

**APPLICATION FOR OSHPD PREAPPROVAL** 

### OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT **FACILITIES DEVELOPMENT DIVISION**

OFFICE USE ONLY

OF MANUFACTURER'S CERTIFICATION (OPM) APPLICATION #: OPM-0495-13
OSHPD Preapproval of Manufacturer's Certification (OPM)
Type:  ☐ New ☐ Renewal ☐ Update to Pre-CBC 2013 OPA Number:
Manufacturer Information
Manufacturer: LAP Laser
Manufacturer's Technical Representative:
Mailing Address: 161 Commerce Rd., Suite 3, Boynton Beach, FL 33426-9285
Telephone: 561-416-9250 Email: DT.Gaudet@lap-laser.com
Product Information
Product Name: DORADOnova Floor, Portal, Wall, and Ceiling mounted laser systems
Product Type: Hospital Laser System OPM-0495-13
Product Model Number:  DORADOnova post 1F, DORADOnova 3 Bridge, DORADOnova wall 1F and DORADOnova ceiling 1F  BY: Jeffrey Kikumoto
General Description: The LAP Laser DORADOnova floor, portal, Wall, and ceiling mounted laser systems are used for
precision patient positioning and marking during radiation therapy. Note each unit can be supplied with red, blue, or
green laser color. Laser color does not change any of the weights or dimensions. All 3 colors are included in this OPM.
Applicant Information
Applicant Company Name: W.E. Gundy & Associates, Inc. (WEGAI)
Contact Person: Frank Eckwright
Mailing Address: PO Box 9121, Boise, ID, 83707
Telephone: 208-342-5989 Ext. 123 Email: feckwright@wegai.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: 6/12/2018
Title: Project Manager Company Name: W.E. Gundy & Associates, Inc. (WEGAI)

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







### OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT **FACILITIES DEVELOPMENT DIVISION**

Registered Design Professional Preparing Engineering Recommendations							
Company Name: W.E. Gundy & Associates, Inc. (WEGAI)							
Name: Frank Eckwright, PE California License Number: 82375 (Civil)							
Mailing Address: PO Box 9121, Boise, ID, 83707							
Telephone: 208-342-5989 Ext. 123 Email: feckwright@wegai.com							
OSHPD Special Seismic Certification Preapproval (OSP)							
<ul> <li>□ Special Seismic Certification is preapproved under OSP- (Separate application for OSP is required)</li> <li>□ Special Seismic Certification is not preapproved</li> </ul>							
Certification Method(s)							
☐ Testing in accordance with: ☐ ICC-ES AC156 ☐ FM 1950-16 ☐ Other* (Please Specify):							
*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  Experience Data  Combination of Testing, Analysis, and/or Experience Data (Please Specify):							
List of Attachments Supporting the Manufacturer's Certification							
<ul> <li>☐ Test Report</li> <li>☐ Drawings</li> <li>☐ Calculations</li> <li>☐ Manufacturer's Catalog</li> <li>☐ Other(s) (Please Specify):</li> </ul>							
OFFICE USE ONLY – OSHPD APPROVAL VALID FOR CBC 2016 & ALL PRE-2016 CODE BASED PROJECTS  Signature:							

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#### **GENERAL NOTES**

- THIS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATE (OPM) IS BASED ON THE CBC 2016. THE DEMAND (DESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE CBC 2016.
- SEISMIC DEMAND CRITERIA PER THE 2016 CBC AND ASCE 7-10:
  - $S_{DS} = 2.50$ ,  $a_P = 1.0$ ,  $R_P = 1.50$ ,  $I_P = 1.50$ ,  $z/h \le 1.0$ ,  $\Omega_0 = 1.50$ ,  $E_h = F_P = 3.0 W_P$ ,  $E_V = 0.5 W_P$
- 3. THIS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRUCTURE.
- 4. ALL LOADS SHOWN ON THE DRAWINGS ARE FACTORED LOADS AND SHALL BE USED FOR STRENGTH DESIGN.
- 5. MINIMUM MATERIAL PROPERTIES:
  - A. CONCRETE
    - A. SLABS/BEAMS: NORMAL WEIGHT OR SAND LIGHTWEIGHT, THICKNESS ≥ 4", 3,000 PSI ≤ f`c ≤ 10,000 PSI.
    - B. SLAB ON METAL DECK: NORMAL WEIGHT OR SAND LIGHTWEIGHT, fc≥ 3,000 PSI.
  - B. STEEL
    - a. ANGLES: A36
    - b. STRUT: 1 5/8" x 1 5/8" x 12 GA SOLID STRUT, COLD ROLLED STEEL MEETING ASTM A1011SS GRADE 33 MINIMUM STRUT SECTION PROPERTIES:

WEIGHT (lb/ft)	AREA (in²)	lxx (in²)	Sxx (in³)	rx (in)	lyy (in⁴)	Syy (in³)	ry (in)
1.89	0.544	0.18	0.195	0.575	0.233	0.287	0.655

- 6. POST INSTALLED ANCHORS SHALL BE INSTALLED PER THE REQUIREMENTS OF THE EVALUATION SERVICE REPORT (ICC ESR-1917) AND THE PARAMETERS GIVEN IN THESE DRAWINGS.
- 7. TESTING OF POST INSTALLED ANCHORS SHALL BE ACCORDING TO 2016 CBC SECTION 1910A.5. A MINIMUM OF 50% OF POST INSTALLED ANCHORS SHALL BE TESTED NO LESS THAN 24 HOURS AFTER INSTALLATION. A CALIBRATED TORQUE WRENCH SHALL BE USED TO VERIFY THE INSTALLATION TORQUE IS OBTAINED WITHIN 1/2 TURN OF THE NUT. ALL TESTS SHALL BE CONDUCTED IN THE PRESENCE OF THE INSPECTOR OF RECORD AND THE TEST RESULTS SHALL BE REPORTED TO OSHPD.
- 8. IF ANY ANCHOR FAILS TESTING, ALL OF THE ANCHORS OF THE SAME TYPE SHALL BE TESTED, WHICH ARE INSTALLED BY THE SAME TRADE, NOT PREVIOUSLY TESTED UNTIL (20) CONSECUTIVE ANCHORS PASS, THEN RESUME THE INITIAL TEST FREQUENCY.
- 9. AT A MINIMUM ALL CONCRETE SLABS, BEAMS, AND WALLS MUST HAVE (1) #4 BAR BETWEEN ANY POST INSTALLED ANCHOR AND THE EDGE OF CONCRETE.
- 10. DESIGN IS CONTROLLED BY SEISMIC FORCES. NON-SEISMIC FORCES SUCH AS GRAVITY ARE OUTSIDE THE SCOPE OF THIS OPM.

### RESPONSIBILITIES OF THE BUILDING STRUCTURAL ENGINEER OF RECORD

- 1. VERIFY THE INSTALLATION CONFORMS TO CBC 2016 AND THIS OPM, INCLUDING MATERIAL PROPERTIES AND DIMENSIONS OF THE SUPPORT.
- 2. VERIFY ALL THE PROJECTS SPECIFIC S<sub>DS</sub> AND z/h VALUES DO NOT RESULT IN SEISMIC FORCES EXCEEDING THE VALUES IN THIS OPM
- 3. VERIFY ALL ANCHORS ARE A MINIMUM OF 12" FROM ALL CONCRETE EDGES AND ARE SUFFICIENTLY SPACED FROM ANY NEW OR EXISTING ANCHORS.
- 4. VERIFY MINIMUM OF 5/8" COVER TO TOP OF SLAB AT ALL POST INSTALLED ANCHORS INTO UPPER FLUTE OF SLAB ON METAL DECK.

DORADOnova Components									
Component	LENGTH (in.)	WIDTH (in.)	HEIGHT (in.)	MAXIMUM WEIGHT (lbs.)					
DORADOnova Floor Mount (Post)	6.46	8.86	68.00	55.20					
DORADOnova Portal (Bridge)	118.90	8.86	94.49	198.40					
DORADOnova Wall Mount	5.91	8.66	61.14	48.50					
DORADOnova Ceiling Mount	61.14	8.66	7.95	72.75					





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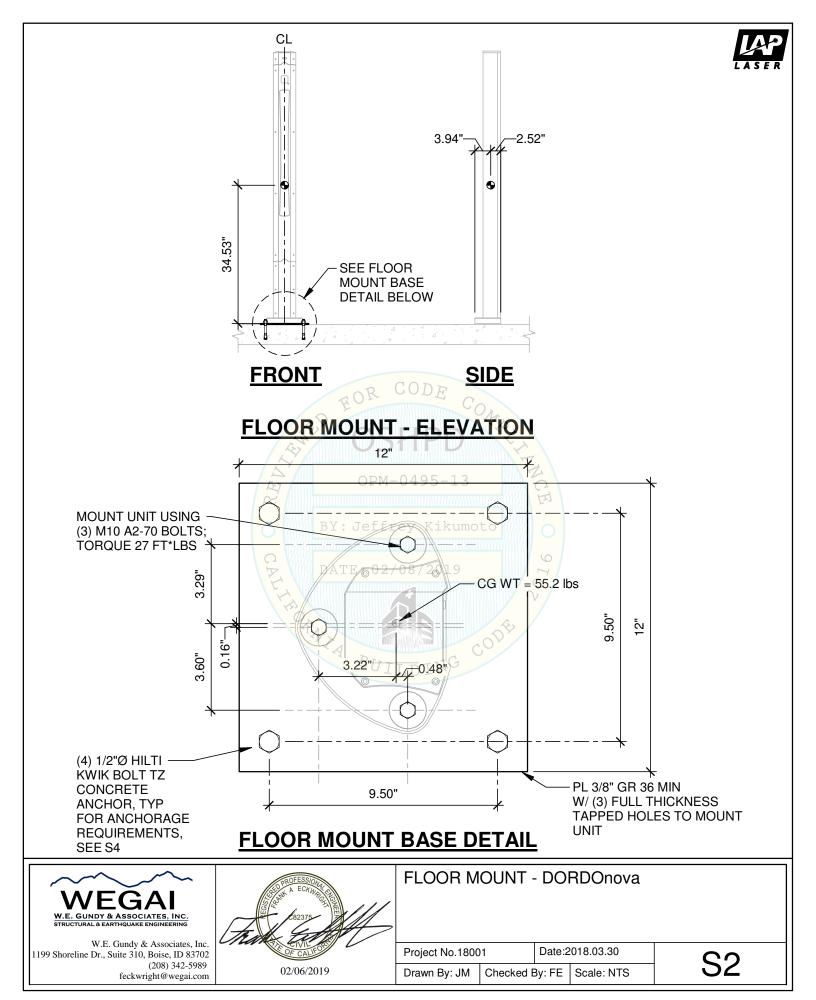


	NICTEC	- DORDOnova
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 Project No.18001
 Date:2018.03.30

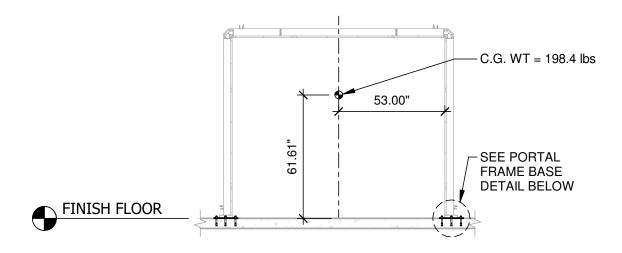
 Drawn By: JM
 Checked By: FE
 Scale: NTS

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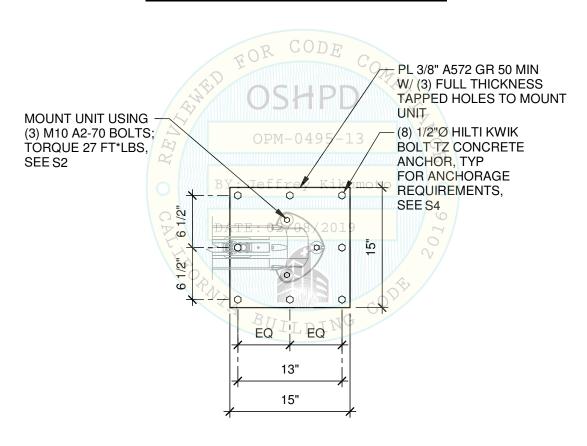




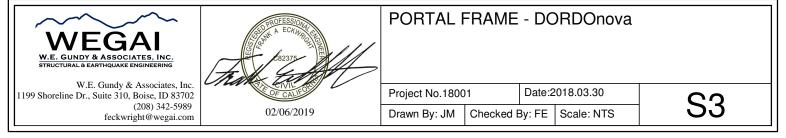


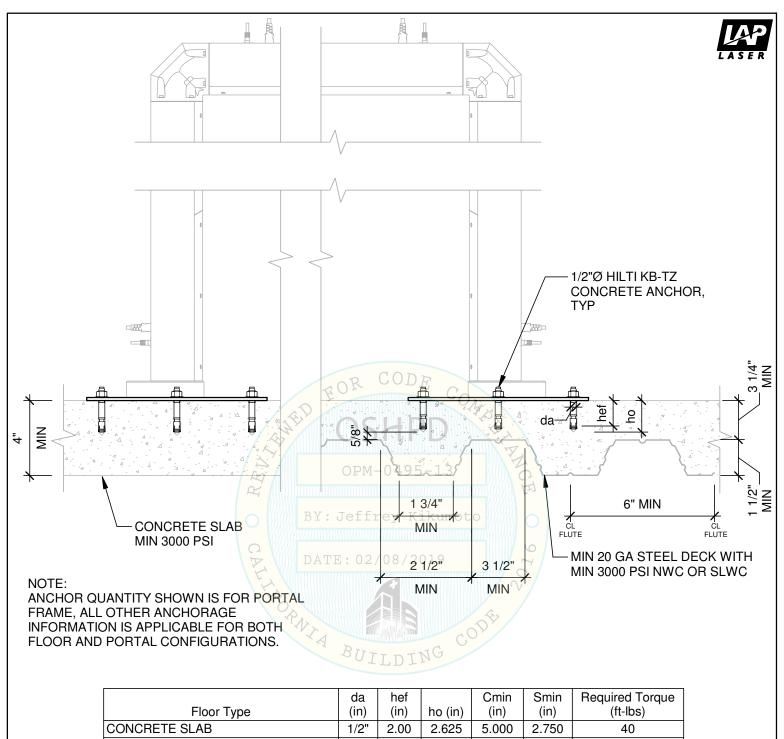


## **PORTAL FRAME - ELEVATION**



# **PORTAL FRAME BASE DETAIL**





	da	hef		Cmin	Smin	Required Torque
Floor Type	(in)	(in)	ho (in)	(in)	(in)	(ft-lbs)
CONCRETE SLAB	1/2"	2.00	2.625	5.000	2.750	40
CONCRETE FILLED METAL DECK	1/2"	2.00	2.625	6.000	6.500	40

# ANCHORAGE TO CONCRETE SLAB AND CONCRETE FILLED METAL DECK

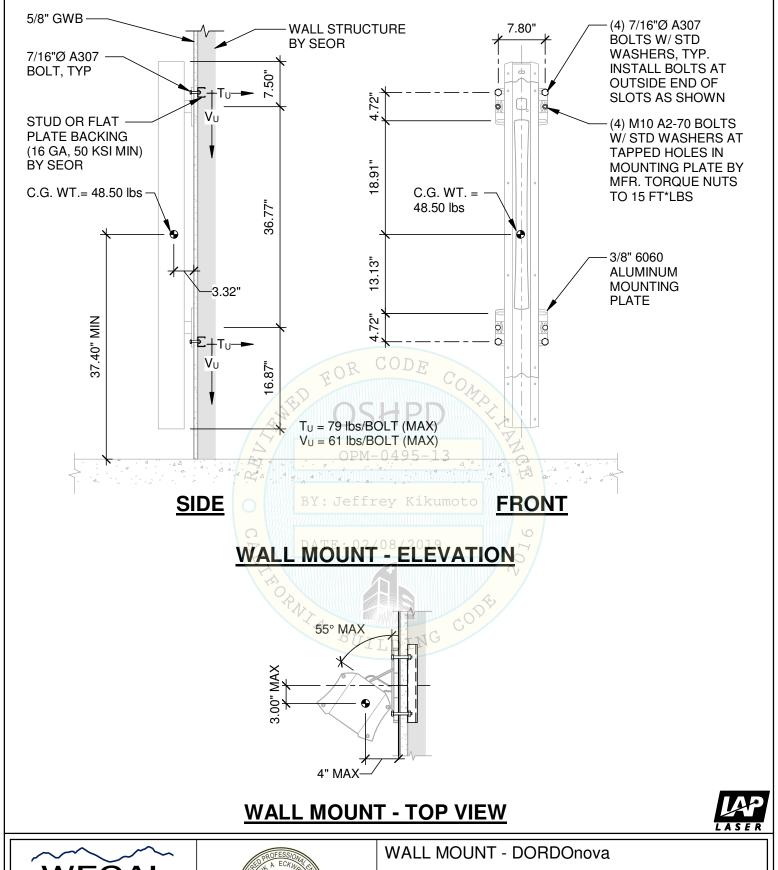


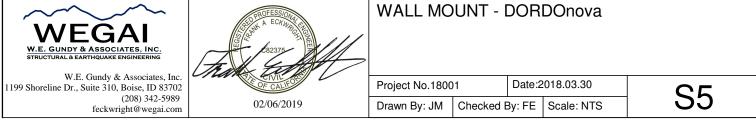
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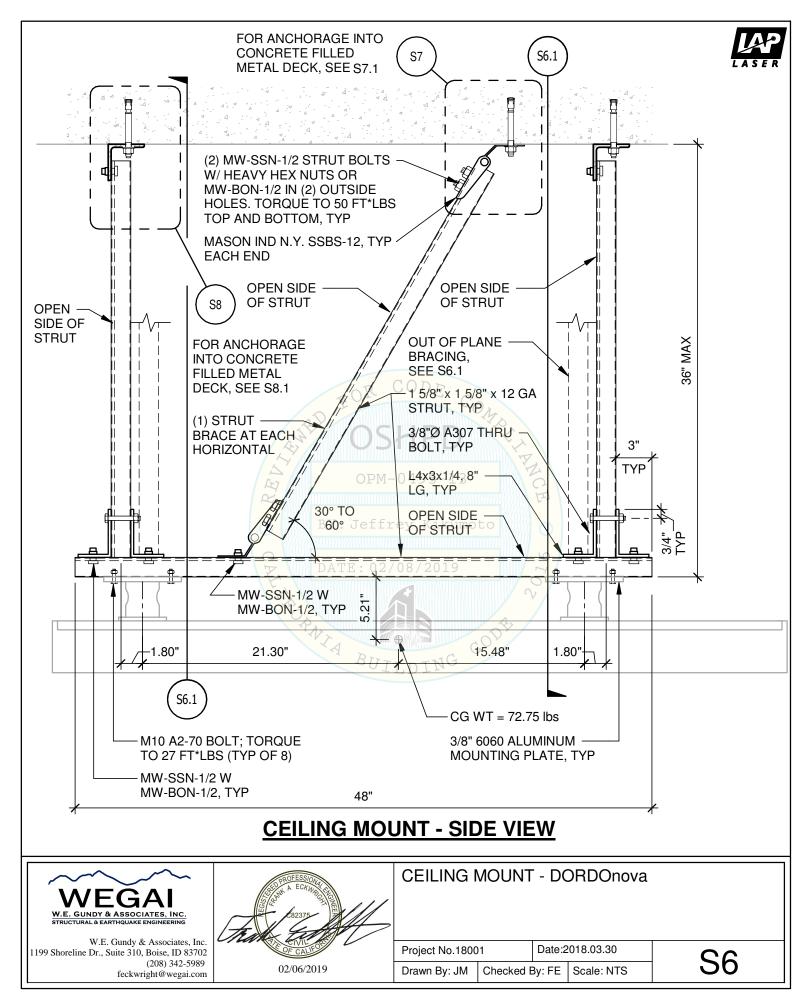


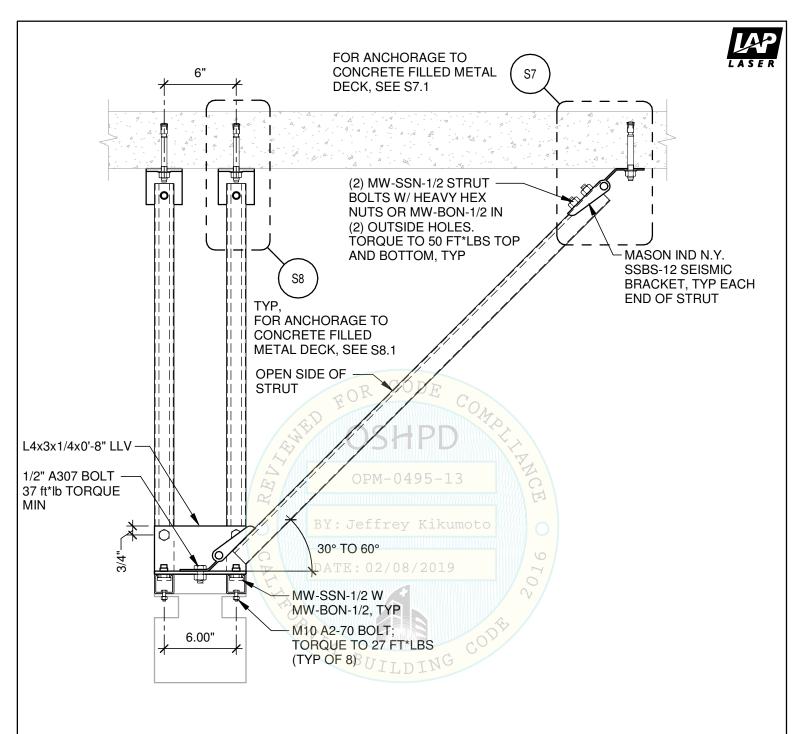
ANCHORAGE TO CONCRETE SLAB AND CONCRETE FILLED METAL DECK -**DORDOnova** 

Project No.1800	)1	Date:2	2018.03.30	C1
Drawn By: JM	Checked E	By: FE	Scale: NTS	<b>54</b>

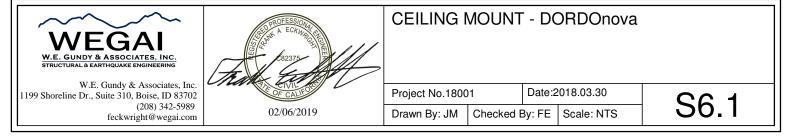


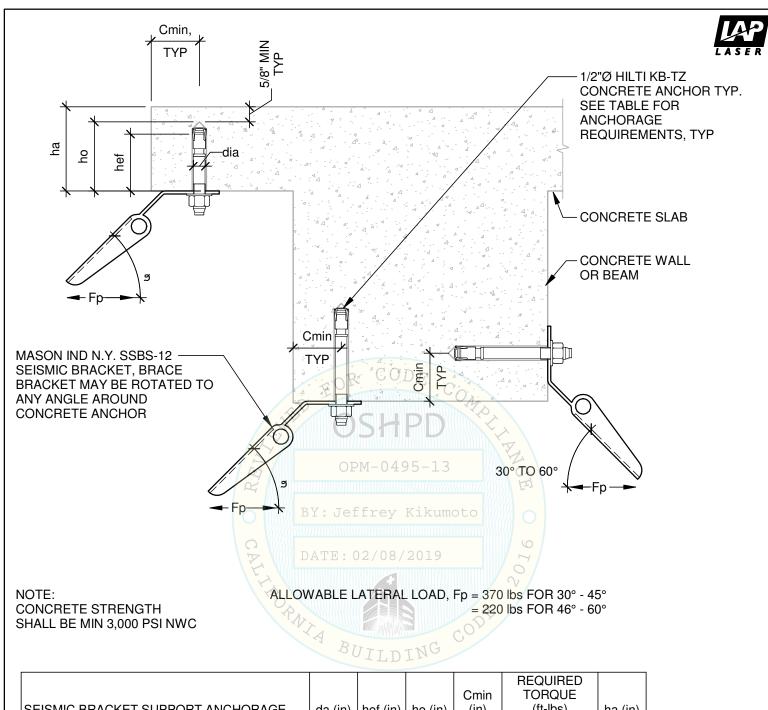






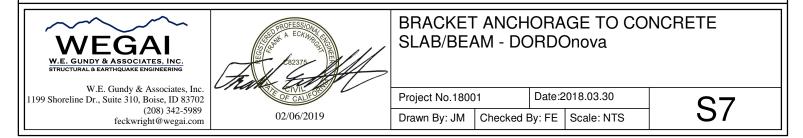
### **CEILING MOUNT - END VIEW**

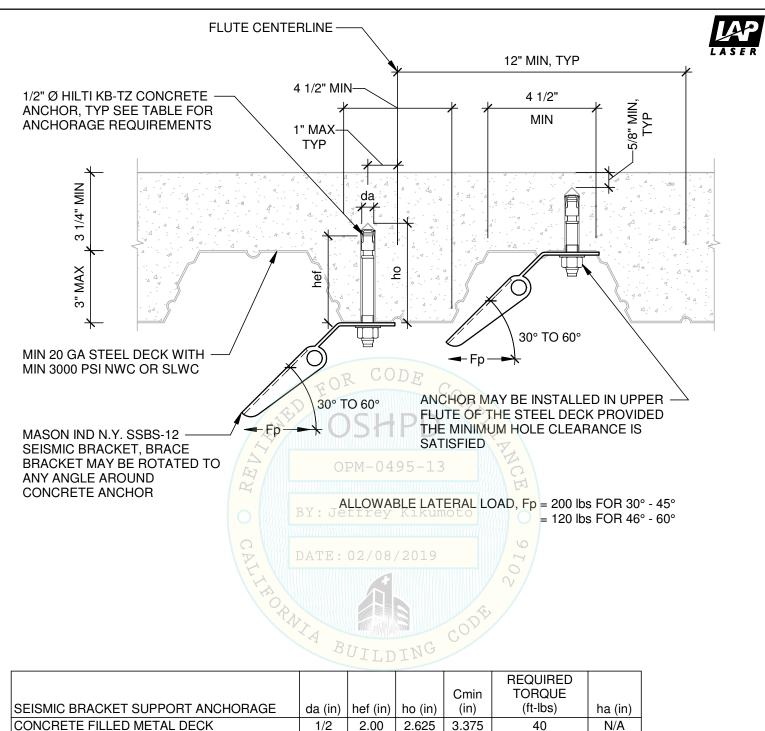




					REQUIRED	
				Cmin	TORQUE	
SEISMIC BRACKET SUPPORT ANCHORAGE	da (in)	hef (in)	ho (in)	(in)	(ft-lbs)	ha (in)
CONCRETE SLAB/BEAM	1/2	2.00	2.625	4.500	40	4

## **BRACKET ANCHORAGE INTO CONCRETE SLAB/BEAM**

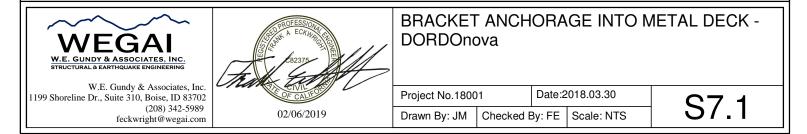


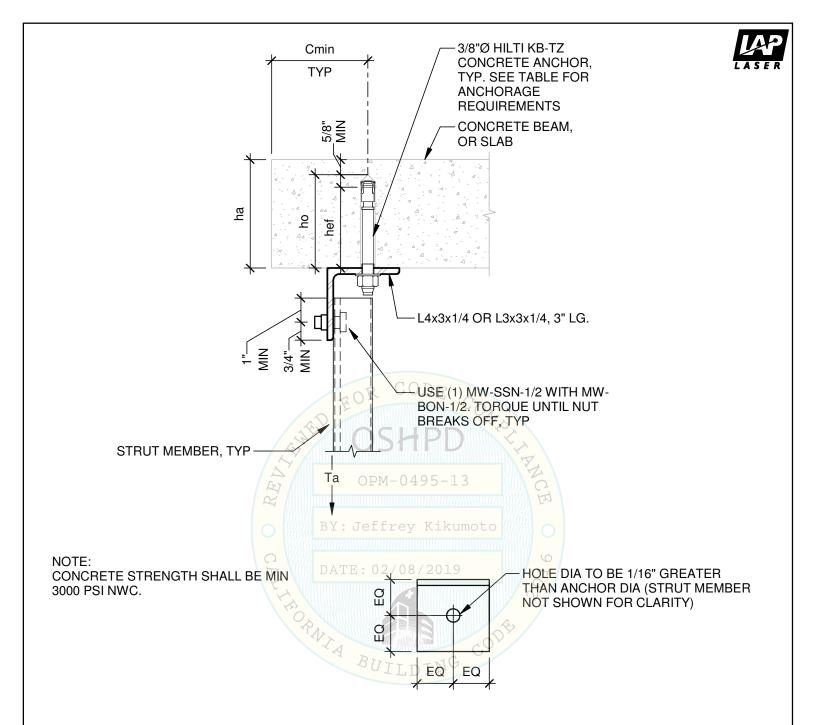


				Cmin	TORQUE	
SEISMIC BRACKET SUPPORT ANCHORAGE	da (in)	hef (in)	ho (in)	(in)	(ft-lbs)	ha (in)
CONCRETE FILLED METAL DECK	1/2	2.00	2.625	3.375	40	N/A

NOTE: MINIMUM SPACING SHALL BE GREATER OF 3\*hef OR 1.5\* FLUTE WIDTH, PARALLEL TO FLUTE.

## BRACKET ANCHORAGE INTO CONCRETE FILLED METAL DECK





	da (in)	hef (in)	ho (in)	Cmin (in)	Min Spacing	Required
ANGLE CLIP ATTACHMENT ANCHORAGE					(in)	Torque (ft-lbs)
CONCRETE SLAB/BEAM	3/8	2.00	2.625	4.500	6.000	25

### **ANGLE CLIP ATTACHMENT TO CONCRETE SLAB/BEAM**

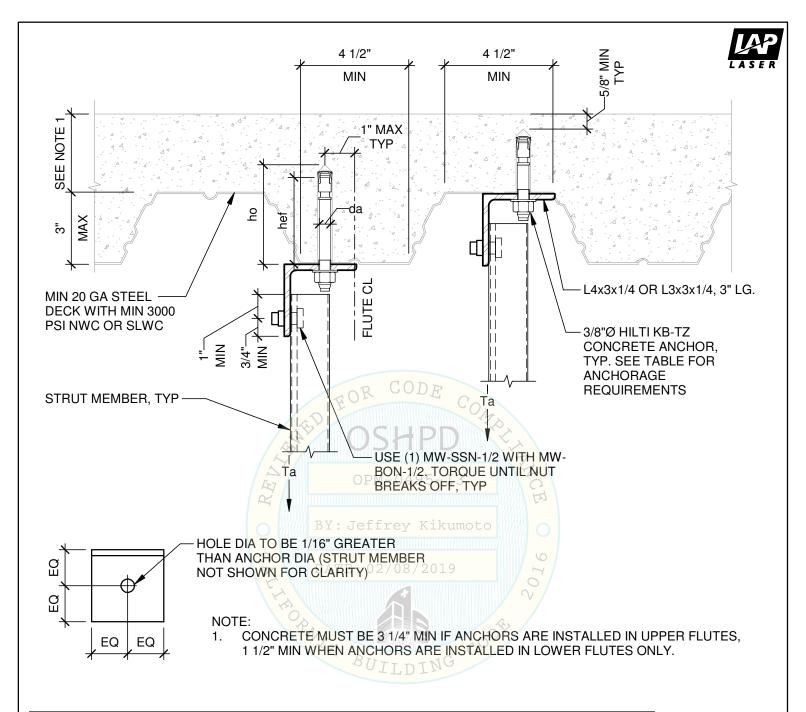


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ANGLE CLIP ATTACHMENT TO CONCRETE SLAB /BEAM - DORDOnova

Project No.1800	)1	Date:2	019.01.22	Co
Drawn By: JM	: JM Checked By: FE		Scale: NTS	<b>50</b>



				Cmin	REQUIRED TORQUE
ANGLE CLIP ANCHORAGE	da (in)	hef (in)	ho (in)	(in)	(ft-lbs)
CONCRETE FILLED METAL DECK	3/8	2.00	2.625	3.375	25

NOTE: MINIMUM SPACING SHALL BE GREATER OF 3\*hef OR 1.5\* FLUTE WIDTH, PARALLEL TO FLUTE.

### ANGLE CLIP INTO CONCRETE FILLED METAL DECK



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ANGLE CLIP ATTACHMENT INTO METAL DECK - DORDOnova

 Project No.18001
 Date:2018.03.30

 Drawn By: JM
 Checked By: FE
 Scale: NTS