

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-0701

HCAI	Preapproval	of Man	ufacturer's	Certification	(OPM)
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X New Renewal/Update

#### **Manufacturer Information**

Manufacturer: Belimed Infection Control

Manufacturer's Technical Representative: Matija Laznik

Mailing Address:	Taborska cesta 38E	1290 Grosuplje • Sl,	, Chino Hills, CA 91709
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Telephone: (386) 181-0417

Email: matija.laznik@belimed.com

 $)PM-070^{\circ}$ 

#### **Product Information**

Product Name: MST-H 10.02 GR Sterilizer

Product Type: Other mechanical or electrical component

Product Model Number: MST-H 10.02 GR

General Description: carriage loading steam sterilizer for hospital use

#### **Applicant Information**

Applicant Cor	npany Name: EASE LLC.	A	
Contact Perso	on: Tiffany Tonn	IBU	ILDING
Mailing Addre	Address: 1515 FAIRVIEW AVE, STE 205, MISSOULA, MT 59801		
Telephone: (	406) 541-3273	Email:	tiffany@easeco.com
	A seistent		

Title: Office Assistant

"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

Name: Jonathan Roberson	California License Number: S4197	
Mailing Address: 5877 Pine Ave., S	e 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:					
EORCODECO					
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, 2022 (CBSC 2022) 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 2022 may be used when approved by HCAI prior to testing.					
X Analysis					
Experience Data					
Combination of Testing, Analysis, and/or Experience Data (Please Specify):					
OP/1/2 CODE					
HCAI Approval					
Date: 10/24/2023					
Name: William Staehlin Title: Senior Structural Engineer					
Condition of Approval (if applicable):					



		EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING The Department of Health Care Access and Information PREAPPROVAL OF MANUFACTURER'S CERTIFICATION OPM-0701 THIS PREAPPROVAL CONFORMS TO THE 2022 CALIFORNIA BUILDING CODE	5877 Pine Ave, Ste. 210 Chino Hills, CA. 91709 Phn: (909) 606-7622
		FACTURER: BELIMED INFECTION CONTROL MENT NAME: MST-H 10.02 HSX Option GR	Sheet: <u>1 of 12</u> Date: 10/23/23
GI	ENE	RAL NOTES	
1.	TH	IIS HCAI PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2022 CBC. THE DEMA	NDS
	`	ESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE 2022 CBC	
2.		IIS DOCUMENT MAY ONLY BE USED WITH THE EXPRESS WRITTEN CONSENT OF THE MANUFACTURER LISTED ECIFIC PROJECT SITE AND INSTAL <mark>LATIO</mark> N LOCATION. THIS DOCUMENT IS INVALID WITHOUT SUCH CONSENT	
3.	ΤH	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, WHERE SDS = 2.30, $a_p$ = 1.0, $I_p$ = 1.4 DNCRETE SLAB & z/h < 1 AT CONCRETE SLAB ON METAL DECK. SEE FOLLOWING SHEETS FOR Ω <sub>0</sub>	5, Rp = 1.5, z/h = 0 AT
5.		IS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRUCTU	JRE.
6.	ALI	L DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED LOADS THAT SHALL BE USED FOR STRENGT	H DESIGN.
7.	CO	ONCRETE SLAB ON METAL DECK DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION IN THE BUILDING. (	(i.e. z/h <u>&lt;</u> 1)
8.	CO	DNCRETE SLAB DETAIL VALID FOR DEMANDS SHOWN AT OR BELOW GRADE. (i.e. z/h = 0)	
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.	OWN 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).	
	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 A 10/23/23 CF CALLED

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