



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION

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

OFFICE USE ONLY

APPLICATION #: OPM-0616

OSHPD Preapproval of Manufacturer's Certification (OPM)

Type: ☒ 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

Product Information

Product Name: DR 800 Generator Cabinet

Product Type: Generator

Product Model Number: N/A

General Description: Generator for the DR 800 System

Applicant Information

Applicant Company Name: EASE LLC.

Contact Person: Tiffany Tonn

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

Telephone: (406) 541-3273

Email: tiffany@easeco.com

Title: Office Manager

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

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

OSHPD



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

Registered Design Professional 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: (951) 295-1892

Email: jon@EASECo.com

OSHDP Special Seismic Certification Preapproval (OSP)

☒ Special Seismic Certification is preapproved under OSP

OSP Number: 0526

Certification Method

Testing in accordance with: ☐ ICC-ES AC156 ☐ FM 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 OSHDP prior to testing.

☒ Analysis

☐ Experience Data

☐ Combination of Testing, Analysis, and/or Experience Data (Please Specify): _____

OSHDP Approval

Date: 1/26/2022

Name: Keh-Shin Chi

Title: Senior Structural Engineer

Condition of Approval (if applicable): _____



**EQUIPMENT ANCHORAGE
& SEISMIC ENGINEERING**

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-0616

THIS PREAPPROVAL CONFORMS TO THE 2019 CALIFORNIA BUILDING CODE

MANUFACTURER: **AGFA HEALTHCARE CORP**
EQUIPMENT NAME: **DR 800 GENERATOR CABINET**

Sheet: 1 of 5

Date: 1/11/22

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 S_{ds} 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 $S_{ds} = 2.00$, $a_p = 1.0$, $I_p = 1.5$, $R_p = 2.5$, $z/h = 0$ AT CONCRETE SLAB & $z/h \leq 1$ AT CONCRETE SLAB ON METAL DECK. SEE FOLLOWING SHEETS FOR Ω .
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. $z/h \leq 1$)
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 S_{ds} & z/h RESULT IN SEISMIC FORCES (E_h , E_v) 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 $6h_{ef}$ FROM THIS UNIT'S ANCHORS.



AGFA HEALTHCARE CORP

DES. J. ROBERSON

SHEET

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JOB NO. 11-2011

DR 800 GENERATOR CABINET

DATE 1/11/22

OF 5 SHEETS

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 Type	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 TZ2 (CARBON STEEL)	ESR-4266	2"	10"	16"	3.25"	30 FT-LB	1190

- B. THIS PREAPPROVAL ALLOWS FOR UP TO A MAXIMUM OF 2 ADJACENT CONCRETE SLAB EDGES, 16" AWAY MINIMUM (i.e. - CORNER). SEE ADJACENT DETAIL FOR ADDITIONAL MINIMUM ALLOWABLE CONCRETE EDGE DISTANCES.

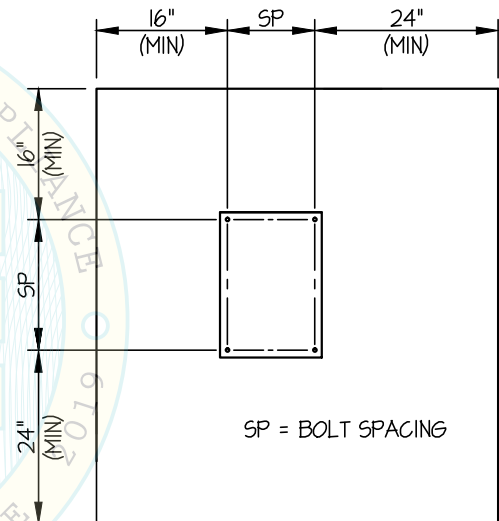
- C. TESTING AND SPECIAL INSPECTION OF EXPANSION ANCHORS SHALL BE PERFORMED BY AN APPROVED INDEPENDENT AGENCY EMPLOYED BY THE FACILITY OWNER PER CBC 1704A & 1910A.5 AND CAC 7-149. ALL REPORTS SHALL BE SENT TO THE INSPECTOR OF RECORD, OWNER AND THE ARCHITECT OR ENGINEER IN RESPONSIBLE CHARGE.

- (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 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



OF 5 SHEETS

5 of 7

AGFA HEALTHCARE CORP

DR 800 GENERATOR CABINET

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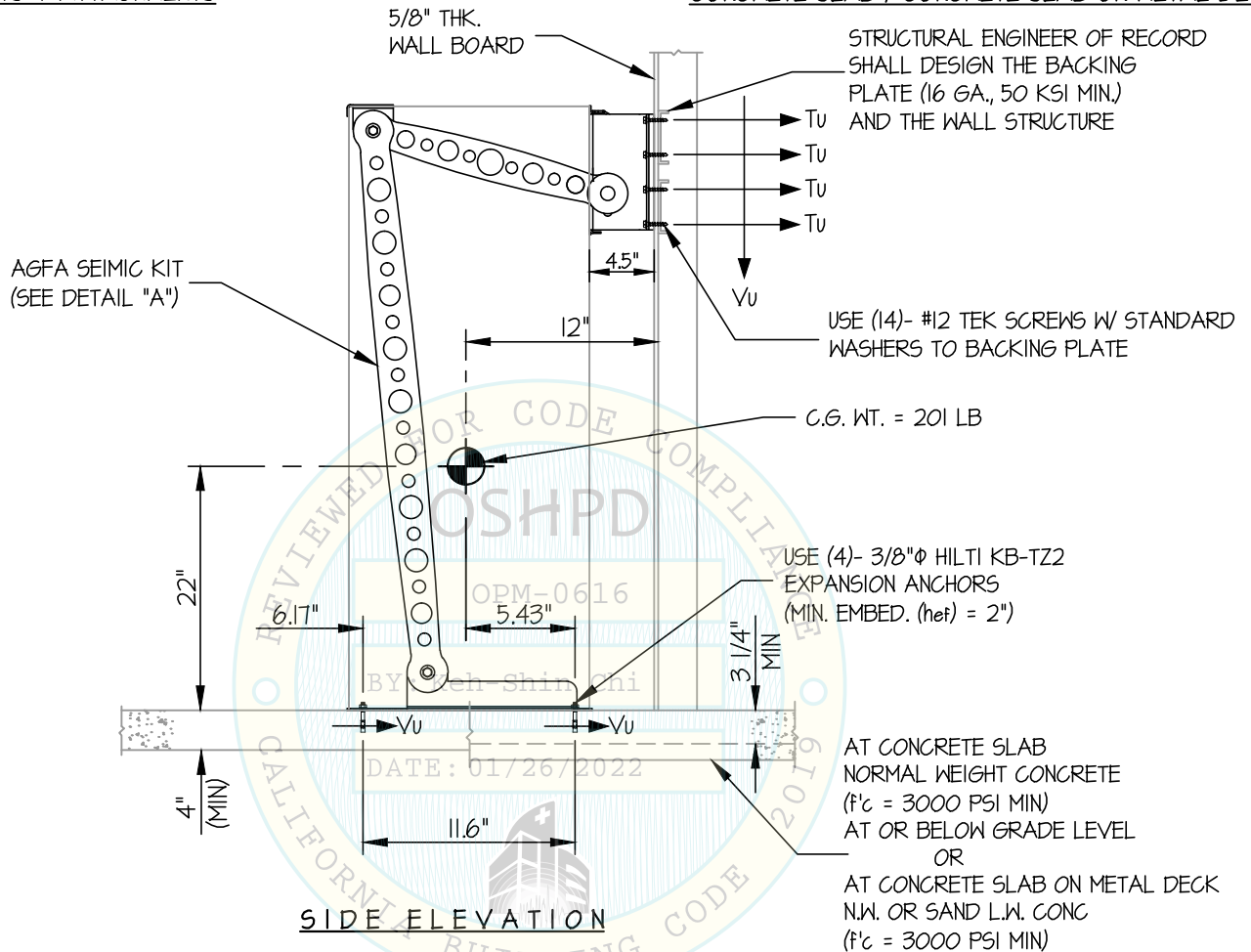
SHEET

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OF **5** SHEETS

SEISMIC SUPPORTS & ATTACHMENTS

CONCRETE SLAB / CONCRETE SLAB ON METAL DECK



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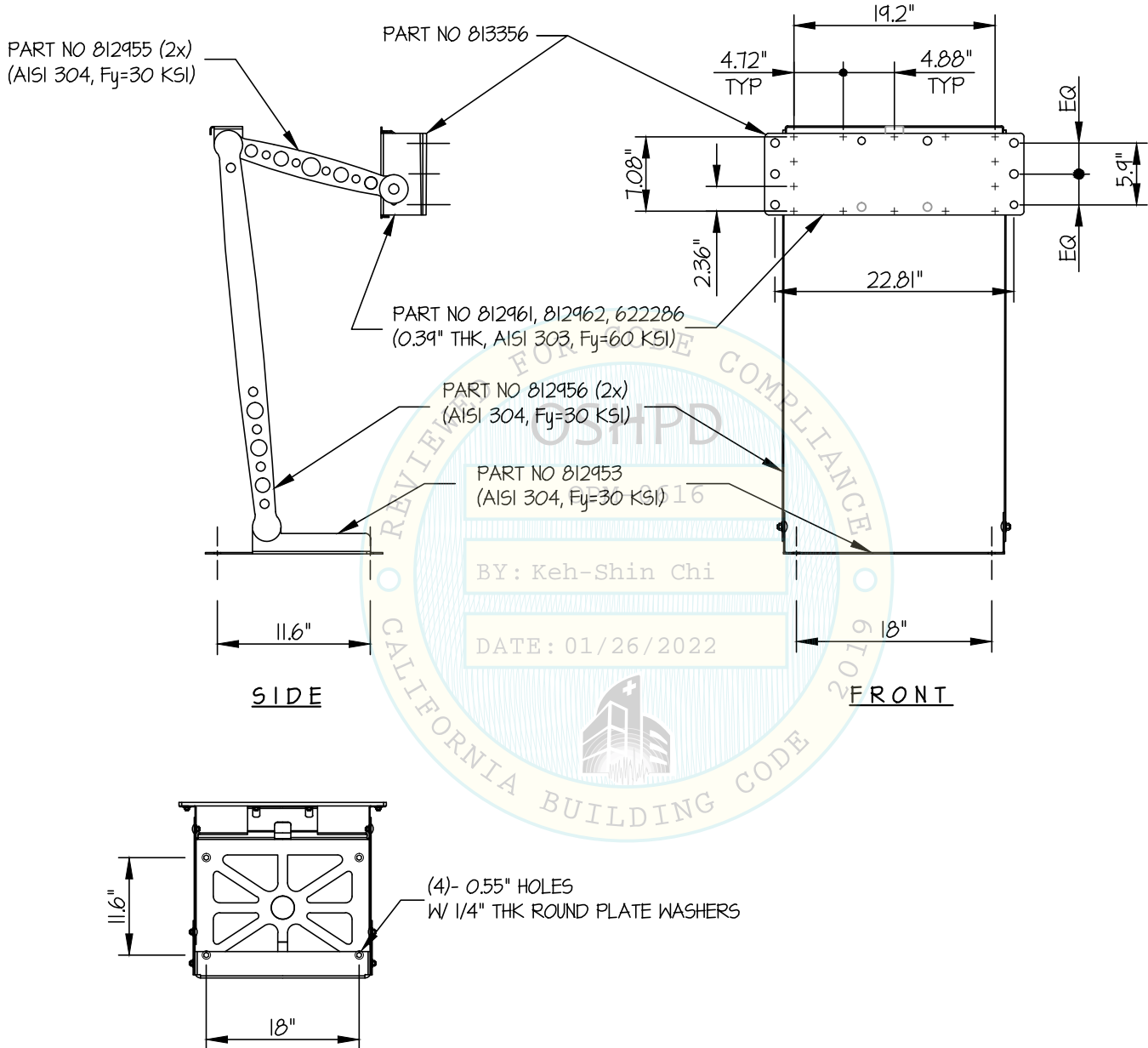
SHEET

5

OF 5 SHEETS

SEISMIC SUPPORTS & ATTACHMENTS

BRACKET DETAILS



NOTE: VERIFIED THROUGH SHAKE
TABLE TESTING PER OSP-0526-10

AGFA SEISMIC KIT (A)

