

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

APPLICATION FOR OSHPD PREAPPROVAL	OFFICE USE ONLY
OF MANUFACTURER'S CERTIFICATION (OPM)	APPLICATION #: OPM-0368-13
OSHPD Preapproval of Manufacturer's Certification (OPM)	
Type: New Renewal Update to Pre-CBC 2013 O	PA Number:
Manufacturer Information	
Manufacturer: R82 US Inc.	
Manufacturer's Technical Representative: Derek Fletcher	
Mailing Address: 12801 E Independence Blvd., Matthews, NC. 2810	6
Telephone: On File Email: On File	0,
Product Information	ATP.
Product Name: Molift Rail System and Lift	
Product Type: Other Mechanical and Electrical Components	G
Product Model Number: N/A By: William Staehl	in
General Description: Patient Lift System	
DATE: 10/12/2017	To
	N
Applicant Information	D [®]
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 Email: J.Robe	rson@EASECo.com
I hereby agree to reimburse the Office of Statewide Health F accordance with the California Administrative Code, 2016.	Planning and Development review fees in
Signature of Applicant:	Date: 7/15/16
Title: Principal Engineer Company Name: EASE	Co.
"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs" STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY OSH-FD-700 (REV 12/16/15)	Page 1 of 2



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

Registered Design Profession	al Preparing Engineering	g Recommendations	
Company Name:EASE Co.			
Name: Jonathan Roberson, S.E		California License Number:	S4197
Mailing Address: _ 5877 Pine Ave.	Suite 210, Chino Hills, CA. S	91709	
Telephone: 909-606-7622	Ema	il: <u>J.Roberson@EASECo</u>	.com
OSHPD Special Seismic Certif	ication Preapproval (OS	P)	
 Special Seismic Certification is (Separate application for OSP) Special Seismic Certification is 	is required)		
Certification Method(s)	EOR COD	E CO.	
 Testing in accordance with: Other* (Please Specify): 		TM 1950-16	
 *Use of criteria other than those add supports and attachments are not p seismic bracings, test criteria other to testing. Analysis Experience Data Combination of Testing, Analysis 	ermitted. For distribution sys than those adopted in the CE DATE: 10/12/	tem, interior partition wall, ar SC 2016 may be used when	nd suspended ceiling
List of Attachments Supportin	g the Manufacturer's Ce	rtification	
☐ Test Report ⊠ Drav ☐ Other(s) (Please Specify): _	vings 🛛 Calculation:	s 🗌 Manufacturer's C	Catalog
OFFICE USE ONLY – OSHPD APP	PROVAL VALID FOR CBC 2	016 & ALL PRE-2016 COD	E BASED PROJECTS
Signature: Nel Jack		Date:	10-12-2017
Print Name: <u>William Staehlin</u> Title: SSE			
Condition of Approval (if applicable)):		
		1	
"Access to Safe, Quality Healthcare Environments that Me STATE OF CALIFORNIA – HEALTH AND HU OSH-FD-700 (REV 12/16/15)		MAM	Page 2 of 2

	EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING Office of Statewide Health Planning and Development PREAPPROVAL OF MANUFACTURER'S CERTIFICATION OPM-0368-13 THIS PREAPPROVAL CONFORMS TO THE 2016 CALIFORNIA BUILDING CODE	5877 Pine Ave, Ste. 210 Chino Hills, CA. 91709 Phn: (909) 606-7622
	ACTURER: R82, INC. HENT NAME: MOLIFT AIR TRAVERSE RAIL SYSTEM	Sheet: <u>1 of 12</u> Date: 10/12/17
 THIS (DE) THIS SPE THIS FOF WHI THIS ALL ALL ALL ALL THIS ALL THIS ALL THIS THIS	RAL NOTES S OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2016 CBC. THE IS SIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE 2016 CBC. S DOCUMENT MAY ONLY BE USED WITH THE EXPRESS WRITTEN CONSENT OF THE MANUFACTURER LIS' CIFIC PROJECT SITE AND INSTALLATION LOCATION. THIS DOCUMENT IS INVALID WITHOUT SUCH CONSE S PREAPPROVAL CONFORMS TO THE 2016 CALIFORNIA BUILDING CODE WHERE SDS IS NOT GREATER TH- CES PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3, ERE SDS ≤ 2.20 , $a_p = 2.5$, $l_p = 1.5$, $R_p = 4.5$, $z/h \leq 1$. SEE FOLLOWING SHEETS FOR Ω . S PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRUCT DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED LOADS THAT SHALL BE USED FOR STREN L DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION. (i.e. $z/h \leq 1$) SPONSIBILITIES OF THE STRUCTURE TO SUPPORT WEIGHTS AND FORCES SHOWN IN ADDITION TO ALL VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH THE 2016 CBC AND WITH THE DETAILS, MATERNAL AND GAGE OF THE UNIT WHERE ATTACHMENTS ARE MADE AGREE WITH THE INFORMATION S PREAPPROVAL DOCUMENTS. VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH THE 2016 CBC AND WITH THE DETAILS, MATERNAL AND GAGE OF THE UNIT WHERE ATTACHMENTS ARE MADE AGREE WITH THE INFORMATION S PREAPPROVAL DOCUMENTS. VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH THE 2016 CBC AND WITH THE DETAILS, MATERNAL AND GAGE OF THE UNIT WHERE ATTACHMENTS ARE MADE AGREE WITH THE INFORMATION S PREAPPROVAL DOCUMENTS. VERIFY THAT THE CONCRETE WALL TO WHICH THE EQUIPMENT IS ANCHORED MEETS THE REQUIREMENTS OF THE APPLICABLE ICC SER AND THIS OPM. VERIFY THAT THE ANCHORS ARE AN ADEQUATE DISTANCE FROM ANY CONCRETE WALL EDGES OR OPENINGS (SEE TYPICAL DETAIL ON SHEET 2). VERIFY THAT THE ANCHORS ARE AN ADEQUATE DISTANCE FROM THE UNIT ATTACHMENTS AND CHECK FOR INTERACTION WHERE OTHER ANCHORS ARE WITHIN 18' OR 6hel FROM THIS UNIT'S ANCHORS. DESIGN BACKING BARS, STUDS, ETC. WHICH THE UNITS ARE ATTACHED TO AS NOTED ON THE	TED ABOVE FOR THE INT. IAN 2.20. CTURE. GTH DESIGN. OTHER LOADS.

EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING www.EquipmentAnchorage.com									
	R82, INC.				DES	des. J. ROBERSON			
	-					no. 11- 1	611	Ζ	
MOLIFT AIR TH	AVERSE	RAIL	SYS	SIEN		те 10/1 2	2/17	OF 12 SHE	ETS
 9. EXPANSION ANCHORS: A. ATTACHMENT IS TO BE IN THE CORRESPONDIN Anchor Concrete Min. Diameter Type (psi 1/4" Normal 300 B. THIS PREAPPROVAL ALL CONCRETE WALL EDGE ADJACENT DETAIL FOR EDGE DISTANCES. C. TESTING OF CONCRETE TESTING SHALL BE DOM INSPECTOR AND A REPO SUBMITTED TO OSHPD (i) AFTER AT LEAST 24 DIRECT PULL TENSION (ii) ACCEPTANCE CRITE DIRECT TENSION OBSERVABLE M 	AVERSE MADE WITH THE AN G ICC REPORT. TC Anchor Type O Hilti Kwik HUS LOWS FOR UP TO A S, 12" AWAY MINIMU ADDITIONAL MINIMU SCREW ANCHORS IE IN THE PRESENC DRT OF THE TEST R HOURS HAVE ELAP ON TEST AT LEAST ERIA: N TEST: THE ANCHO OVEMENT AT THE T OBSERVABLE MOVE IE. LS, TEST ALL ANCHO	RAIL ICHORS LIST ICC Report No. ESR-3027 MAXIMUM C JM (i.e COF JM ALLOWA PER 2016 C E OF THE SF ESULTS SH/ SED SINCE 50% OF THE ST LOAD, / MENT IS TH DR SHOULD EST LOAD, /	TED BELC Min. Embed. 1.86" DF 2 ADJA RNER). S BLE CON COD BC, 1910A PECIAL ALL BE INSTALLA ALL BE INSTALLA ANCHOF HAVE NC A PRACTI HAVE NC	OW AND I Min. Spacing 6" CENT EE CRETE A.5: CO A.5: CO	NSTALLE	NO. 11-1 T 10/12 D AS DESCR Min. Conc. Min. Conc. 12" Min. 12" Mu 13" Mu 14" Mu 14" 14"	611 2/17 BED Torque Test N/A	2 of 12 SHE	
						2		No. 4197 XP. 6-30-2018 10/12/17 PUCTURE OF CALLFORM	



















