

APPLICATION FOR OSHPD PREAPPROVAL OF	0	FFICE USE ONLY						
MANUFACTURER'S CERTIFICATION (OPM)	APPLICATION #:	OPM-0470-13						
OSHPD Preapproval of Manufacturer's Certification (OPM)								
Type: New Renewal Update to Pre-CBC 2013 OF	PA Number:							
Manufacturer Information								
Manufacturer: SAMSUNG								
Manufacturer's Technical Representative: Christofer Kruger								
Mailing Address: 14 Electronics Avenue, Danvers, MA. 01923								
Telephone: On File								
Product Information	M.P.T.							
Product Name: System Cabinet with HVG								
Product Type: Instrumentation Cabinet	CE							
Product Model Number: SDR-OGCA75A (82KW) / SDR-OGCA75B (80KW) / SDR-OGCA75D (80KW) / SDR-OGCA								
General Description: System Cabinet used in Samsung's GC70 Digital X-Ray System								
THE DATE OF TO ZOLO								
Ten Contraction of the Contracti								
Applicant Information	ODE							
Applicant Company Name: EASE Co.								
Contact Person: Jonathan Roberson, S.E.								
Mailing Address:5877 Pine Ave. Suite 210, Chino Hills, CA. 91709								
	rson@EASECo.com							
I hereby agree to reimburse the Office of Statewide Health Planning and Development review fees in accordance with the California Administrative Code, 2016.								
Signature of Applicant:	[Date: 6/25/2018						
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)	1 wh have the	Page 1 of 2						



Registered Design Professional Preparing Engineering Recommendations								
Company Name:EASE Co.								
Name: Jonathan Roberson, S.E. California License Number: S4197								
Mailing Address:5877 Pine Ave. Suite 210, Chino Hills, CA. 91709								
Telephone: 909-606-7622 Email: <u>J.Roberson@EASECo.com</u>								
OSHPD Special Seismic Certification Preapproval (OSP)								
 Special Seismic Certification is preapproved under OSP- 0518-10 (Separate application for OSP is required) Special Seismic Certification is not preapproved 								
Certification Method(s) $E^{OR CODE}$								
 Testing in accordance with: Other* (Please Specify): 								
OPM-0470-13								
*Use of criteria other than those adopted by the California Building Standards Code, 2016 (CBSC 2016) 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 2016 may be used when approved by OSHPD prior to testing.								
Analysis DATE: 07/10/2018								
Experience Data								
Combination of Testing, Analysis, and/or Experience Data (Please Specify): <u>See above.</u>								
COPY COPY								
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 2016 & ALL PRE-2016 CODE BASED PROJECTS Signature:								
Print Name:Jeffrey Kikumoto								
Title: SSE								
Condition of Approval (if applicable):								
"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs"								

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

Page 2 of 2

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGEN(OSH-FD-700 (REV 12/16/15)

			/	APPROVAL OF M	e Health Planning an ANUFACTURE M-0470-1 MS TO THE 2016 CA	R'S CERTIFICAT	CODE			
		FACTURER:	SAMSUN	G CABINET W/ HVG		SDR-OGCA75A (82 KW SDR-OGCA75B (52 KW	N) Sheet: <u>1 of 8</u>			
EG	UIPI	MENT NAME:	3131EIVI (SDR-OGCA75C (80 KW SDR-OGCA75D (50 KW	,			
GE	NE	RAL NOTES								
1.				MANUFACTURER'S CERTI			BC. THE DEMANDS			
2.										
3.	SPECIFIC PROJECT SITE AND INSTALLATION LOCATION. THIS DOCUMENT IS INVALID WITHOUT SUCH CONSENT. 3. THIS PREAPPROVAL CONFORMS TO THE 2016 CALIFORNIA BUILDING CODE WHERE SDS IS NOT GREATER THAN 1.65 & 2.10.									
4		E DETAIL FOR A		N 13.3.1, EQUATIONS 13.3-	1 13 3 2 & 13 3 3	H H				
т.				.5, Rp = 6.0, z/h = 0 AT CON	C	OLLOWIN <mark>G SHE</mark> ETS F	FOR Ω₀			
				.5, Rp = 6.0, z/h < 1 AT CON	NCRETE SLAB ON ME	TAL DECK.				
5.	SEE FOLLOWING SHEETS FOR Ω. DATE: 07/10/2018 5. THIS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRUCTURE.									
6.										
7.	7. CONCRETE SLAB ON METAL DECK DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION IN THE BUILDING. (i.e. $z/h \le 1$)									
8.	8. CONCRETE SLAB ON GRADE DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION AT OR BELOW GRADE. (i.e. z/h = 0)									
9.	RE	SPONSIBILIT	IES OF THE	STRUCTURAL ENGIN	EER OF RECORD	OF THE BUILDING	G			
	A.	PROVIDE SUP	PORTING STRU	JCTURE TO SUPPORT WI	EIGHTS AND FORCE	S SHOWN IN ADDITION	N TO ALL OTHER LOADS.			
	Β.		GAGE OF THE	FION IS IN CONFORMANCE E UNIT WHERE ATTACHME						
	C.	VERIFY THAT F EXCEED THE V		CIFIC VALUES OF SDS & Z/I E DETAILS.	h RESULT IN SEISMIC	C FORCES (Eh, Ev) THA	AT DO NOT			
	D.			E SLAB TO WHICH THE I LICABLE ICC ESR.	EQUIPMENT IS ANCH	IORED MEETS THE	Quathan - elaster			
	E.	VERIFY THAT T	HE ANCHORS	ARE AN ADEQUATE DIST. TYPICAL DETAIL ON SHEE		AB	THE NOT ST			
	F.	VERIFY THAT A	ALL NEW OR E	EXISTING ANCHORS ARE ECK FOR INTERACTION V	AN ADEQUATE DIST		EXP. 6-30-2020 T/5/18 PUCIURI OF CALLFORM			

Ē	EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING www.EquipmentAnchorage.com											
\mathcal{C}	SAMSUNG							DE8.	J. ROBE	RSON	SHEET	
$\overline{}$			/		-			Јов	NO. 11-1	Ζ		
		SYSTE	EM (CABINET	「 W/ 」	HVG		DATI	e 7/5	/18	of 8 she	ETS
10. <u>E</u>	XPANSIO	N ANCHORS:										
		ACHMENT IS T IE CORRESPO		ADE WITH THE AN C REPORT.	ICHORS LIS	TED BELC	OW AND	INSTALLED) AS DESCR	IBED		
	Anchor Diamete		Min. f'c (psi)	Anchor Type	ICC Report No.	Min. Embed.	Min. Spacing	Min. Edge Dist.	Min. Conc. Thickness	Torque Test	Direct Tension	
	3/8"	Sand Light Weight	3000	Hilti Kwik Bolt TZ	ESR-1917	2"	6.75"	12"	See Detail "A"	25 FT-LB	N/A	
	3/8"	Normal Weight	3000	Hilti Kwik Bolt TZ	ESR-1917	2"	8"	12"	4"	25 FT-LB	1515 lb	
	 B. THIS PREAPPROVAL ALLOWS FOR UP TO A MAXIMUM OF 2 ADJACENT CONCRETE SLAB EDGES, 12" AWAY MINIMUM (i.e CORNER). SEE ADJACENT DETAIL FOR ADDITIONAL MINIMUM ALLOWABLE CONCRETE EDGE DISTANCES. 								<u> 2"</u> (MIN)		<u> </u> ∂" (MIN)	
	C. TESTING OF EXPANSION ANCHORS PER 2016 CBC, 1910A.5: TESTING SHALL BE DONE IN THE PRESENCE OF THE SPECIAL DOD INSPECTOR AND A REPORT OF THE TEST RESULTS SHALL BE SUBMITTED TO OSHPD OPM-0470-13 (i) AFTER AT LEAST 24 HOURS HAVE ELAPSED SINCE INSTALLATION, DIRECT PULL TENSION TEST OR TORQUE TEST AT LEAST 50% OF								ZC			
	(ii) ACCEPTANCE CRITERIA:									SP = F	BOLT SPACING	
	 DIRECT TENSION TEST: THE ANCHOR SHOULD HAVE NO 2018 OBSERVABLE MOVEMENT AT THE TEST LOAD. A PRACTICAL WAY TO DETERMINE OBSERVABLE MOVEMENT IS THAT THE WASHER BECOMES LOOSE. 								TYPICAL		EDGE DETAIL	
	TORQUE TEST: THE APPLICABLE TORQUE MUST BE ACHIEVED WITHIN THE FOLLOWING LIMITS: WEDGE TYPE : 1/2 TURN OF THE NUT											
	(iii) IF ANY ANCHOR FAILS, TEST ALL ANCHORS.											
				STEEL REINFORCE TE EXPANSION A		ICRETE SI	LAB					
	E. PRO	VIDE FOR FULI		D ENGAGEMENT O	F NUT & WA	SHER.						
11. B	OLTS THE	ROUGH CONCF	RETE ON I	METAL DECK								
	TIGH REQI	IT (THE SNUG- UIRED TO BRIN	TIGHT CO NG THE C	BY 3/4 TURN OF T ONDITION IS DEFIN ONNECTED PLIES NLESS OTHERWIS	NED AS THE	TIGHTNES	SS		\geq	Anathe		114
				ALL BE 1/16" LARG (16) FOR CONCRE		LT SIZE					HAN ROBINI	
	C. THRO TEST TENS	DUGH-BOLTS I FING (THROUG SION DO NOT F	IN CONCF IH BOLTS REQUIRE	RETE SHALL RECE WITH STEEL TO S TENSION TESTING INSTALLED ANCH	IVE SPECIAL TEEL CONN G) IN ACCOR	ECTION IN	N				No. 4197 XP. 6-30-2020 7/5/18 PUCIURI OF CALIFORM	INFED











