

# 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

	_					
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	$\gamma$ : $\gamma$
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):		





											Equipme	entAn	chora SHEET	
	SH	IM/AD	ZU N	MEDICA	LSYS	STEN	1S	-		J. ROBE			2	
1	BR-1	20 NC	) N-T	ILTING	WALI	ST	AND		ob N				2	
_								Di	ATE	4/27	/20	OF	7	SHEETS
				TH THE ANCHORS I										
л. г	IN THE CC	RRESPONDI	NG ICC RE											
	Anchor Diameter	Concrete Type	Min.fc (psi)	Anchor Type	ICC Report No.	Min. Embed.	Min. Spacing	Min. Edge Di		Min. Conc. Thickness	Torque Test	Di	irect Ten: Test	sion
	3/8"	Normal Weight	3000	Hilti Kwik Bolt TZ	ESR-1917	2"	4"	12"		4"	25 FT-LB		1338	
•						CENT				10				
				AY MINIMUM (i.e 0 DITIONAL MINIMUM /	,	CONCRETE				(MIN)		┥╸	18" (MIN)	
	EDGE DIS							-	1	-				
С.				ON OF EXPANSION	- D	HALLOD)	F	"2	(MIN)					
				D INDEPENDENT A			C <sub>O</sub>	M	2					
				HALL BE SENT TO T			D	· P			   			
	OF RECOR	RD, OWNER A	ND THE A	RCHITECT OR ENGI	NEER IN			d d						
		IBLE CHARGE		A ET		PM-032	23		Z					
	DIREC			HAVE ELAPSED SIN		% OF			F	3	— <u>lå—-</u>	<u> </u>		
			TERIA:					<u>0</u>	(MIM)		SP =	BOLTS	BPACING	
	• C N	DIRECT TENSI	ON TEST: I THE TES	THE ANCHOR SHO T LOAD, A PRACTIC IT IS THAT THE WA	AL WAY TO	DETERMIN	IE		2070	TYPICAL	CONCRETE	E EDGI	E DETAI	
	• 1	ORQUE TEST	: THE APP	LICABLE TORQUE	MUST BE ACH	HEVED WIT	HIN THE	DÊ						-
	(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							
		FOR FULL TH		AGEMENT OF NUT	& WASHED									









