

Type:

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FACILITIES DEVELOPMENT DIVISION

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

OFFICE USE ONLY

APPLICATION #: OPM-0676

HCAI Preapprova	I of Manufacturer's	Certification	(OPM)
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X New Renewal/Update

Manufacturer Information

Manufacturer: Deister Electronics USA, Inc.

Manufacturer's Technical Representative: Bill Nuffer

Mailing Address: 8576 Wellington Road, Manassas, VA 20109

Telephone: (703) 659-9497

Email: Bill.Nuffer@deister.com

Product Information

Product Name: texCabinet TCD200 Laundry Distribution Cabinet 76
Product Type: Other mechanical and electrical components
Product Model Number: TCD200 O BY: Mohammad Aliaari
General Description: Hospital laundry services
DATE. USIZAIZOZS
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





DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FACILITIES DEVELOPMENT DIVISION

Registered Design Professonal Preparing Engineering Recommendations Company Name: EASE LLC

 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

HCAI Special Seismic Certification Preapproval (OSP)							
Special Seismic Certification is preapproved under OSP OSP Number:							
FOR CODE CO.							
ertification Method							
esting in accordance with: ICC-ES AC156 FM 1950-16							
Other(s) (Please Specify):							
lse of criteria other than those adopted by the California Building Standards Code, 2022 (CBSC 2022) for component sup ad attachments are not permitted. For distribution system, interior partition wall, and suspended ceiling seismic bracings, to iteria other than those adopted in the CBSC 2022 may be used when approved by HCAI prior to testing.							
] Analysis							
Experience Data							
Combination of Testing, Analysis, and/or Experience Data (Please Specify):							
OP/12 ODE							
CAI Approval BUILDING							
ate: <u>3/24/2023</u>							
ame: Mohammad Aliaari Title: Senior Structural Engineer							
ondition of Approval (if applicable):							



		EQUIRMENT ANCHORAGE & SEISMIC ENGINEERING The Department of Health Care Access and Information PREAPPROVAL OF MANUFACTURER'S CERTIFICATION OPM-0676 THIS PREAPPROVAL CONFORMS TO THE 2022 CALIFORNIA BUILDING CODE	5877 Pine Ave, Ste. 210 Chino Hills, CA. 91709 Phn: (909) 606-7622
		FACTURER: DEISTER ELECTRONICS USA	Sheet: <u>1 of 6</u>
EC	QUIP	MENT NAME: texCabinet - DISTRIBUTION TCD200	Date: 3/9/23
G	ENE	ERAL NOTES	
1.		IIS HCAI PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2022 CBC. THE DEMA ESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE 2022 CBC	NDS
2.		IIS DOCUMENT MAY ONLY BE USED WITH THE EXPRESS WRITTEN CONSENT OF THE MANUFACTURER LISTED PECIFIC PROJECT SITE AND INSTALLATION LOCATION. THIS DOCUMENT IS INVALID WITHOUT SUCH CONSENT	
3.		IIS PREAPPROVAL CONFORMS TO THE 2022 CALIFORNIA BUILDING CODE WHERE SDS IS NOT GREATER THAN	2.30.
4.		DRCES PER ASCE 7-16 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3,	
		HERE SDS = 2.30, a p = 1.0, Ip = <mark>1.5, Rp</mark> = 1.5, <mark>z/h = 0 AT CONCRETE SLAB & z/h ≤</mark> 1 AT CONCRETE SLAB ON METAL	DECK.
5. 6		IIS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRUCTU L DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED LOADS THAT SHALL BE USED FOR STRENGT	
6. 7.		IL DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED LOADS THAT SHALL BE USED FOR STRENGT DNCRETE SLAB ON METAL DECK DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION IN THE BUILDING. (
8.		DNCRETE SLAB ON METAL DECK DE TAIL VALID FOR DEMANDS SHOWN AT ANT ELEVATION IN THE BOILDING. (DNCRETE SLAB DETAIL VALID FOR DEMANDS SHOWN AT OR BELOW GRADE. (i.e. z/h = 0)	10, 211 <u>-</u> 1)
9.	RE	ESPONSIBILITIES OF THE STRUCTURAL ENGINEER OF RECORD OF THE BUILDING	
	A.	PROVIDE SUPPORTING STRUCTURE TO SUPPORT WEIGHTS AND FORCES SHOWN IN ADDITION TO ALL OT	HER LOADS.
	В.	VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH THE 2022 CBC AND WITH THE DETAILS, MATERIAL AND GAGE OF THE UNIT WHERE ATTACHMENTS ARE MADE AGREE WITH THE INFORMATION SHO PREAPPROVAL DOCUMENTS.	WN ON THE
	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).	HAN ROBE
	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.	No. 4197 EXP. 6-30-2024 S. 3/9/23 PUCIVED OF CALIFORM

EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING www.EquipmentAnchorage.com												
						J. ROBER	SON					
texCabinet - DISTRIBUTION							JOB NO.	. 11-221	8	Ζ		
		GAUGI	лны.	TCD200				DATE	3/9/2	3	OF 6 SHE	eets
	ANSION AN											
A.		MENT IS TO CORRESPOND		E WITH THE ANCHO REPORT.	RS LISTED	BELOW A	AND INST	ALLED AS	DESCRIBED			_
	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 Tensio Test	'n
	3/8"	Sand Light Weight	3000	Hilti Kwik Bolt TZ2 (CARBON STEEL)	ESR-4266	2"	6.75"	12"	3.25" Over Flutes	30 FT-LE	B N/A	
	1/4"	Normal Weight	3000	Hilti Kwik HUS-EZ	ESR-3027	1.92"	3"	6"	6"	18 FT-LE	B N/A	
	3/8"	Normal Weight	3000	Hilti Kwik Bolt TZ2 (CARBON STEEL)	ESR-4266	2"	8"	14"	4"	30 FT-LE	3 1190 lb	
В.				FOR UP TO A MAXIM AWAY MINIMUM (i.e	$\gamma \nu \iota \iota$	JACENT	01		4" (MIN)	SP -	21" (MIN)	
		JACENT DETA STANCES.	AIL FOR A	ADDITIONAL MINIMUM	/ ALLOWABL	_E CONCF	VETE					
 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 OR TORQUE 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. D. AVOID DAMAGING EXISTING STEEL REINFORCING IN CONCRETE SLAB 								EDGE DETAIL				
E.				E EXPANSION ANCHO		ર.				ILLI I	No. 4197 XP. 6-30-2024 <i>BUC</i> I UR <i>OF</i> CALLED	







