

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FACILITIES DEVELOPMENT DIVISION

(OPM)

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

OFFICE USE ONLY

APPLICATION #: OPM-0511

HCAI	Preapprova	lof	lanu	facturer	S (Certifi	icati	on

Type: X New Renewal/Update

Manufacturer Information

Manufacturer: Getinge USA

Manufacturer's Technical Representative: Paul Fraser

Mailing Address: 1777 E. Henrietta Road, Rochester, NY 14623

Telephone: (201) 574-3596

Email: paul.fraser@getinge.com

Product Information

Product Name: PowerLED/Volista

Product Type: Cantilever

Product Model Number: PowerLED Light and Volista Surgical Light

General Description: Overhead surgical lights used in surgery rooms

Applicant Information

		NNNK -	
Applicant Comp	any Name: EASE LLC.		02
Contact Person	: Tiffany Tonn	IBU	ILDING
Mailing Address	: 1515 FAIRVIEW AVE, STE 205,	MISSO	ULA, MT 59801
Telephone: (40	06) 541-3273	Email:	tiffany@easeco.com
Title:			

"A healthier California where all receive equitable, affordable, and quality health care" 🔤 👘

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY





DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FACILITIES DEVELOPMENT DIVISION

Registered Design Professonal Preparing Engineering Recommendations
Company Name: EASE
Name: Jonathan Roberson California License Number: S4197
Mailing Address: 5877 Pine Ave., Suite 210, , Chino Hills, CA 91709
Telephone: () - Email: jon@EASECo.com
HCAI Special Seismic Certification Preapproval (OSP)
Special Seismic Certification is preapproved under OSP OSP Number:
D CODE -
FORCODECOL
Certification Method
Testing in accordance with: ICC-ES AC156 IFM 1950-16
Other(s) (Please Specify):
*Use of criteria other than those adopted by the California Building Standards Code, 2019 (CBSC 2019) 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 2019 may be used when approved by HCAI prior to testing.
X Analysis
Experience Data
Combination of Testing, Analysis, and/or Experience Data (Please Specify):
OPNIA CODE
HCAI Approval
Date: 9/29/2023
Name: William Staehlin Title: Senior Structural Engineer
Condition of Approval (if applicable):



	The Department of Health Care Access and Information PREAPPROVAL OF MANUFACTURER'S CERTIFICATION OPM-0511 THIS PREAPPROVAL CONFORMS TO THE 2022 CALIFORNIA BUILDING	
MANUFACTURER: EQUIPMENT NAME:	GETINGE USA, INC. PowerLED/Volista CEILING MOUNT	Sheet: <u>1 of 11</u> Date: 9/1/23
 (DESIGN FORCES) I THIS DOCUMENT M SPECIFIC PROJECT THIS PREAPPROVA FORCES PER ASCE WHERE SDS = 2.20, FORCES PER ASCE WHERE SDS = 2.20, THIS PREAPPROVA THIS PREAPPROVA ALL DESIGN FORCE CONCRETE SLAB O PRESPONSIBILITI A. PROVIDE SUPF B. VERIFY THAT T MATERIAL AND PREAPPROVAL C. VERIFY THAT P EXCEED THE V D. VERIFY THAT T REQUIREMENT3 E. VERIFY THAT T EDGES OR OPE F. VERIFY THAT A UNIT ATTACHM 	ROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2022 CBC FOR USE WITH THIS OPM SHALL BE BASED ON THE 2022 CBC IAY ONLY BE USED WITH THE EXPRESS WRITTEN CONSENT OF THE MANUFACTU I SITE AND INSTALLATION LOCATION. THIS DOCUMENT IS INVALID WITHOUT SUC AL CONFORMS TO THE 2022 CALIFORNIA BUILDING CODE WHERE SDS IS NOT GRI 7-16 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3, $a_p = 2.5$, $l_p = 1.5$, $R_p = 2.5$, $z/h \le 1$ AT CONCRETE SLAB ON METAL DECK. SEE FOLL AL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE SS SHOWN ON THE DRAWINGS ARE FACTORED LOADS THAT SHALL BE USED FO DN METAL DECK DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION IN THE IES OF THE STRUCTURAL ENGINEER OF RECORD OF THE BUILDING PORTING STRUCTURE TO SUPPORT WEIGHTS AND FORCES SHOWN IN ADDITION THE INSTALLATION IS IN CONFORMANCE WITH THE 2022 CBC AND WITH THE INFOR DOCUMENTS. PROJECT SPECIFIC VALUES OF SDS & z/h RESULT IN SEISMIC FORCES (Eh, Ev) TH ALUES ON THE DETAILS. THE CONCRETE SLAB TO WHICH THE EQUIPMENT IS ANCHORED MEETS THE S OF THE APPLICABLE. ICC ESR REPORT AND THIS OPM. THE ANCHORS ARE AN ADEQUATE DISTANCE FROM ANY SLAB ENINGS (SEE TYPICAL DETAIL ON SHEET 2). ALL NEW OR EXISTING ANCHORS ARE AN ADEQUATE DISTANCE FROM THE IENTS AND CHECK FOR INTERACTION WHERE OTHER ANCHORS ARE WITHIN OM THIS UNIT'S ANCHORS.	URER LISTED ABOVE FOR THE CH CONSENT. EATER THAN 2.20. LOWING SHEETS FOR Ω_{\circ} HE STRUCTURE. OR STRENGTH DESIGN. E BUILDING. (i.e. $z/h \le 1$) G N TO ALL OTHER LOADS. AILS, MATION SHOWN ON THE

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	Anchor Diameter	Concrete Type	Min. fc (psi)	Anchor Type	ICC Report No.	Min. Embed.	Min. Spacing	Min. Edge Dist.	Min. Conc. Over Flutes	Torque Test	Direct Tensior Test
	1/2"	Sand Light Weight	3000	Hilti Kwik Bolt TZ2 (CARBON STEEL)	ESR-4266	2"	6.75"	24"	3.25"	50 FT-LB	N/A
C.	EDGE DI TESTING BE PERF EMPLOY AND CAC	STANCES. AND SPECIA ORMED BY A ED BY THE F. 7-149. ALL F	al Insper In Appro Acility (Reports	DDITIONAL MINIMU CTION OF EXPANSI OVED INDEPENDEN DWNER PER CBC 1 SHALL BE SENT TO E ARCHITECT OR E	ON ANCHOF T AGENCY 704A & 1910/ O THE INSPE	A.5 ECTOR	RETE	SLIAZ			
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	(iii) IF AN	IY ANCHOR F	AILS, TE	ST ALL ANCHORS.							
D.				TEEL REINFORCIN		ETE SLAB	}				
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