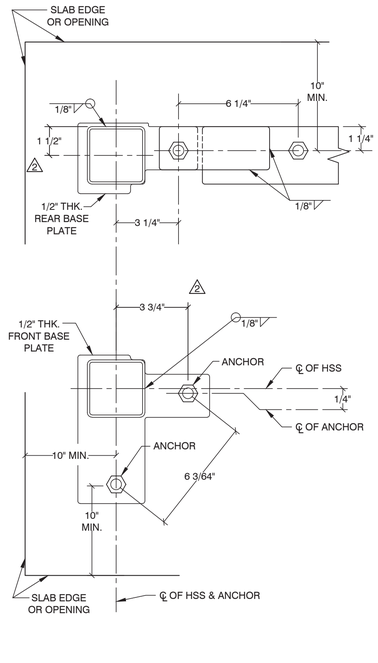




SINGLE 2

★ - DENOTES ANCHOR LOCATION

3 MINIMUM ANCHOR SEPARATION DETAIL 2



4 ANCHOR EDGE DISTANCE DETAIL

3

NOTE:
DESIGN BASED ON:
EXTRA CAPACITY SERIES 3 BED UNIT (SINGLE) $S_{DS} \leq 1.55$ (MODEL No ST327-32NX)
EXTRA CAPACITY SERIES 4 BED UNIT (SINGLE) $S_{DS} \leq 0.9$ (MODEL No ST427-32NX)

REG. CAPACITY SERIES 3 BED UNIT (SINGLE) $S_{DS} \leq 1.85$ (MODEL No ST327-32N)
REG. CAPACITY SERIES 4 BED UNIT (SINGLE) $S_{DS} \leq 1.15$ (MODEL No ST427-32N)
REG. CAPACITY SERIES 5 BED UNIT (SINGLE) $S_{DS} \leq 0.8$ (MODEL No ST527-32N)
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 BED UNIT 3

	REGULAR CAPACITY MODEL No. ST427-32N	EXTRA CAPACITY MODEL No. ST427-32NX
DL (LBS PER LEVEL)	408	429
PL (LBS PER LEVEL)	600	900

3 BED UNIT 3

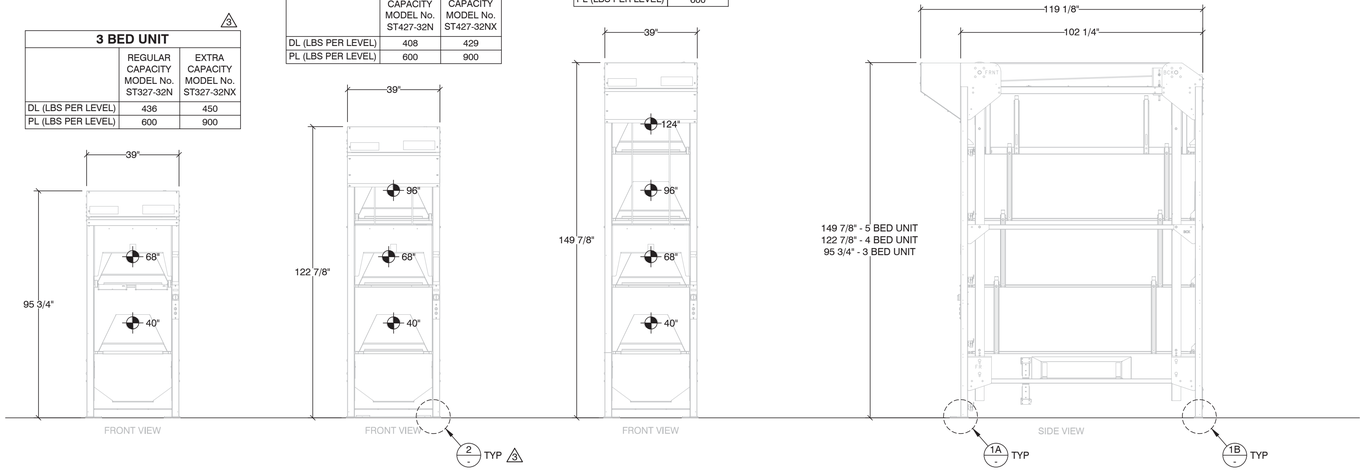
	REGULAR CAPACITY MODEL No. ST327-32N	EXTRA CAPACITY MODEL No. ST327-32NX
DL (LBS PER LEVEL)	436	450
PL (LBS PER LEVEL)	600	900

5 BED UNIT 3

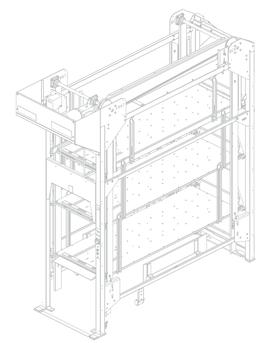
	REGULAR CAPACITY MODEL No. ST527-32N
DL (LBS PER LEVEL)	370
PL (LBS PER LEVEL)	600

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

C.G. CENTERED IN PLAN VIEW IN BOTH DIRECTIONS



5 HOSPITAL BED LIFT SYSTEM ELEVATIONS



6 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: 3
   EXTRA CAPACITY SERIES 3 BED UNIT (SINGLE) $S_{DS} \leq 1.55$ (MODEL No ST327-32NX)
   EXTRA CAPACITY SERIES 4 BED UNIT (SINGLE) $S_{DS} \leq 0.9$ (MODEL No ST427-32NX)

   REG. CAPACITY SERIES 3 BED UNIT (SINGLE) $S_{DS} \leq 1.85$ (MODEL No ST327-32N)
   REG. CAPACITY SERIES 4 BED UNIT (SINGLE) $S_{DS} \leq 1.15$ (MODEL No ST427-32N)
   REG. CAPACITY SERIES 5 BED UNIT (SINGLE) $S_{DS} \leq 0.8$ (MODEL No ST527-32N)
3. FORCES ARE PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3 WHERE: 3
   EXTRA CAPACITY SERIES 3 BED UNIT (SINGLE) $S_{DS} \leq 1.55$ (MODEL No ST327-32NX)
   EXTRA CAPACITY SERIES 4 BED UNIT (SINGLE) $S_{DS} \leq 0.9$ (MODEL No ST427-32NX)

   REG. CAPACITY SERIES 3 BED UNIT (SINGLE) $S_{DS} \leq 1.85$ (MODEL No ST327-32N)
   REG. CAPACITY SERIES 4 BED UNIT (SINGLE) $S_{DS} \leq 1.15$ (MODEL No ST427-32N)
   REG. CAPACITY SERIES 5 BED UNIT (SINGLE) $S_{DS} \leq 0.8$ (MODEL No ST527-32N)

   $a_p = 1.0$, $I_p = 1.5$, $R_p = 2.5$, $\Omega_o = 2.5$ & $z/h = 0.0$
   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 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 SS GRADE **30.** 1
BASE PLATE: ASTM 1011, Fy = 36,000 PSI SS GRADE **36**
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 S_{DS} & 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 4)
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 2

ANCHOR DIA (IN)	CONC. TYPE	MIN fc (PSI)	ANCHOR TYPE	ICC-ES ESR No	(hef) MIN. EMBED	MIN. SPACING	MIN. EDGE DIST.	MIN. CONC. THICKNESS
5/8	NORMAL	3,000	KB-TZ	1917	4"	4"	10"	6"

TORQUE TEST (LBS): 60 LBS-FT

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.

ADDRESS:
VIDIR HOSPITAL BED LIFT SYSTEM
CALIFORNIA

REV.	DATE	BY	DESCRIPTION
1	06/30/16	M.V.	REVISIONS
2	08/16/16	M.V.	REVISIONS
3	09/01/16	M.V.	REVISIONS

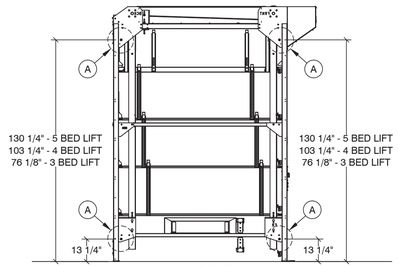
SEIZMIC
EST. 1985
SEIZMIC ENGINEERING, INC.
1130 E. Cypress St.
Covina, California 91724
Tel.(909)869-0989

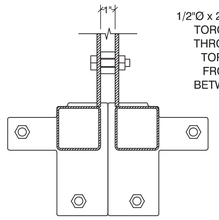
DRAWN BY:	M.V. / Y.S.
DATE:	09/11/15
LAST REV. BY:	
REV. DATE:	
TYPE:	VID
SCALE:	N.T.S.
APRVD BY:	SAL E. FATEEN

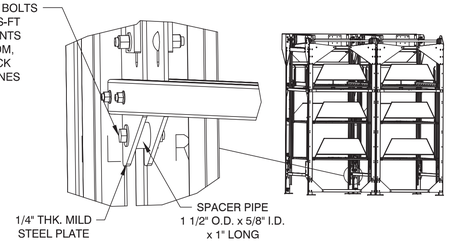
REGISTERED PROFESSIONAL ENGINEER
SAL E. FATEEN
No. 20968
CIVIL
STATE OF CALIFORNIA
EXPIRES 12-31-2017

DESCRIPTION:
HOSPITAL BED LIFT SYSTEM (27" PLAT.)
(SINGLE)

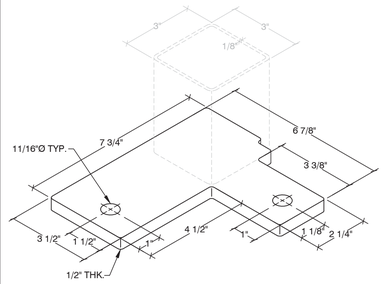
DRAWING NUMBER:
15-1476-A



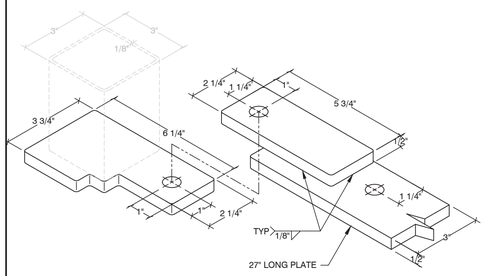




A DETAIL



1A FRONT BASE PLATE DETAIL



1B REAR BASE PLATE DETAIL

EXTRA CAPACITY SERIES (LRFD) MULTI. (w/ Ω2) ⚠3

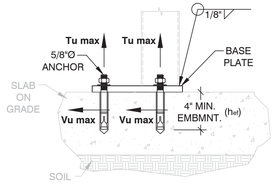
3 BED UNIT*	
Tu max = 2,024# (ANCHOR)	
Vu max = 839# (ANCHOR)	
4 BED UNIT*	
Tu max = 1,935# (ANCHOR)	
Vu max = 911# (ANCHOR)	

* SEE GENERAL NOTES FOR APPLICABLE MODEL NUMBERS

REGULAR CAPACITY SERIES (LRFD) MULTI. (w/ Ω2) ⚠3

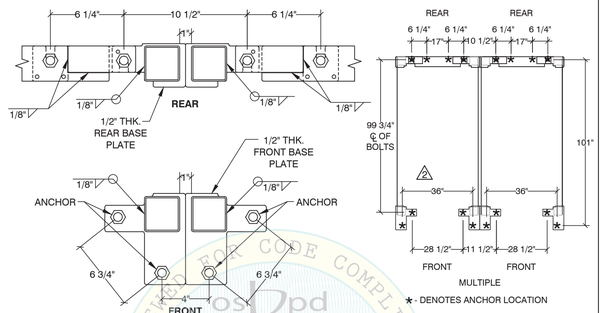
3 BED UNIT*	
Tu max = 1,974# (ANCHOR)	
Vu max = 796# (ANCHOR)	
4 BED UNIT*	
Tu max = 2,145# (ANCHOR)	
Vu max = 719# (ANCHOR)	
5 BED UNIT*	
Tu max = 2,208# (ANCHOR)	
Vu max = 639# (ANCHOR)	

* SEE GENERAL NOTES FOR APPLICABLE MODEL NUMBERS

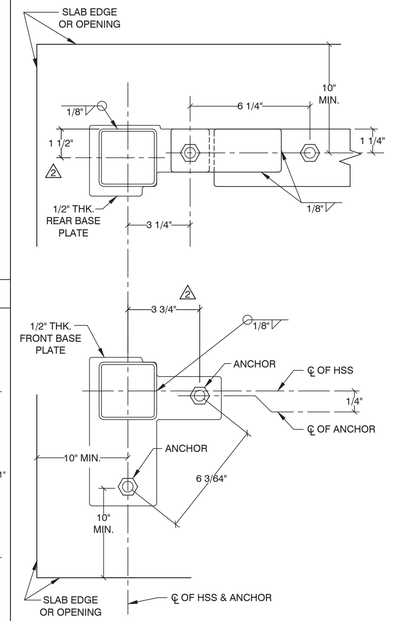


(2) ANCHORS REQ'D PER BASE PLATE

2 ANCHOR DETAILS



3 MINIMUM ANCHOR SEPARATION DETAIL



4 ANCHOR EDGE DISTANCE 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:
   ⚠3 EXTRA CAPACITY SERIES 3 BED UNIT (MULTI) $S_{DS} \leq 1.7$ (MODEL No ST327-32NX)
   EXTRA CAPACITY SERIES 4 BED UNIT (MULTI) $S_{DS} \leq 1.25$ (MODEL No ST427-32NX)

   REG. CAPACITY SERIES 3 BED UNIT (MULTI) $S_{DS} \leq 2.1$ (MODEL No ST327-32N)
   REG. CAPACITY SERIES 4 BED UNIT (MULTI) $S_{DS} \leq 1.3$ (MODEL No ST427-32N)
   REG. CAPACITY SERIES 5 BED UNIT (MULTI) $S_{DS} \leq 0.9$ (MODEL No ST527-32N)
3. FORCES ARE PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & ⚠3 13.3-3 WHERE:
   EXTRA CAPACITY SERIES 3 BED UNIT (MULTI) $S_{DS} \leq 1.7$ (MODEL No ST327-32NX)
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   REG. CAPACITY SERIES 5 BED UNIT (MULTI) $S_{DS} \leq 0.9$ (MODEL No ST527-32N)

   $a_p = 1.0$, $I_p = 1.5$, $R_p = 2.5$, $\Omega_o = 2.5$ & $z/h = 0.0$
   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 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 SS GRADE **30.** ⚠1
BASE PLATE: ASTM 1011, Fy = **36,000** PSI SS GRADE **36**.
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.
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EXPANSION ANCHORS:

PER ESR-1917 & ACI 318-11 ⚠2

ANCHOR DIA (IN)	CONC. TYPE	MIN f'c (PSI)	ANCHOR TYPE	ICC-ES ESR No	(hef) MIN. EMBED	MIN. SPACING	MIN. EDGE DIST.	MIN. CONC. THICKNESS
5/8	NORMAL	3,000	KB-TZ	1917	4"	4"	10"	6"

TORQUE TEST (LBS): 60 LBS-FT

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.
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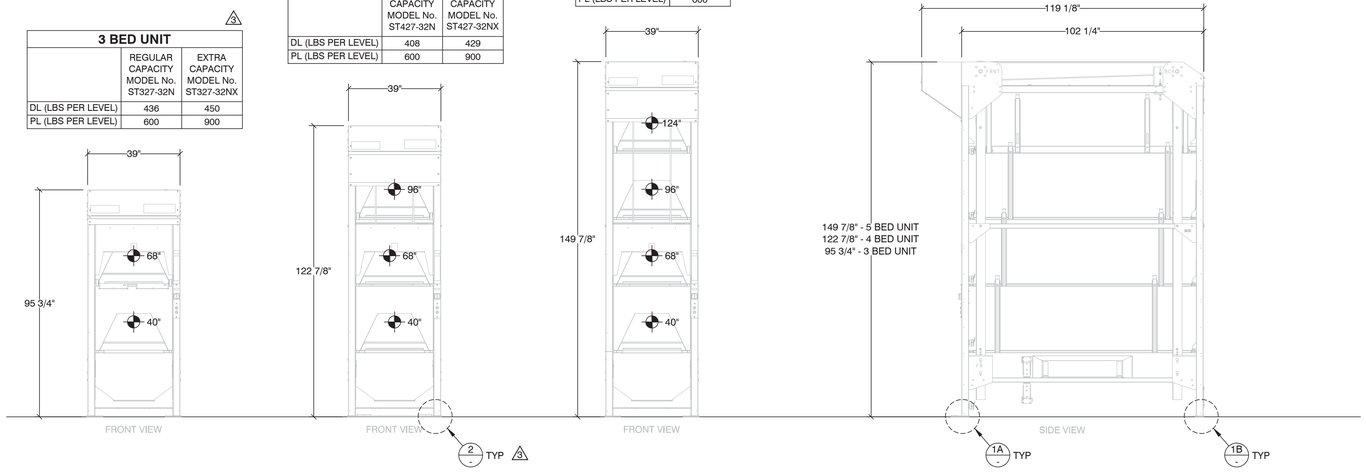
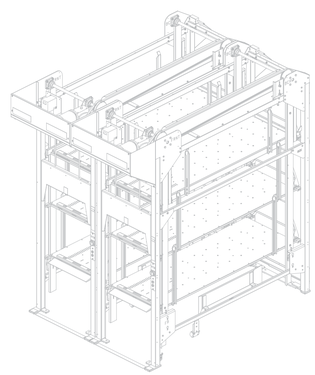
   b. ACCEPTANCE CRITERIA:
      1. DIRECT TENSION TEST; ANCHOR SHALL HAVE NO OBSERVABLE MOVEMENT AT THE TEST LOAD. A PRACTICAL WAY TO DETERMINE OBSERVABLE MOVEMENT IS THAT THE WASHER BECOMES LOOSE.
      2. TORQUE TEST: THE APPLICABLE TORQUE FOR TORQUE CONTROLLED EXPANSION ANCHOR SHALL BE ACHIEVED WITHIN THE 1/2 TURN OF THE NUT.
   c. IF ANY ANCHOR FAILS, TEST ALL ANCHORS.



5 HOSPITAL BED LIFT SYSTEM ELEVATIONS

NOTE:
DESIGN BASED ON:
EXTRA CAPACITY SERIES 3 BED UNIT (MULTI) $S_{DS} \leq 1.7$ (MODEL No ST327-32NX)
EXTRA CAPACITY SERIES 4 BED UNIT (MULTI) $S_{DS} \leq 1.25$ (MODEL No ST427-32NX)

REG. CAPACITY SERIES 3 BED UNIT (MULTI) $S_{DS} \leq 2.1$ (MODEL No ST327-32N)
REG. CAPACITY SERIES 4 BED UNIT (MULTI) $S_{DS} \leq 1.3$ (MODEL No ST427-32N)
REG. CAPACITY SERIES 5 BED UNIT (MULTI) $S_{DS} \leq 0.9$ (MODEL No ST527-32N)
$I = 1.5$
$z/h = 0.0$
$a_p = 1.0$
$R_p = 2.5$
$\Omega_o = 2.5$
GROUND FLOOR INSTALLATION
(SLAB ON GRADE INSTALLATION ONLY)



6 GENERAL CONFIGURATION

ADDRESS:
VIDIR HOSPITAL BED LIFT SYSTEM
CALIFORNIA

REV.	DATE	BY	DESCRIPTION
4	06/30/16	M.V.	REVISION
3	08/16/16	M.V.	REVISIONS
2	09/01/16	M.V.	REVISIONS
1			

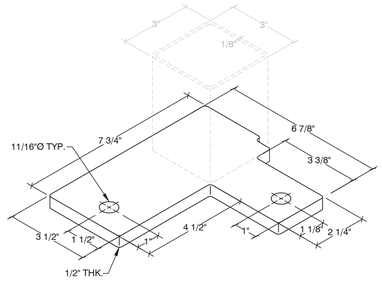
SEISMIC
EST. 1985
SEISMIC ENGINEERING, INC.
1130 E. Cypress St.
Covina, California
91724
Tel.(909)869-0989

DRAWN BY:	M.V. / Y.S.
DATE:	09/11/15
LAST REV. BY:	
REV. DATE:	
TYPE:	VID
SCALE:	N.T.S.
APRVD BY:	SAL E. FATEEN

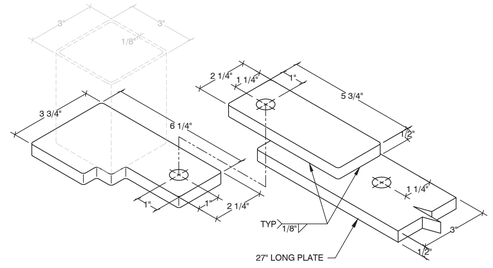
REGISTERED PROFESSIONAL ENGINEER
SAL E. FATEEN
No. 20960
CIVIL
STATE OF CALIFORNIA
EXPIRES:
12-31-2017

DESCRIPTION:
HOSPITAL BED LIFT SYSTEM (27" PLAT.)
(MULTI.)

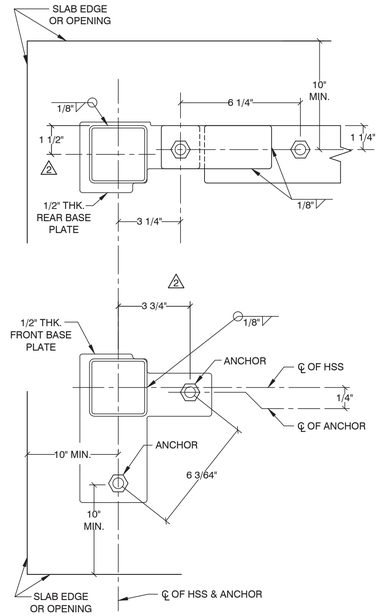
DRAWING NUMBER:
15-1476-A1



1A FRONT BASE PLATE DETAIL



1B REAR BASE PLATE DETAIL



4 ANCHOR EDGE DISTANCE 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:
   △1 EXTRA CAPACITY SERIES 3 BED UNIT (SINGLE) $S_{DS} \leq 1.35$ (MODEL No ST333-32NX)
   EXTRA CAPACITY SERIES 4 BED UNIT (SINGLE) $S_{DS} \leq 0.8$ (MODEL No ST433-32NX)

   REG. CAPACITY SERIES 5 BED UNIT (SINGLE) $S_{DS} \leq 0.7$ (MODEL No ST533-32N)

3. FORCES ARE PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & △1 13.3-3 WHERE:
   EXTRA CAPACITY SERIES 3 BED UNIT (SINGLE) $S_{DS} \leq 1.35$ (MODEL No ST333-32NX)
   EXTRA CAPACITY SERIES 4 BED UNIT (SINGLE) $S_{DS} \leq 0.8$ (MODEL No ST433-32NX)

   REG. CAPACITY SERIES 5 BED UNIT (SINGLE) $S_{DS} \leq 0.7$ (MODEL No ST533-32N)

   $a_p = 1.0$, $I_p = 1.5$, $R_p = 2.5$, $\Omega_o = 2.5$ & $z/h = 0.0$
   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 LOADS THAT SHALL BE USED FOR STRENGTH DESIGN.
6. STORAGE CAPACITY: EXTRA CAPACITY SERIES = **900#** PER LEVEL.
   REGULAR CAPACITY SERIES = **600#** PER LEVEL.

EXTRA CAPACITY SERIES (LRFD) SINGLE (w/ Ω_2) △2

3 BED UNIT*
Tu max = 2,285# (ANCHOR)
Vu max = 684# (ANCHOR)

4 BED UNIT*
Tu max = 2,411# (ANCHOR)
Vu max = 596# (ANCHOR)

* SEE GENERAL NOTES FOR APPLICABLE MODEL NUMBERS

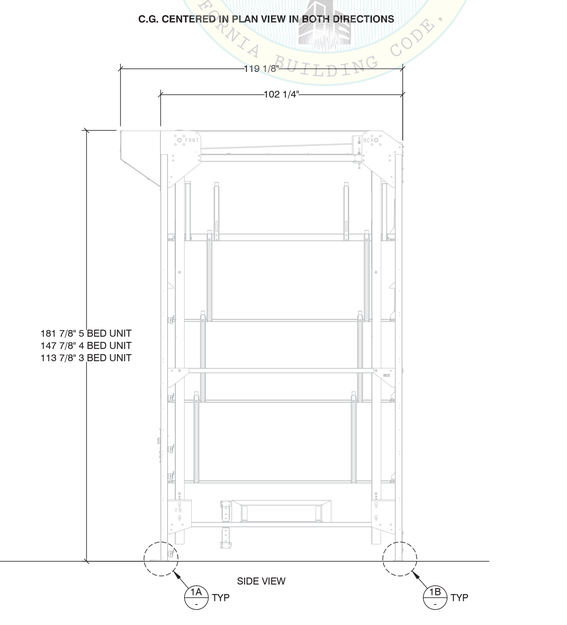
REGULAR CAPACITY SERIES (LRFD) SINGLE (w/ Ω_2) △3

5 BED UNIT*
Tu max = 2,485# (ANCHOR)
Vu max = 506# (ANCHOR)

* SEE GENERAL NOTES FOR APPLICABLE MODEL NUMBERS

(2) ANCHORS REQ'D PER BASE PLATE

2 ANCHOR DETAILS



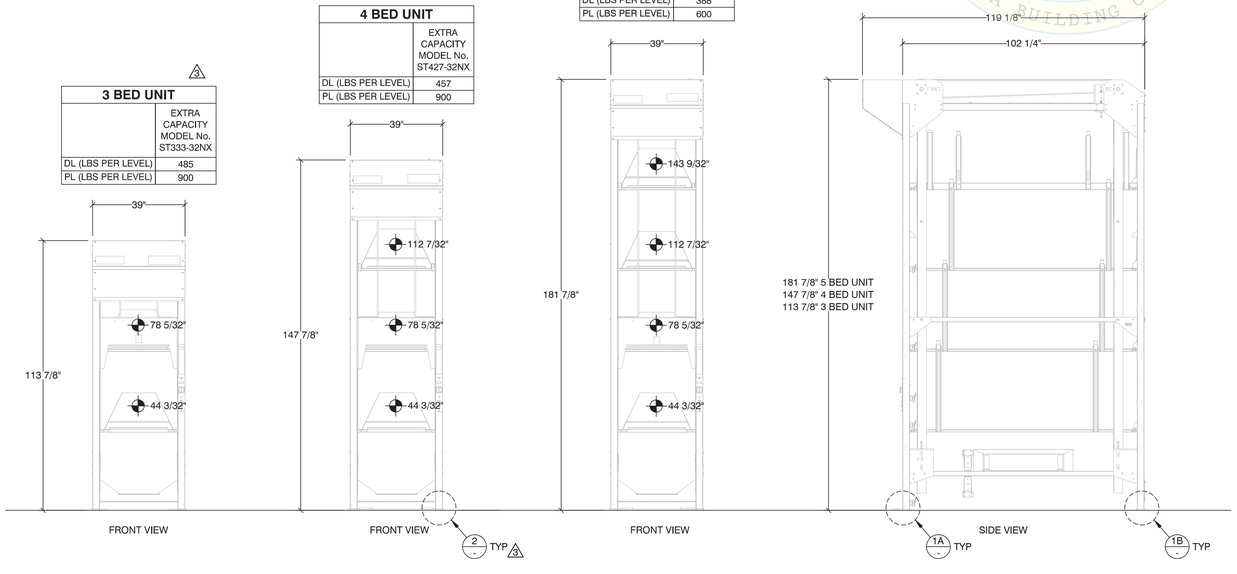
3 MINIMUM ANCHOR SEPARATION DETAIL

△3

5 BED UNIT	REGULAR CAPACITY MODEL No. ST533-32N
DL (LBS PER LEVEL)	388
PL (LBS PER LEVEL)	600

4 BED UNIT	EXTRA CAPACITY MODEL No. ST427-32NX
DL (LBS PER LEVEL)	457
PL (LBS PER LEVEL)	900

3 BED UNIT	EXTRA CAPACITY MODEL No. ST333-32NX
DL (LBS PER LEVEL)	485
PL (LBS PER LEVEL)	900

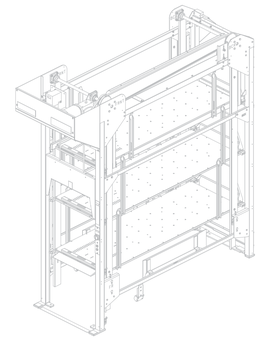


5 HOSPITAL BED LIFT SYSTEM ELEVATIONS

NOTE:
DESIGN BASED ON:
EXTRA CAPACITY SERIES 3 BED UNIT (SINGLE) $S_{DS} \leq 1.35$ (MODEL No ST333-32NX)
EXTRA CAPACITY SERIES 4 BED UNIT (SINGLE) $S_{DS} \leq 0.8$ (MODEL No ST433-32NX)

REG. CAPACITY SERIES 5 BED UNIT (SINGLE) $S_{DS} \leq 0.7$ (MODEL No ST533-32N)
I = 1.5
z/h = 0.0
ap = 1.0
Rp = 2.5
Ωo = 2.5
GROUND FLOOR INSTALLATION
(SLAB ON GRADE INSTALLATION ONLY)

△3



6 GENERAL CONFIGURATION

MATERIAL REQUIREMENTS:

SHAPE: ASTM A1011 FOR Fy = **30,000** PSI SS GRADE **30.** △1
BASE PLATE: ASTM 1011, Fy = **36,000** PSI SS GRADE **36**.
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 S_{DS} & 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 4)
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 △2

ANCHOR DIA (IN)	CONC. TYPE	MIN f'c (PSI)	ANCHOR TYPE	ICC-ES ESR No	(h_{ef}) MIN. EMBED	MIN. SPACING	MIN. EDGE DIST.	MIN. CONC. THICKNESS
5/8	NORMAL	3,000	KB-TZ	1917	4"	4"	10"	6"

TORQUE TEST (LBS): 60 LBS-FT

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.

ADDRESS:
VIDIR HOSPITAL BED LIFT SYSTEM
CALIFORNIA

REV.	DATE	BY	DESCRIPTION
△4	06/30/16	M.V.	REVISIONS
△3	08/16/16	M.V.	REVISIONS
△2	09/01/16	M.V.	REVISIONS
△1			

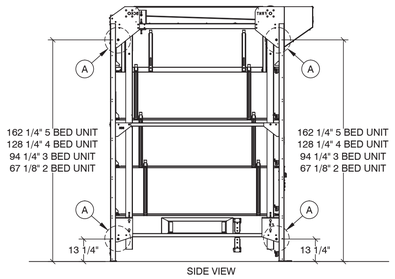
SEIZMIC
EST. 1985
SEIZMIC ENGINEERING, INC.
1130 E. Cypress St.
Covina, California
91724
Tel.(909)869-0989

DRAWN BY:	M.V. / Y.S.
DATE:	09/11/15
LAST REV. BY:	
REV. DATE:	
TYPE:	VID
SCALE:	N.T.S.
APRVD BY:	SAL E. FATEEN

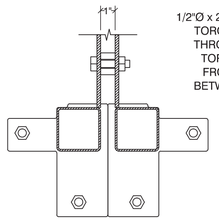
REGISTERED PROFESSIONAL ENGINEER
SAL E. FATEEN
No. 25699
CIVIL
STATE OF CALIFORNIA
EXPIRES
12-31-2017

DESCRIPTION:
HOSPITAL BED LIFT SYSTEM (33" PLAT.)
(SINGLE)

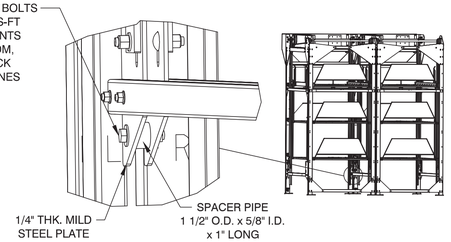
DRAWING NUMBER:
15-1476-B



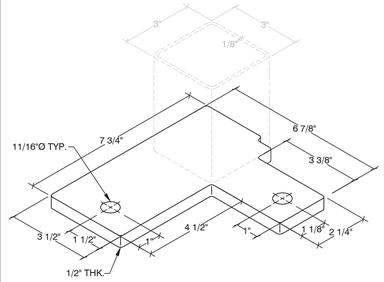
SIDE VIEW



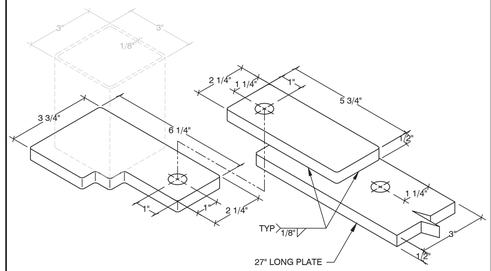
PLAN VIEW



A DETAIL



1A FRONT BASE PLATE DETAIL



1B REAR BASE PLATE DETAIL

EXTRA CAPACITY SERIES (LRFD) MULTI (w/ Ω0) ⚠3

3 BED UNIT*
Tu max = 2,056# (ANCHOR)
Vu max = 760# (ANCHOR)

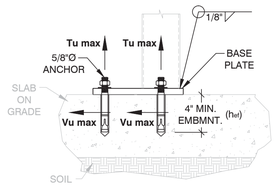
4 BED UNIT*
Tu max = 2,185# (ANCHOR)
Vu max = 670# (ANCHOR)

* SEE GENERAL NOTES FOR APPLICABLE MODEL NUMBERS

REGULAR CAPACITY SERIES (LRFD) MULTI (w/ Ω0) ⚠3

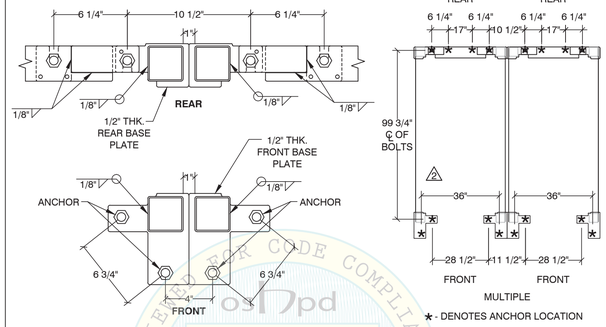
5 BED UNIT*
Tu max = 2,295# (ANCHOR)
Vu max = 578# (ANCHOR)

* SEE GENERAL NOTES FOR APPLICABLE MODEL NUMBERS



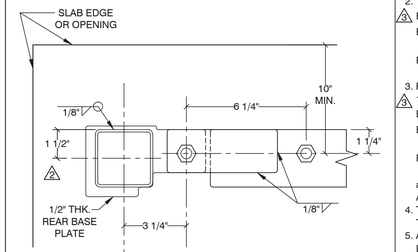
(2) ANCHORS REQ'D PER BASE PLATE

2 ANCHOR DETAILS



✱ - DENOTES ANCHOR LOCATION

3 MINIMUM ANCHOR SEPARATION DETAIL



4 ANCHOR EDGE DISTANCE 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:
   ⚠3 EXTRA CAPACITY SERIES 3 BED UNIT (MULTI) $S_{DS} \leq 1.5$ (MODEL No ST333-32NX)
   EXTRA CAPACITY SERIES 4 BED UNIT (MULTI) $S_{DS} \leq 0.9$ (MODEL No ST433-32NX)
   REG. CAPACITY SERIES 5 BED UNIT (MULTI) $S_{DS} \leq 0.6$ (MODEL No ST533-32N)
3. FORCES ARE PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3 WHERE:
   ⚠3 EXTRA CAPACITY SERIES 3 BED UNIT (MULTI) $S_{DS} \leq 1.5$ (MODEL No ST333-32NX)
   EXTRA CAPACITY SERIES 4 BED UNIT (MULTI) $S_{DS} \leq 0.9$ (MODEL No ST433-32NX)
   REG. CAPACITY SERIES 5 BED UNIT (MULTI) $S_{DS} \leq 0.6$ (MODEL No ST533-32N)
   a_p = 1.0, I_p = 1.5, R_p = 2.5, Ω_0 = 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 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 SS GRADE **30.** ⚠1
BASE PLATE: ASTM 1011, Fy = **36,000** PSI SS GRADE **36.**
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 S_{DS} & 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 4)
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 ⚠2

ANCHOR DIA (IN)	CONC. TYPE	MIN fc (PSI)	ANCHOR TYPE	ICC-ES ESR No	(hef) MIN. EMBED	MIN. SPACING	MIN. EDGE DIST.	MIN. CONC. THICKNESS
5/8	NORMAL	3,000	KB-TZ	1917	4"	4"	10"	6"

TORQUE TEST (LBS): 60 LBS-FT

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.

3 BED UNIT

	EXTRA CAPACITY MODEL No. ST333-32NX
DL (LBS PER LEVEL)	485
PL (LBS PER LEVEL)	900

4 BED UNIT ⚠3

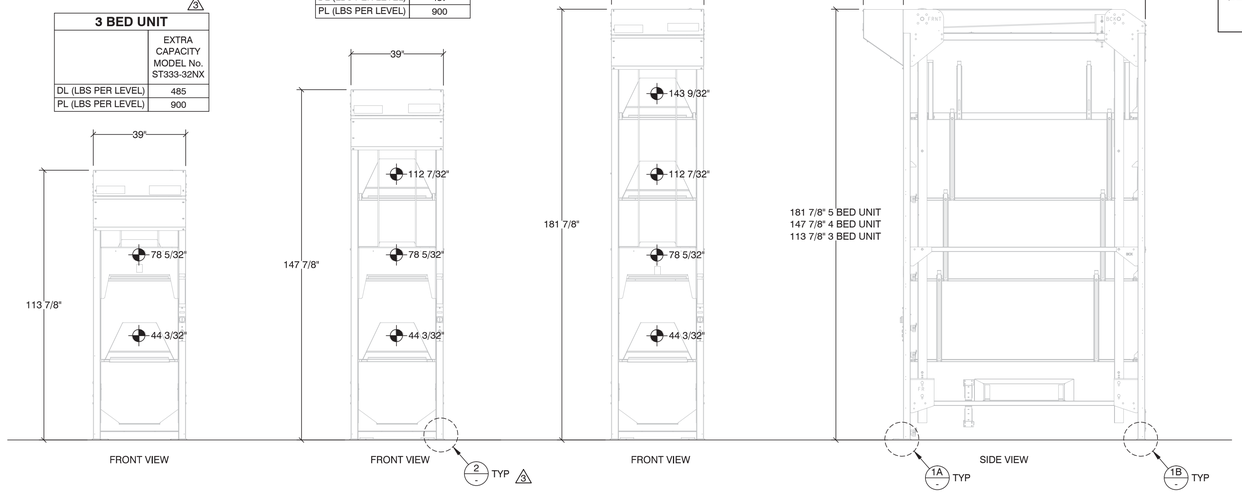
	EXTRA CAPACITY MODEL No. ST433-32NX
DL (LBS PER LEVEL)	457
PL (LBS PER LEVEL)	900

5 BED UNIT ⚠3

	REGULAR CAPACITY MODEL No. ST533-32N
DL (LBS PER LEVEL)	388
PL (LBS PER LEVEL)	600

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

C.G. CENTERED IN PLAN VIEW IN BOTH DIRECTIONS

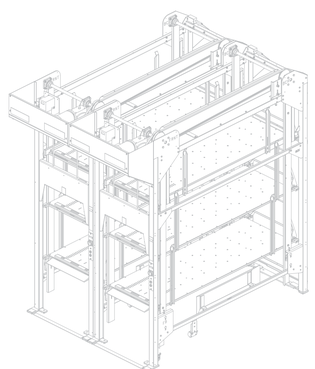


5 HOSPITAL BED LIFT SYSTEM ELEVATIONS

NOTE:
DESIGN BASED ON:
EXTRA CAPACITY SERIES 3 BED UNIT (MULTI) $S_{DS} \leq 1.5$ (MODEL No ST333-32NX)
EXTRA CAPACITY SERIES 4 BED UNIT (MULTI) $S_{DS} \leq 0.9$ (MODEL No ST433-32NX)

REG. CAPACITY SERIES 5 BED UNIT (MULTI) $S_{DS} \leq 0.6$ (MODEL No ST533-32N)

I = 1.5
z/h = 0.0
ap = 1.0
Rp = 2.5
Ωo = 2.5
GROUND FLOOR INSTALLATION
(SLAB ON GRADE INSTALLATION ONLY)



6 GENERAL CONFIGURATION

ADDRESS:
VIDIR HOSPITAL BED LIFT SYSTEM
CALIFORNIA

REV.	DATE	BY	DESCRIPTION
⚠4	06/30/16	M.V.	REVISIONS
⚠3	08/16/16	M.V.	REVISIONS
⚠2	08/01/16	M.V.	REVISIONS
⚠1			

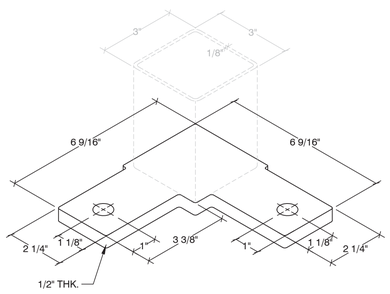
SEISMIC
EST. 1985
SEISMIC ENGINEERING, INC.
161 Atlantic Street
Pomona, California 91768
Tel.(909)869-0989
Fax (909)869-0981

DRAWN BY:	M.V. / Y.S.
DATE:	09/11/15
LAST REV. BY:	
REV. DATE:	
TYPE:	VID
SCALE:	N.T.S.
APRVD BY:	SAL E. FATEEN

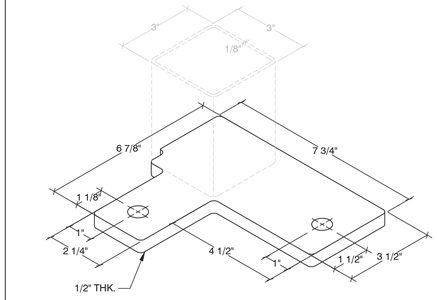
REGISTERED PROFESSIONAL ENGINEER
SAL E. FATEEN
No. 28969
CIVIL
STATE OF CALIFORNIA
EXPIRES:
12-31-2017

DESCRIPTION:
HOSPITAL BED LIFT SYSTEM (33" PLAT.)
(MULTI)

DRAWING NUMBER:
15-1476-B1



1A REAR BASE PLATE DETAIL



1B FRONT BASE PLATE DETAIL

3 BED UNIT (LRFD) SINGLE (w/ Ω₂)

27" PLATFORM*
Tu max = 1,806# (ANCHOR)
Vu max = 964# (ANCHOR)

33" PLATFORM*
Tu max = 2,027# (ANCHOR)
Vu max = 924# (ANCHOR)

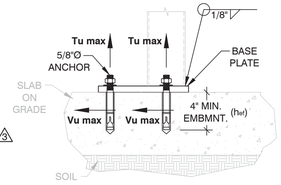
* SEE GENERAL NOTES FOR APPLICABLE MODEL NUMBERS

4 BED UNIT (LRFD) SINGLE (w/ Ω₂)

27" PLATFORM*
Tu max = 1,995# (ANCHOR)
Vu max = 900# (ANCHOR)

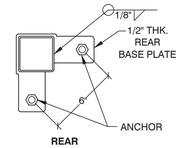
33" PLATFORM*
Tu max = 2,068# (ANCHOR)
Vu max = 798# (ANCHOR)

* SEE GENERAL NOTES FOR APPLICABLE MODEL NUMBERS

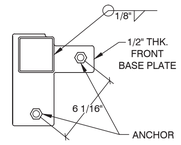


(2) ANCHORS REQ'D PER BASE PLATE

2 ANCHOR DETAILS

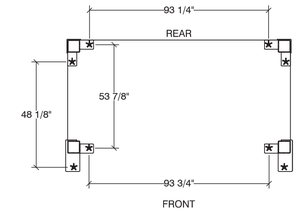


REAR



FRONT

3 MINIMUM ANCHOR SEPARATION DETAIL

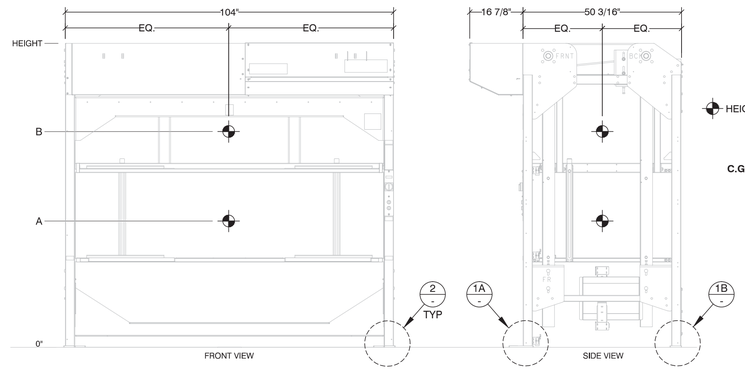


★ - DENOTES ANCHOR LOCATION

MODEL	A	B	HEIGHT	DL (LBS PER LEVEL)	PL (LBS PER LEVEL)
ST327-96S	40"	68 11/32"	96 1/4"	498#	600#
ST333-96S	46"	80 11/32"	114 1/4"	498#	600#

△3

NOTE:
DESIGN BASED ON:
3 BED UNIT 27" PLATFORM (SINGLE) $S_{DS} \leq 2.4$ (MODEL No ST327-96S)
3 BED UNIT 33" PLATFORM (SINGLE) $S_{DS} \leq 2.3$ (MODEL No ST333-96S)
I = 1.5
z/h = 0.0
ap = 1.0
Rp = 2.5
Ωo = 2.5
GROUND FLOOR INSTALLATION
(SLAB ON GRADE INSTALLATION ONLY)
△2 △4



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

C.G. CENTERED IN PLAN VIEW IN BOTH DIRECTIONS

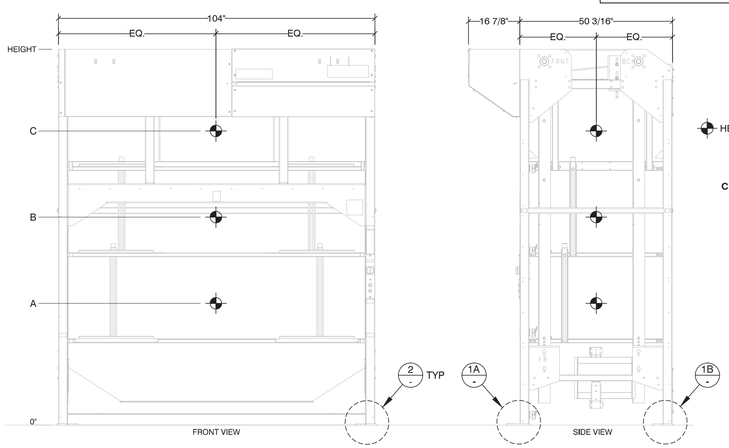
5 3 BED UNIT ELEVATIONS

6 GENERAL CONFIGURATION (3 BED UNIT)

MODEL	A	B	C	HEIGHT	DL (LBS PER LEVEL)	PL (LBS PER LEVEL)
ST427-96S	40"	68 11/32"	96 21/32"	123 1/2"	459#	600#
ST433-96S	46"	80 11/32"	114 21/32"	147 1/2"	477#	600#

△3

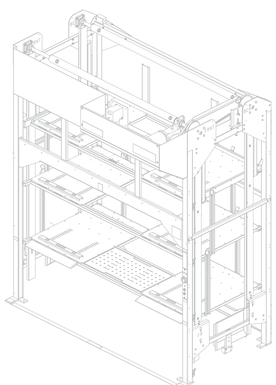
NOTE:
DESIGN BASED ON:
4 BED UNIT 27" PLATFORM (SINGLE) $S_{DS} \leq 1.55$ (MODEL No ST427-96S)
4 BED UNIT 33" PLATFORM (SINGLE) $S_{DS} \leq 1.35$ (MODEL No ST433-96S)
I = 1.5
z/h = 0.0
ap = 1.0
Rp = 2.5
Ωo = 2.5
GROUND FLOOR INSTALLATION
(SLAB ON GRADE INSTALLATION ONLY)
△2 △4 △4



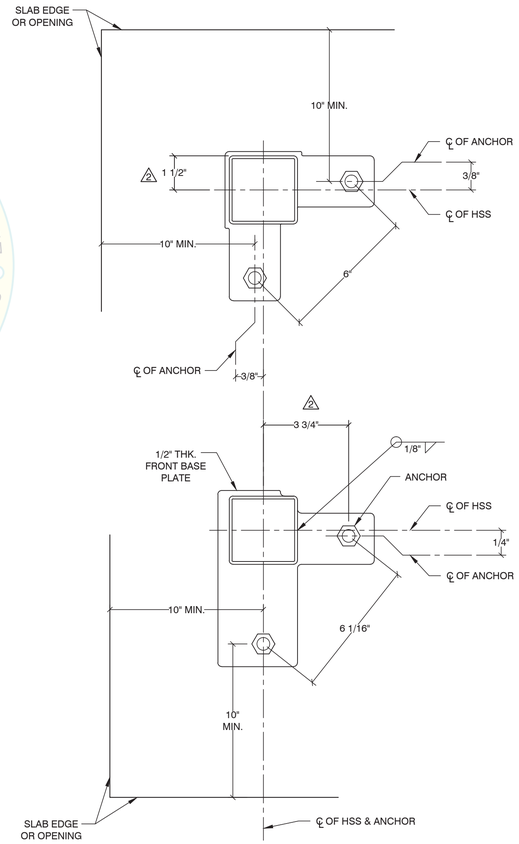
HEIGHT LOCATIONS ARE TAKEN AT THE CENTER OF GRAVITY OF THE PRODUCT LOAD.

C.G. CENTERED IN PLAN VIEW IN BOTH DIRECTIONS

7 4 BED UNIT ELEVATIONS



8 GENERAL CONFIGURATION (4 BED UNIT)



4 ANCHOR EDGE DISTANCE 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:
△3 3 BED UNIT 27" PLATFORM (SINGLE) $S_{DS} \leq 2.4$ (MODEL No ST327-96S)
3 BED UNIT 33" PLATFORM (SINGLE) $S_{DS} \leq 2.3$ (MODEL No ST333-96S)

4 BED UNIT 27" PLATFORM (SINGLE) $S_{DS} \leq 1.55$ (MODEL No ST427-96S)
4 BED UNIT 33" PLATFORM (SINGLE) $S_{DS} \leq 1.35$ (MODEL No ST433-96S) △3

3. FORCES ARE PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & △3 13.3-3 WHERE:
3 BED UNIT 27" PLATFORM (SINGLE) $S_{DS} \leq 2.4$ (MODEL No ST327-96S)
3 BED UNIT 33" PLATFORM (SINGLE) $S_{DS} \leq 2.3$ (MODEL No ST333-96S)

4 BED UNIT 27" PLATFORM (SINGLE) $S_{DS} \leq 1.55$ (MODEL No ST427-96S)
4 BED UNIT 33" PLATFORM (SINGLE) $S_{DS} \leq 1.35$ (MODEL No ST433-96S) △3

$a_p = 1.0$, $I_p = 1.5$, $R_p = 2.5$, $\Omega_o = 2.5$ & $z/h = 0.0$
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 LOADS THAT SHALL BE USED FOR STRENGTH DESIGN.
6. STORAGE CAPACITY: REGULAR CAPACITY SERIES = **600#** PER LEVEL.

MATERIAL REQUIREMENTS:

SHAPE: ASTM A1011 FOR Fy = **30,000** PSI SS GRADE **30.** △1
BASE PLATE: ASTM 1011, Fy = **36,000** PSI SS GRADE **36.**
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 S_{DS} & 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 4)
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 △2

ANCHOR DIA (IN)	CONC. TYPE	MIN f'c (PSI)	ANCHOR TYPE	ICC-ES ESR No	(hef) MIN. EMBED	MIN. SPACING	MIN. EDGE DIST.	MIN. CONC. THICKNESS
5/8	NORMAL	3,000	KB-TZ	1917	4"	4"	10"	6"

TORQUE TEST (LBS) 60 LBS-FT

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.

ADDRESS:
VIDIR HOSPITAL BED LIFT SYSTEM
CALIFORNIA

REV.	DATE	BY	DESCRIPTION
△1	06/30/16	M.V.	REVISIONS
△2	08/16/16	M.V.	REVISIONS
△3	09/01/16	M.V.	REVISIONS
△4	09/13/16	M.V.	REVISIONS

SEIZMIC
EST. 1985
SEIZMIC ENGINEERING, INC.
1130 E. Cypress St.
Covina, California 91724
Tel.(909)869-0989

DRAWN BY:	M.V. / Y.S.
DATE:	09/15/15
LAST REV. BY:	
REV. DATE:	
TYPE:	VID
SCALE:	N.T.S.
APRVD BY:	SAL E. FATEEN

EXPIRES
12-31-2017

DESCRIPTION:
HOSPITAL BED LIFT SYSTEM (SIDE LOAD)
(SINGLE)

DRAWING NUMBER:
15-1476-C