

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

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

OFFICE USE ONLY

APPLICATION #: OPM-0369

OSHPD Preapproval of Manufacturer's Certification (OP	M)
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Type: New X Renewal/Update

Manufacturer Information

Manufacturer: Omnicell, Inc.

Manufacturer's Technical Representative: Todd Kijowski

Mailing Address: 51 Pennwood Place, Suite 400, Warrendale, PA 15086

Telephone: (724) 741-7777 Email: Todd.Kijowski@omnicell.com

Product Information

Product Name: HALF-HEIGHT CABINETS

Product Model Number: MED-FRM-102, -103, -104, -020, -021, -029, -039

General Description: Medication storage and dispensing cabinets

Product Type: Automated medication Dispensing Cabinets

Applicant Information

Applicant Compar	ny Name: Omincell, Inc	TAZA	CODA
Contact Person:	Todd Kijowski	BI	UILDING
Mailing Address:	51 Pennwood Place, Suite	e 400, Warrenc	dale, PA 15086
Telephone: (724)	741-7777	Email:	todd.Kkjowski@omnicell.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 Preparin	g Engineering Recommendations
Company Name: DEGENKOLB ENGINEERS	
Name: Chad Closs	California License Number: S5946
Mailing Address: 225 Broadway, Suite 1325, S	an Diego, CA 92101
Telephone: (858) 699-5412	Email: ccloss@degenkolb.com
OSHPD Special Seismic Certification Pre	eapproval (OSP)
Special Seismic Certification is preapprove	d under OSP OSP Number:
Certification Method	FOR CODE COA
Testing in accordance with: ICC-ES AC	156 FM 1950-16
Other(s) (Please Specify):	
and attachments are not permitted. For distribut	California Building Standards Code, 2019 (CBSC 2019) for component supports tion system, interior partition wall, and suspended ceiling seismic bracings, test 2019 may be used when approved by OSHPD prior to testing.
X Analysis	BY: Kamalpreet Kalsi
Experience Data	DATE: 10/01/2021
Combination of Testing, Analysis, and/or E	xperience Data (Please Specify):
NO.	ODE CODE
OSHPD Approval	BUILDING
Date: 10/1/2021	
Name: Kamalpreet Kalsi	Title: Senior Structural Engineer

Condition of Approval (if applicable):





OPM-0369-19

HILTI KB-TZ2

OMNICELL HALF-HEIGHT CABINET

MODEL NUMBERS

MED-FRM-102, MED-FRM-103, MED-FRM-104, MED-FRM-020, MED-FRM-021, MED-FRM-029, MED-FRM-039

GENERAL NOTES:

- THIS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS 1 BASED ON THE 2019 CALIFORNIA BUILDING CODE (CBC). THE DEMAND (DESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE CBC 2019.
- PRE-APPROVED DESIGN AND MATERIALS CONFORM WITH THE 2019 EDITION 2. OF THE CALIFORNIA BUILDING CODE, DETAILS WITHIN THIS APPROVAL MAY BE USED ANYWHERE IN THE STATE OF CALIFORNIA WHERE S_{DS} ≤ 2.50 FOR CASE 1 & 2, $S_{DS} \le 1.50 (z/h \le 1.0) \text{ OR } S_{DS} \le 2.25 (z/h \le 0.5) \text{ FOR CASE } 3.$
- SEISMIC FORCES ON EQUIPMENT DETERMINED PER THE 2019 CBC & 3. ASCE 7-16 SECTION 13.3. ALL LOADS IN THIS PRE-APPROVAL ARE AT STRENGTH LEVEL AND SHALL BE USED FOR STRENGTH DESIGN.
 - CASE 1 (EQUIPMENT ABOVE GRADE TO ROOF): а $S_{DS}=2.50, a_p=1.0, R_p=1.5, I_p=1.5, \Omega_0=1.5, z/h \le 1.0$ i. F_p=3.00W_p, F_v=0.50W_p
 - CASE 2 (EQUIPMENT AT OR BELOW GRADE, EXPANSION ANCHOR OPTION); b. $S_{DS}=2.50$, $a_p=1.0$, $R_p=1.5$, $I_p=1.5$, $\Omega o=1.5$, $z/h \le 0.0$ i. Fp=1.13Wp, Fv=0.50Wp
 - CASE 3 (EQUIPMENT ABOVE GRADE TO ROOF, EXPANSION ANCHOR OPTION): C. $S_{DS} \le 1.50$, ap=1.0, Rp=1.5, lp=1.5, $\Omega o=1.5$, $z/h \le 1.0$ i. $F_p=1.80W_p$, $F_y=0.30W_p$ $S_{DS} \le 2.25$, ap=1.0, Rp=1.5, lp=1.5, $\Omega o=1.5$, $z/h \le 0.5$ i. Fp=1.80Wp, Fv=0.45Wp
- THE STRUCTURAL ENGINEER-OF-RECORD (S.E.O.R.) IS RESPONSIBLE FOR 4 THE FOLLOWING:
 - VERIFY THAT THE ANCHORS ARE AN ADEQUATE DISTANCE FROM ANY a. SLAB OPENINGS OR EDGES.
 - VERIFY THAT THE ANCHORS ARE AN ADEQUATE DISTANCE FROM ANY b. NEW OR EXISTING ANCHORS.
 - DESIGN ANY SUPPLEMENTARY MEMBERS AND THEIR ATTACHMENTS C. WHICH THE UNIT IS ANCHORED TO. VERIFY THE ADEQUACY OF ANY EXISTING MEMBERS AND THEIR ATTACHMENTS WHICH THE UNIT IS ANCHORED TO FOR THE FORCES EXERTED ON THEM BY THE UNIT IN ADDITION TO ALL OTHER LOADS AND FORCES.
 - VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH THE 2019 d. CBC AND WITH THE DETAILS SHOWN IN THIS PRE-APPROVAL. VERIFY THAT THE EQUIPMENT'S ACTUAL WEIGHT, CG LOCATION, ANCHOR LOCATIONS, ANCHOR DETAILS AND THE MATERIAL AND GAGE OF THE UNIT WHERE ATTACHMENTS ARE MADE AGREE WITH THE FORMATION SHOWN IN THIS PRE-APPROVAL.

5.					S.E.O.R.) SHALL EVAL VARY FROM THIS PR			0	MANUF
6.					MUST VERIFY ANCH E GREATER THAN 8".	OR SPACI	NG TO		OT EXC ERIFY II
7.		OPM COVER HE STRUCTU		HE SUPPORT	IS AND ATTACHMENT	S OF THE	UNIT 1 ²	Α.	R BOLT BOLTS THE SI
8.	4266)	AND DEWAL	TPOWER	STUD+ SD2	CONCRETE: HILTI KE (ICC ESR 2502). INSTA	ALL ANCH			TIGHTI
	HOUF PRES	S AFTER IN	STALLATIC	NS. TESTS S	0% OF ANCHORS NO 3 SHALL BE CONDUCTE CORD (IOR) AND A REF 1PD.	D IN THE		B.	THROU INSPE POST-
	TEST	PER THE FC	OLLOWING	METHOD:	Z.C.				INSTAL a. M(
0 X	a.	LOAD GIVE	N IN TABLE		ICHORS TO THE REQU THIN THE LIMIT OF ON 1si				AS b. PC UN FC
				ANCHOR ⁻	TEST LOAD VALUES				
ANC TYP	HOR Eª	ANCHOR: DIAMETER	ÉMBÉD 1 hef	TORQUE LOAD (FT-LBS)	CONCRETE	f'c MIN (PSI)	MINIMUM SPACING		MINIM GE DIS

SAND LWC OR NWC 3.000

5"

5"

2"

3/8"

30

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JFACTURER PROVIDED PERMANENT PLAQUE MUST BE AFFIXED UNIT STATING THE FOLLOWING: "WEIGHT OF CONTENTS SHALL (CEED 10 PCF". DESIGNED WEIGHT OF CONTENTS IS 10 PCF. ' IN FIELD BEFORE INSTALLATION.

LTS THROUGH CONCRETE ON METAL DECK IS SHALL BE TORQUED BY 3/4 TURN OF THE NUTS AFTER SNUG TIGHT CONDITION (SNUG TIGHT CONDITION IS DEFINED AS THE TNESS REQUIRED TO BRING THE CONNECTED PLIES INTO FIRM FACT) IS ACHIEVED.

DUGH BOLTS IN CONCRETE SHALL RECEIVE SPECIAL PECTION AND TESTING IN ACCORDANCE WITH REQUIREMENTS FOR T-INSTALLED ANCHORS.

ALLATION PROCEDURE:

MOUNT BASE ANGLE PROVIDED BY OMNICELL TO FLOOR WITH AS SHOWN IN THIS OPM.

POSITION UNIT WITH RESPECT TO BASE ANGLES. DOWEL INTO JNIT AS SHOWN. REFERENCE MFR'S INSTALLATION GUIDE OR PROPER SPACING

INIMUM DIST. REQ.	ICC-ES ESR NO.
36"	4266
36"	2502

PAGE 1 OF 6

DEWALT SD2 3/8" 2" 20 SAND LWC OR NWC 3,000

PROVIDE FOR FULL ENGAGEMENT OF NUT & WASHER a.

^{9.} IF ANY ANCHOR FAILS DURING TESTING, UNIT MUST BE MOVED SO THAT NO ANCHOR IS WITHIN 8" OF AN ABANDONED ANCHOR.

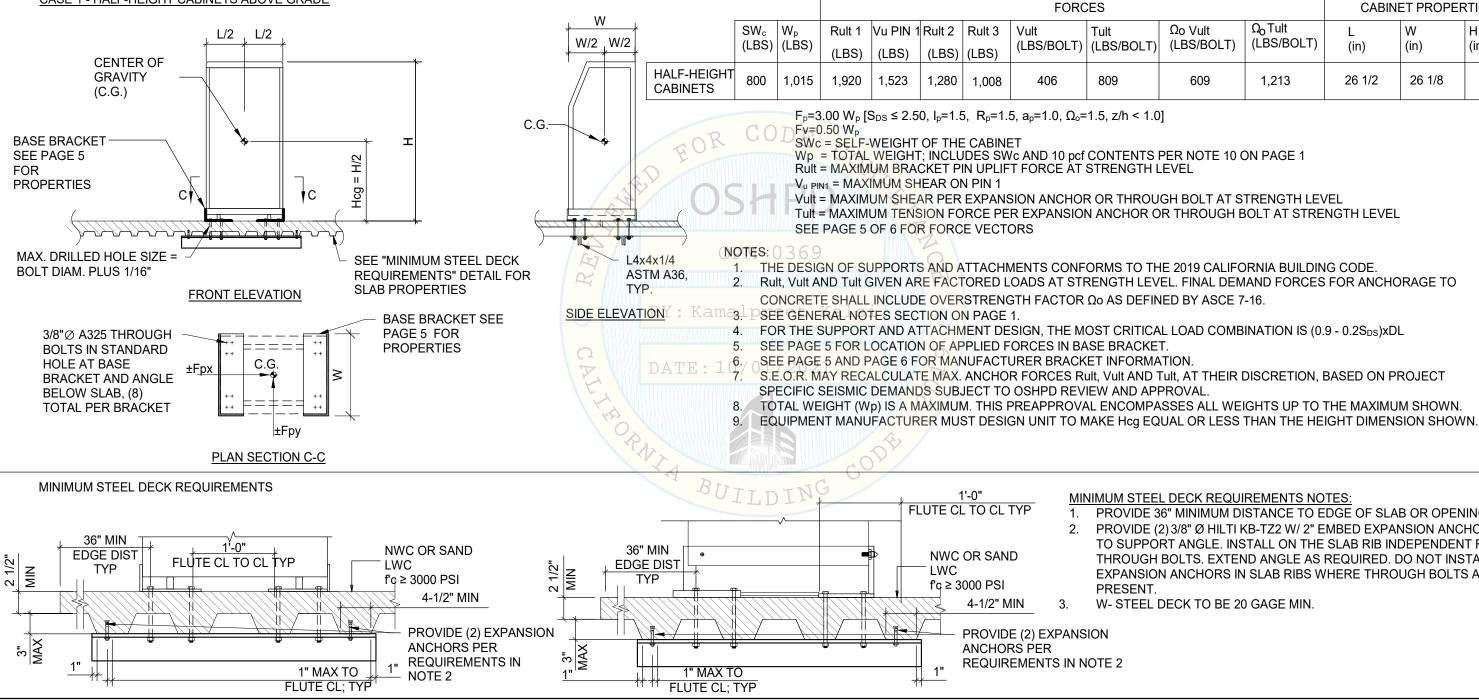


OMNICELL HALF-HEIGHT CABINET

MODEL NUMBERS

MED-FRM-102, MED-FRM-103, MED-FRM-104, MED-FRM-020, MED-FRM-021, MED-FRM-029, MED-FRM-039





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			CABIN	ET PROPER	RTIES
.T)	Ωo VultΩo Tult(LBS/BOLT)(LBS/BOLT)		L (in)	W (in)	H (in)
	609	1,213	26 1/2	26 1/8	53

MINIMUM STEEL DECK REQUIREMENTS NOTES:

PROVIDE 36" MINIMUM DISTANCE TO EDGE OF SLAB OR OPENINGS. PROVIDE (2) 3/8" Ø HILTI KB-TZ2 W/ 2" EMBED EXPANSION ANCHORS TO SUPPORT ANGLE. INSTALL ON THE SLAB RIB INDEPENDENT FROM THROUGH BOLTS. EXTEND ANGLE AS REQUIRED. DO NOT INSTALL EXPANSION ANCHORS IN SLAB RIBS WHERE THROUGH BOLTS ARE

W- STEEL DECK TO BE 20 GAGE MIN.

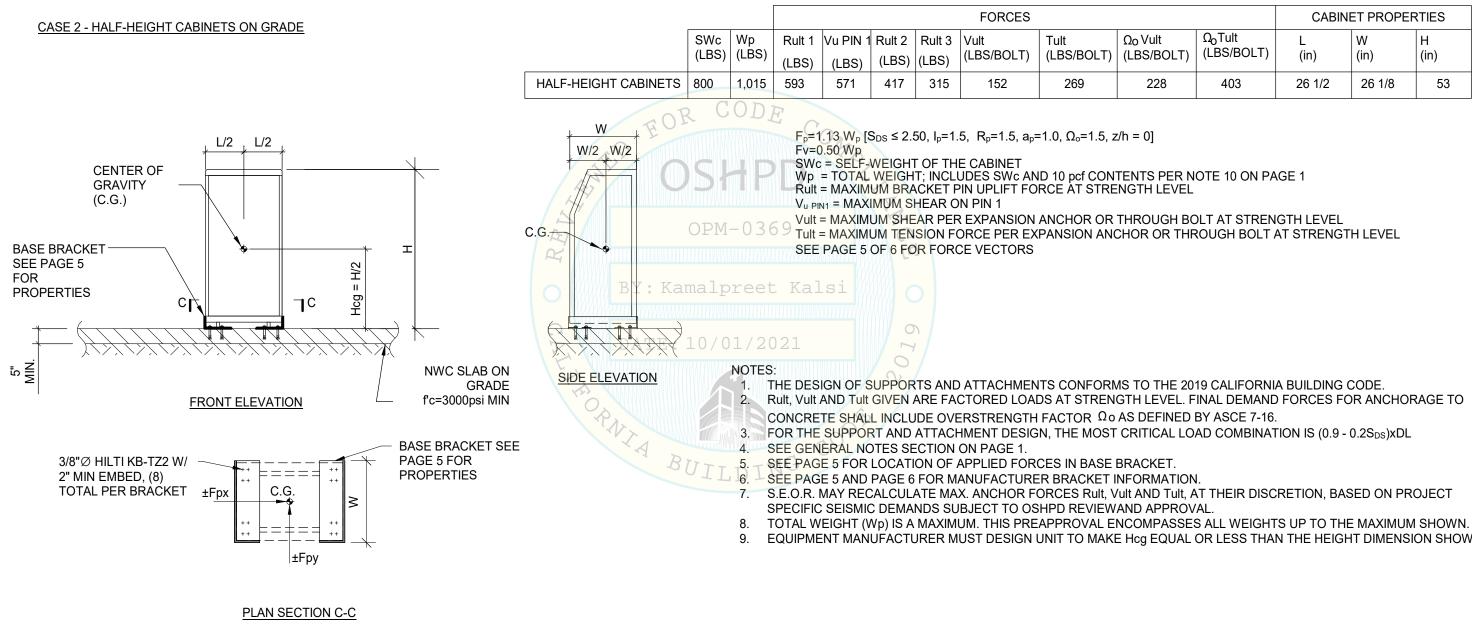
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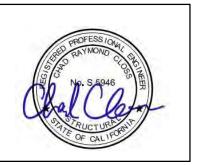
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			CABINE		RTIES
$\begin{array}{ c c c } \Omega_{O} \mbox{ Vult } & \Omega_{O} \mbox{ Tult } \\ (LBS/BOLT) & (LBS/BOLT) \end{array}$		L (in)	W (in)	H (in)	
	228	403	26 1/2	26 1/8	53

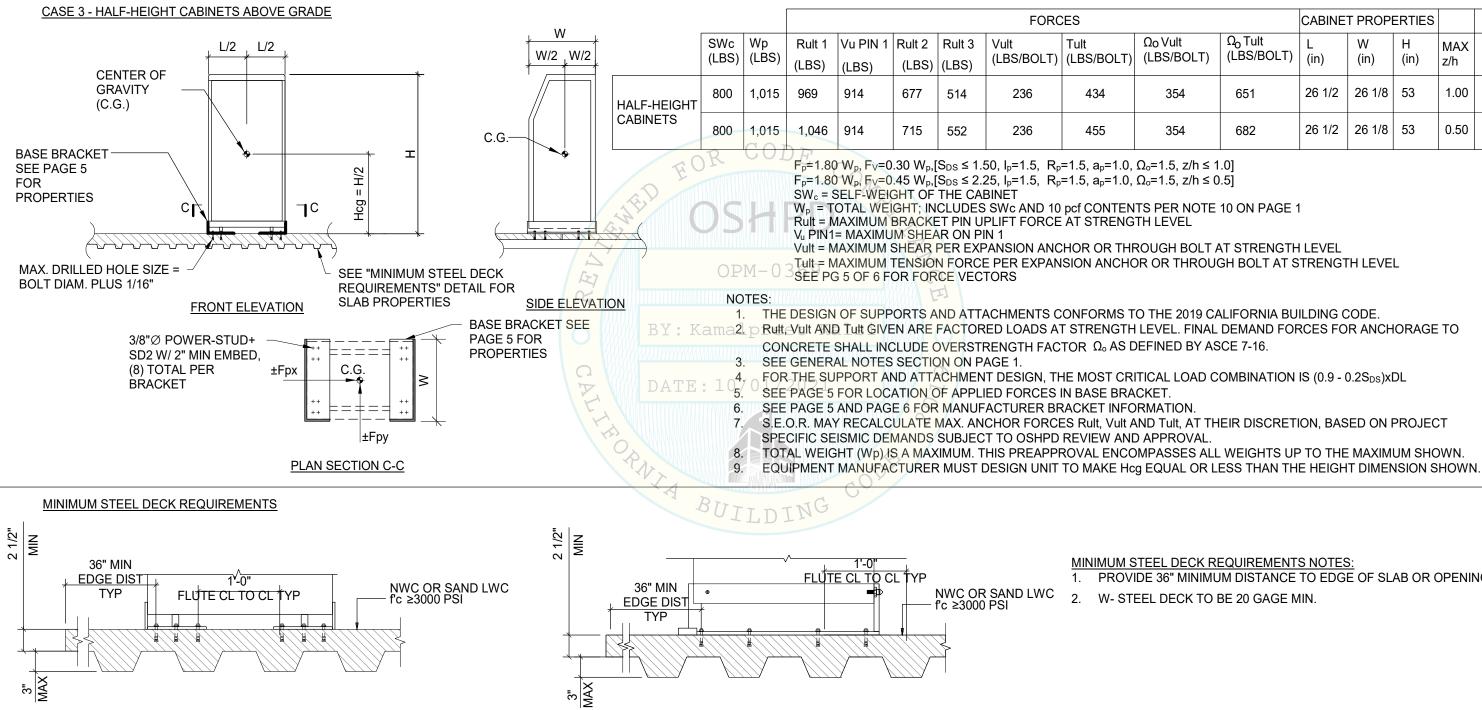
EQUIPMENT MANUFACTURER MUST DESIGN UNIT TO MAKE Hcg EQUAL OR LESS THAN THE HEIGHT DIMENSION SHOWN.



OMNICELL HALF-HEIGHT CABINET

MODEL NUMBERS

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CABINET PROPERTIES						
Ω ₀ Vult (LBS/BOLT)	Ω _o Tult (LBS/BOLT)	L (in)	W (in)	H (in)	MAX z/h	MAX S _{DS}
354	651	26 1/2	26 1/8	53	1.00	1.50
354	682	26 1/2	26 1/8	53	0.50	2.25

MINIMUM STEEL DECK REQUIREMENTS NOTES: PROVIDE 36" MINIMUM DISTANCE TO EDGE OF SLAB OR OPENINGS 2. W- STEEL DECK TO BE 20 GAGE MIN.

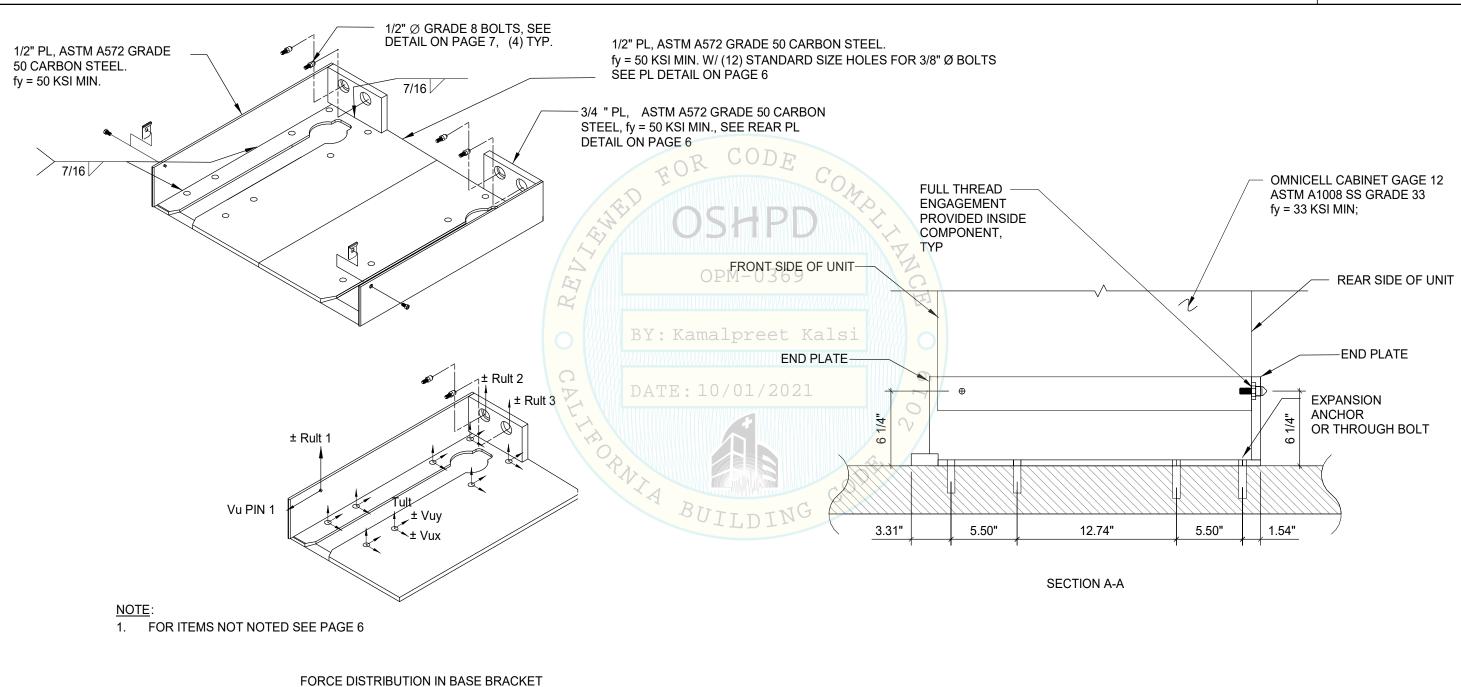
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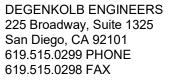


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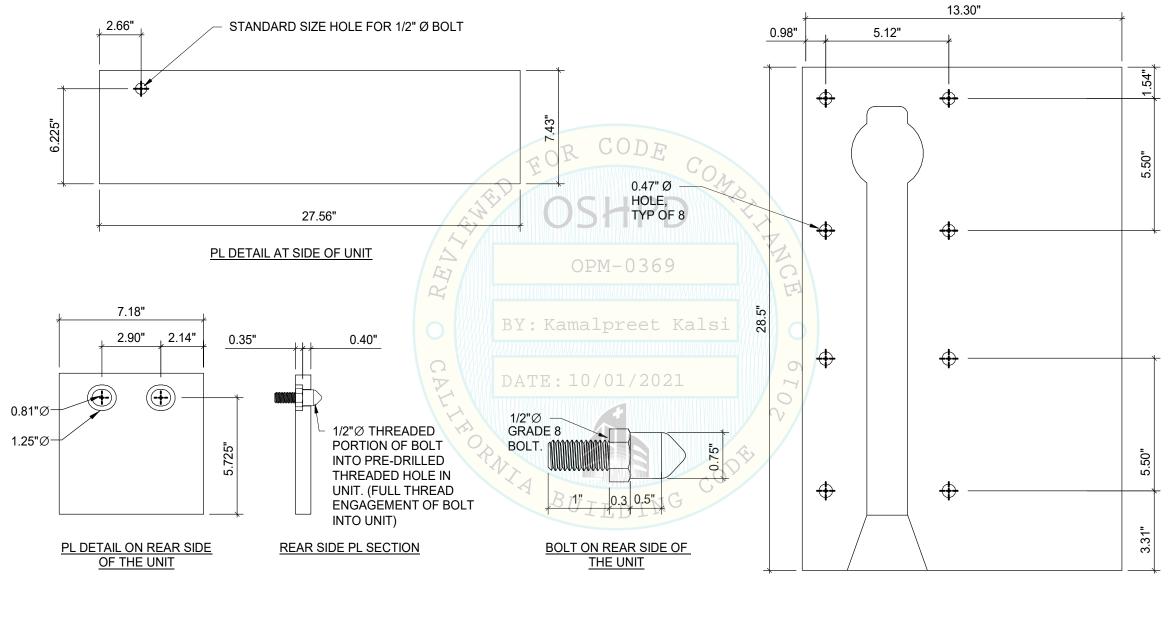
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OMNICELL HALF-HEIGHT CABINET

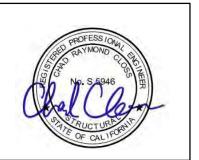
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FLOOR PL DETAIL ON FRONT SIDE OF THE UNIT (LEFT SIDE SHOWN, RIGHT SIDE IS O.H.)

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