

# OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

| المرا الملالة   |                         |
|---|-------------------------|
| APPLICATION FOR OSHPD PREAPPROVAL C                                 | OF OFFICE USE ONLY      |
| MANUFACTURER'S CERTIFICATION (OPM)                                  | APPLICATION #: OPM-0614 |
| OSHPD Preapproval of Manufacturer's Certification (OPM)             |                         |
| Type: X New Renewal/Update  |                         |
| Manufacturer Information  |                         |
| Manufacturer: AGFA Healthcare Corporation                           |                         |
| Manufacturer's Technical Representative: Brendan Conley             |                         |
| Mailing Address: 10 South Academy Street, Greenville, SC 29601      |                         |
| Telephone: (214) 548-7214 Email: brendan.                           | .conley@agfa.com        |
| EOR COD   | ECOM                    |
| Product Information   |                         |
| Product Name: DR 800 Positioner Cabinet                             | Y                       |
| Product Type: Motor Control Center                                  | ;14<br>G                |
| Product Model Number: N/A BY: Keh-Shin                              | Chi                     |
| General Description: Position Controls for the RF Table - DR 800 Sy |                         |
| DATE: 01/26/2   | 2022                    |
| Applicant Information   |                         |
| Applicant Company Name: EASE LLC.                                   | COS                     |
| Contact Person: Tiffany Tonn  | NG                      |

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

Mailing Address: 1515 FAIRVIEW AVE, STE 205, MISSOULA, MT 59801

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY





Telephone: (406) 541-3273

Title: Office Manager

Email: tiffany@easeco.com



# OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT 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 917   | 709   |  |  |  |  |  |  |
| Telephone: (951) 295-1892 Email: jon@   | Email: jon@EASECo.com   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| OSHPD Special Seismic Certification Preapproval (OSI  | P)  |  |  |  |  |  |  |
| X Special Seismic Certification is preapproved under OSP  | OSP Number: 0526  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| La vivi de la constanti de la | ODF:  |  |  |  |  |  |  |
| Certification Method  | CON   |  |  |  |  |  |  |
| Testing in accordance with:   ICC-ES AC156   FM   | 1950-16   |  |  |  |  |  |  |
| Other(s) (Please Specify):  |   |  |  |  |  |  |  |
| *Use of criteria other than those adopted by the California Buildin and attachments are not permitted. For distribution system, intercriteria other than those adopted in the CBSC 2019 may be used   | or partition wall, and suspended ceiling seismic bracings, test |  |  |  |  |  |  |
| X Analysis  | in Chi  |  |  |  |  |  |  |
| Experience Data  DATE: 01/2   | 0   |  |  |  |  |  |  |
| Combination of Testing, Analysis, and/or Experience Data (Please Specify):  |   |  |  |  |  |  |  |
| Phys.   | B CODE  |  |  |  |  |  |  |
| OSHPD Approval  | DING  |  |  |  |  |  |  |
| Date: 1/26/2022   |   |  |  |  |  |  |  |
| Name: Keh-Shin Chi  | Title: Senior Structural Engineer                               |  |  |  |  |  |  |
| Condition of Approval (if applicable):  |   |  |  |  |  |  |  |

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5877 Pine Ave, Ste. 210 Chino Hills, CA. 91709 Phn: (909) 606-7622

Office of Statewide Health Planning and Development
PREAPPROVAL OF MANUFACTURER'S CERTIFICATION
OPM-0614

THIS PREAPPROVAL CONFORMS TO THE 2019 CALIFORNIA BUILDING CODE

MANUFACTURER: EQUIPMENT NAME:

AGFA HEALTHCARE CORP

**DR 800 POSITIONING CABINET** 

Sheet: 1 of 5

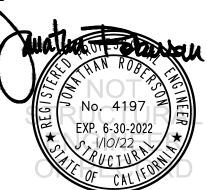
Date: 1/10/22

#### **GENERAL NOTES**

- 1. THIS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2019 CBC. THE DEMANDS (DESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE 2019 CBC
- 2. THIS DOCUMENT MAY ONLY BE USED WITH THE EXPRESS WRITTEN CONSENT OF THE MANUFACTURER LISTED ABOVE FOR THE SPECIFIC PROJECT SITE AND INSTALLATION LOCATION. THIS DOCUMENT IS INVALID WITHOUT SUCH CONSENT.
- 3. THIS PREAPPROVAL CONFORMS TO THE 2019 CALIFORNIA BUILDING CODE WHERE SDS IS NOT GREATER THAN 2.0.
- 4. FORCES PER ASCE 7-16 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3, WHERE SDS = 2.00,  $\mathbf{a}_p$  = 1.0,  $\mathbf{I}_p$  = 1.5,  $\mathbf{R}_p$  = 2.5,  $\mathbf{z}/h$  = 0 AT CONCRETE SLAB &  $\mathbf{z}/h$  < 1 AT CONCRETE SLAB ON METAL DECK. SEE FOLLOWING SHEETS FOR  $\Omega_o$
- 5. THIS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRUCTURE.
- 6. ALL DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED LOADS THAT SHALL BE USED FOR STRENGTH DESIGN.
- 7. CONCRETE SLAB ON METAL DECK DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION IN THE BUILDING. (i.e. z/h < 1)
- 8. CONCRETE SLAB DETAIL VALID FOR DEMANDS SHOWN AT OR BELOW GRADE. (i.e. z/h = 0)
- 9. SHEET METAL SCREWS SHALL BE TEKS SCREWS BY ITW BUILDEX (ICC ESR-1976).

#### 10. RESPONSIBILITIES OF THE STRUCTURAL ENGINEER OF RECORD OF THE BUILDING

- A. PROVIDE SUPPORTING STRUCTURE TO SUPPORT WEIGHTS AND FORCES SHOWN IN ADDITION TO ALL OTHER LOADS.
- B. VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH THE 2019 CBC AND WITH THE DETAILS, MATERIAL AND GAGE OF THE UNIT WHERE ATTACHMENTS ARE MADE AGREE WITH THE INFORMATION SHOWN ON THE PREAPPROVAL DOCUMENTS.
- C. VERIFY THAT PROJECT SPECIFIC VALUES OF SDS & z/h RESULT IN SEISMIC FORCES (Eh, Ev ) THAT DO NOT EXCEED THE VALUES ON THE DETAILS.
- D. VERIFY THAT THE CONCRETE SLAB TO WHICH THE EQUIPMENT IS ANCHORED MEETS THE REQUIREMENTS OF THE APPLICABLE ICC ESR REPORT AND THIS OPM.
- E. VERIFY THAT THE ANCHORS ARE AN ADEQUATE DISTANCE FROM ANY SLAB EDGES OR OPENINGS (SEE TYPICAL DETAIL ON SHEET 2).
- F. VERIFY THAT ALL NEW OR EXISTING ANCHORS ARE AN ADEQUATE DISTANCE FROM THE UNIT ATTACHMENTS AND CHECK FOR INTERACTION WHERE OTHER ANCHORS ARE WITHIN 18" OR 6hef FROM THIS UNIT'S ANCHORS.



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SHEETS

## AGFA HEALTHCARE CORP

### DR 800 POSITIONING CABINET

DES. J. ROBERSON

JOB NO. 11-2011

DATE 1/10/22

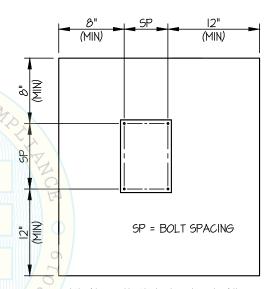
OF 5

#### 11. EXPANSION ANCHORS:

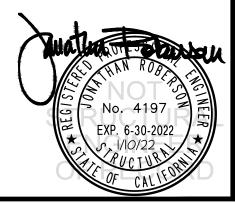
A. ATTACHMENT IS TO BE MADE WITH THE ANCHORS LISTED BELOW AND INSTALLED AS DESCRIBED IN THE CORRESPONDING ICC REPORT.

| Anchor Diameter | Concrete<br>Type     | Min. f'c<br>(psi) | Anchor Type         | ICC<br>Report No. | Min.<br>Embed. | Min.<br>Spacing | Min.<br>Edge Dist. | Min. Conc.<br>Thickness | Torque<br>Test | Direct Tension |
|-----------------|----------------------|-------------------|---------------------|-------------------|----------------|-----------------|--------------------|-------------------------|----------------|----------------|
| 3/8"            | Sand<br>Light Weight | 3000              | Hilti Kwik Bolt TZ2 | ESR-4266          | 2"             | 8"              | 16"                | 3.25"                   | 30 FT-LB       | 1190 lb        |

- B. THIS PREAPPROVAL ALLOWS FOR UP TO A MAXIMUM OF 2 ADJACENT CONCRETE SLAB EDGES, 8" AWAY MINIMUM (i.e. CORNER). SEE ADJACENT DETAIL FOR ADDITIONAL MINIMUM ALLOWABLE CONCRETE EDGE DISTANCES.
- C. TESTING AND SPECIAL INSPECTION OF EXPANSION ANCHORS SHALL BE PERFORMED BY AN APPROVED INDEPENDENT AGENCY EMPLOYED BY THE FACILITY OWNER PER CBC 1704A & 1910A.5 AND CAC 7-149. ALL REPORTS SHALL BE SENT TO THE INSPECTOR OF RECORD, OWNER AND THE ARCHITECT OR ENGINEER IN RESPONSIBLE CHARGE.
  - (i) AFTER AT LEAST 24 HOURS HAVE ELAPSED SINCE INSTALLATION, DIRECT PULL TENSION TEST AT LEAST 50% OF THE ANCHORS.
  - (ii) ACCEPTANCE CRITERIA:
    - DIRECT TENSION TEST: THE ANCHOR SHOULD HAVE NO 022
       OBSERVABLE MOVEMENT AT THE TEST LOAD. A PRACTICAL WAY
       TO DETERMINE OBSERVABLE MOVEMENT IS THAT THE WASHER
       BECOMES LOOSE.
    - 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.



TYPICAL CONCRETE EDGE DETAIL



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# AGFA HEALTHCARE CORP

### DR 800/POSITIONING CABINET

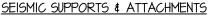
DES. J. ROBERSON

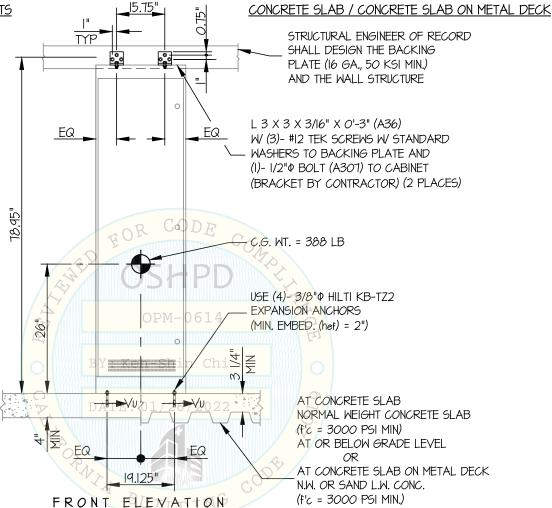
**JOB NO.** 11-2011

DATE 1/10/22

3

<sub>F</sub> 5 sheets





Tu wall= 40 LB/BOLT (MAX) Vu wall= 31 LB/BOLT (MAX) (VALUES DO NOT INCLUDE  $\Omega$ )

Vu FLOOR= 184 LB/BOLT (MAX) (VALUES INCLUDE Ω)

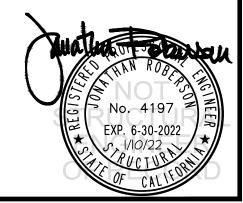
#### NOTES:

#### 1. FORCES ARE DETERMINED PER 2019 CALIFORNIA BUILDING CODE AND ASCE 7-16.

STRENGTH DESIGN IS USED. (SDS = 2.00,  $\Delta p$  = 1.0, Ip = 1.5, Rp = 2.5,  $\Omega_0$  = 2.0, z/h < 1)

HORIZONTAL FORCE (En) = 1.44 Wp HORIZONTAL FORCE (Emh) = 2.88 Wp (FOR CONCRETE ANCHORAGE) VERTICAL FORCE (Ev) = 0.40 Wp

- 2. CENTER OF GRAVITY (C.G.) AND WEIGHT ARE THE GOVERNING PARAMETERS FOR DESIGN. THIS PREAPPROVAL ENCOMPASSES ALL WEIGHTS UP TO THE MAXIMUM WEIGHT SHOWN.
- 3. STRUCTURAL ENGINEER OF RECORD FOR THE BUILDING SHALL PROVIDE SUPPORT STRUCTURE DESIGNED TO SUPPORT WEIGHTS AND FORCES SHOWN IN COMBINATION WITH ALL OTHER LOADS THAT MAY BE PRESENT.
- 4. DR 800 POSITIONING CABINET (UUT-1805-2) HAS OBTAINED SPECIAL SEISMIC CERTIFICATION REFER TO OSP-0526-10.
- 5. SEE GENERAL NOTES: SHEETS 1 AND 2.



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### DR 800 POSITIONING CABINET

DES. J. ROBERSON

**JOB NO.** 11-2011

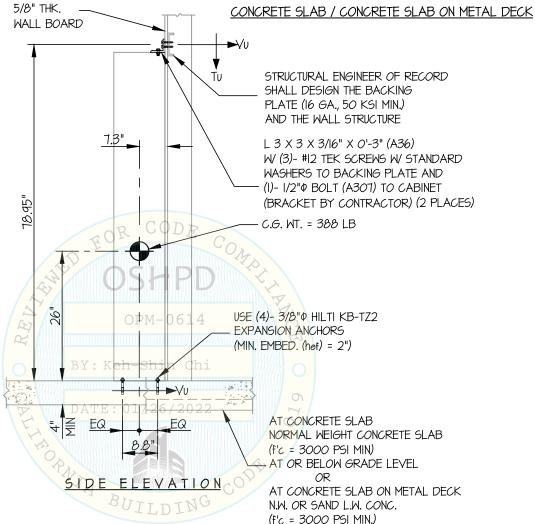
DATE 1/10/22

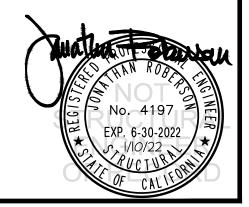
SHEET

4

of <u>5</u> sheets







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# AGFA HEALTHCARE CORP

## DR 800 POSITIONING CABINET

DES. J. ROBERSON

**JOB NO.** 11-2011

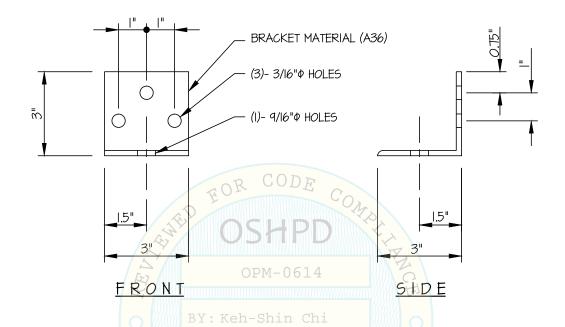
DATE 1/10/22

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SEISMIC SUPPORTS & ATTACHMENTS

BRACKET DETAILS



BRACKET DETAIL

NOTE: VERIFIED THROUGH SHAKE

TABLE TESTING PER OSP-0526-10

No. 4197

EXP. 6-30-2022

S. I/IO/22

PUC TURN

OF CALLED