

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

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

OFFICE USE ONLY

APPLICATION #: OPM-0323

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OSHPD	Preappro	oval of Ma	anufacturer'	's Certitic	ation (C)PM)
				0.001.1110		·,

Type: New X Renewal/Update

Manufacturer Information

Manufacturer: Shimadzu Medical Systems

Manufacturer's Technical Representative: Jim Mekker

Mailing Address: 20101 S. Vermont Ave., Torrance, CA 60502

Telephone: (216) 288-0709 Email: Mekker@shimadzu-usa.com

Product Information

Product Name: BR-120 NON-TILTING WALL STAND

Product Type: Other Mechanical & Electrical Equipment

Product Model Number: ZS-200 BY: David M.

General Description: Subcomponent of Sonialvision G4 System

Applicant Information

Applicant Compar	ny Name: EASE LLC.	CODE
Contact Person:	Tiffany Tonn	BUILDING
Mailing Address:	1515 FAIRVIEW AVE, STE 205	MISSOULA, MT 59801
Telephone: (406)) 541-3273	Email: tiffany@easeco.com

Title:

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

STATE OF CALIFORNIA- HEALTH AND HUMAN SERVICES AGENCY

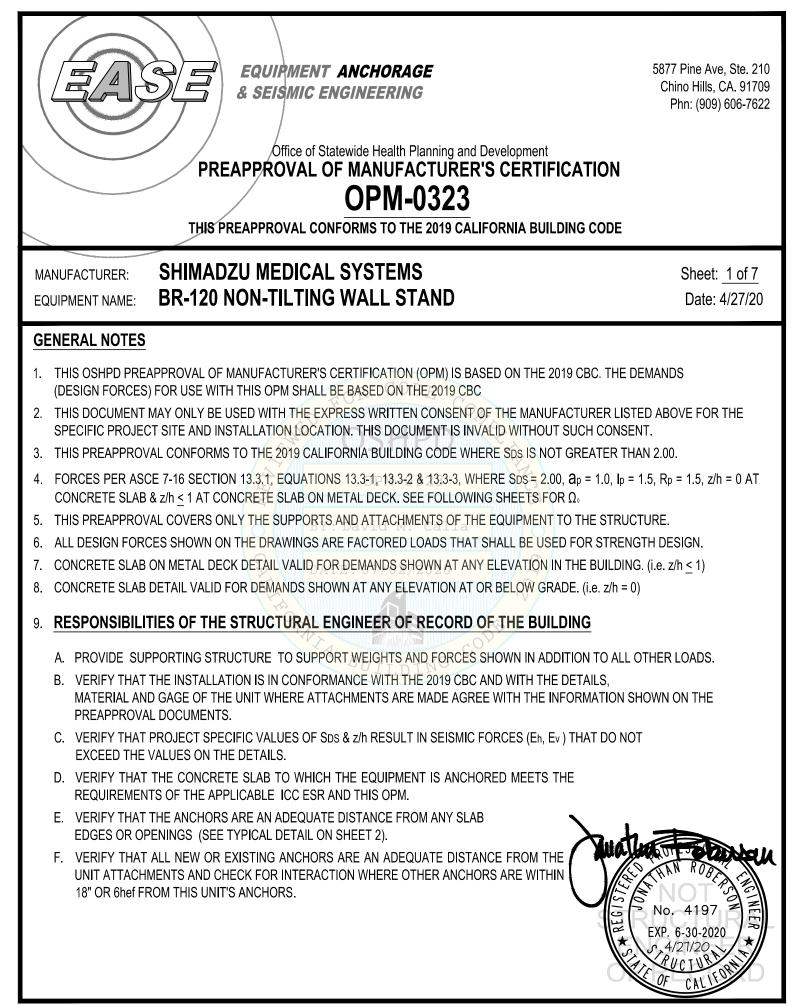
OSHP



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

Registered Design Professonal Preparing	Engineering Recommen	dations
Company Name: EASE LLC		
Name: Jonathan Roberson	California Lice	ense Number: S4197
Mailing Address: 5877 Pine Ave., Suite 210, Chir	no Hills, CA 91709	
Telephone: (909) 606-7622	Email: jon@easeco.com	
OSUDD Special Sciemic Cartification Pres		
OSHPD Special Seismic Certification Prea	pproval (USP)	
X Special Seismic Certification is preapproved	under OSP OSP	Number: OSP-0319-10 (SQ10-1503-1)
Operativity of the second s	IOR CODE	
Certification Method	E. CO	b.
Testing in accordance with: ICC-ES AC15	56 FM 1950-16	
Other(s) (Please Specify):	OJII D	- F
*Use of criteria other than those adopted by the C	alifornia Building Standards	Code, 2019 (CBSC 2019) for component supports
and attachments are not permitted. For distribution criteria other than those adopted in the CBSC 201		
X Analysis	BY:David M. Calia	
Experience Data	DATE: 07/02/2020	67
Combination of Testing, Analysis, and/or Exp	erience Data (Please Specif	γ : γ
THO P.		\$,
1.1	ZA CC	201
OSHPD Approval	BUILDING	
Date: <u>7/2/2020</u>		
Name: David Calia	Title:	Senior Structural Engineer
Condition of Approval (if applicable):		





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	(iii) IF ANY	ANCHOR FA	ILS, TEST	ALL ANCHORS.	A RIL		IC C	5.						
Э.	AVOID DA WHEN INS	MAGING EXIS	TING STE	DGE TYPE : 1/2 TUR ALL ANCHORS. EL REINFORCING IN XPANSION ANCHOF GAGEMENT OF NUT	I CONCRETE	SLABI	NO							
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