

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT

| APPLICATION FOR HCAI PREAPPROVAL OF | OFFICE USE ONLY | | | | | |
|--|---|--|--|--|--|--|
| MANUFACTURER'S CERTIFICATION (OPM) | APPLICATION #: OPM-0735 | | | | | |
| HCAI Preapproval of Manufacturer's Certification (OPM) | | | | | | |
| Type: X New Renewal/Update | | | | | | |
| Manufacturer Information | | | | | | |
| Manufacturer: Guldmann | | | | | | |
| Manufacturer's Technical Representative: Kimberly Tonione | | | | | | |
| Mailing Address: 14401 McCormick Drive, Suite A, Tampa, FL 33626 | | | | | | |
| Telephone: (813) 880-0619 Email: kit@guldmann.net | | | | | | |
| ED FOR CODE COMP | | | | | | |
| Product Information | | | | | | |
| Product Name: Guldmann GH3 Patient Lift | 2 | | | | | |
| Product Type: Patient Lift System | Tri I | | | | | |
| Product Model Number: GH3 BY: William Staehlin | | | | | | |
| General Description: A patient lift system that includes a console containing the the console; a hanger bar that attaches to the strap and to control unit for patient lift and movement regulation; and fix | which a sling or seat attaches; a hand-held | | | | | |
| | 200 M | | | | | |
| Applicant Information | | | | | | |
| Applicant Company Name: Guldmann | r | | | | | |
| Contact Person: Kimberly Tonione | | | | | | |
| | | | | | | |

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

Mailing Address: 14401 McCormick Drive, Suite A, Tampa, FL 33626

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Telephone: (813) 880-0619

Title: Project Manager

Email: kit@guldmann.net



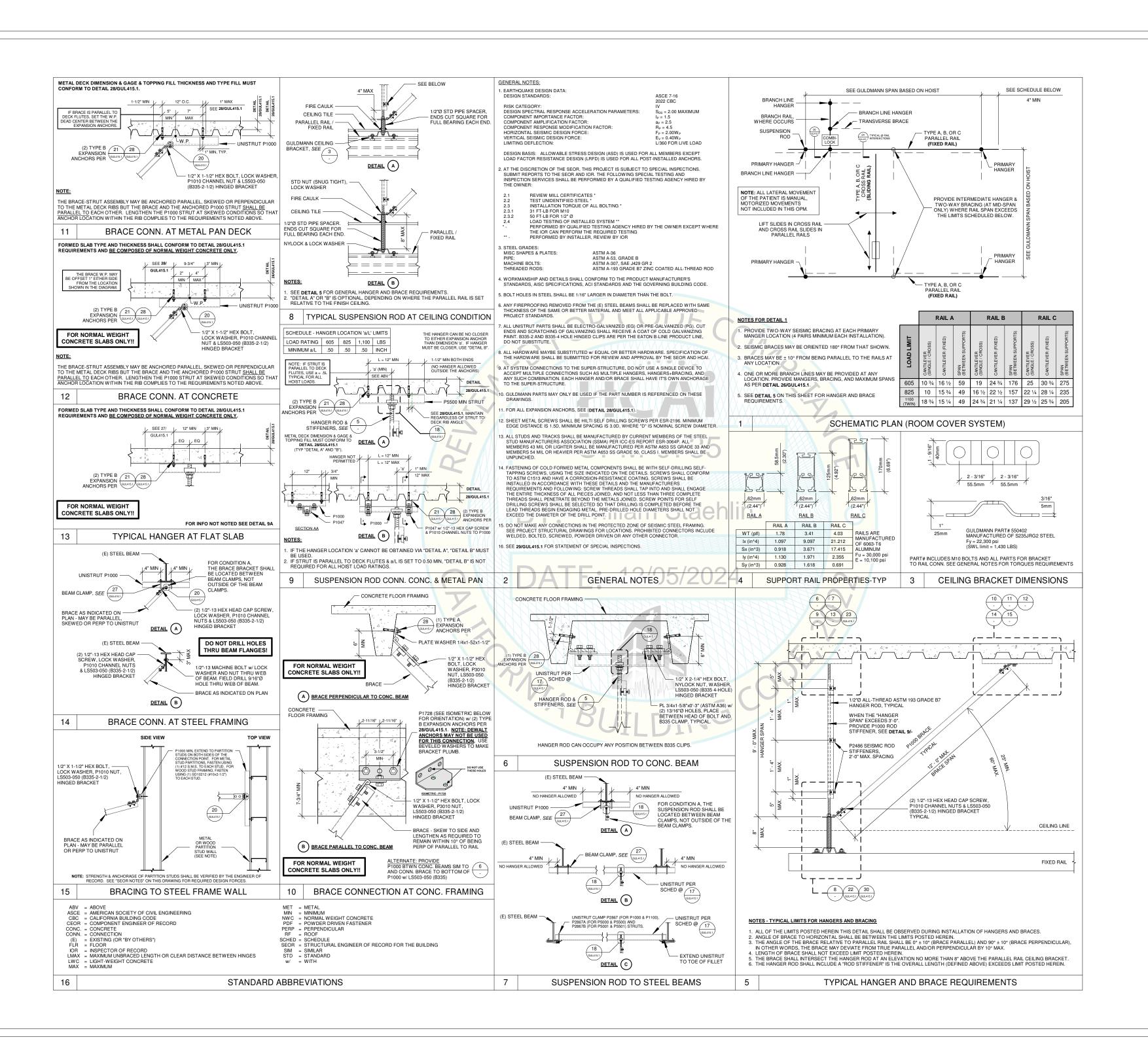
DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT

| Registered Design Professonal Preparing Engineering Recommendations | | | | | |
|---|--|--|--|--|--|
| Company Name: FORELL / ELSESSER ENGINEERS, INC. | | | | | |
| Name: Marco Scanu California License Number: S4454 | | | | | |
| Mailing Address: 160 Pine Street, Suite 600, San Francisco, CA 94111 | | | | | |
| Telephone: (415) 837-0700 Email: scanu@forell.com | | | | | |
| | | | | | |
| | | | | | |
| HCAI Special Seismic Certification Preapproval (OSP) | | | | | |
| Special Seismic Certification is preapproved under OSP OSP Number: | | | | | |
| FOR CODE CO | | | | | |
| 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 DATE: 12/05/2024 | | | | | |
| Combination of Testing, Analysis, and/or Experience Data (Please Specify): | | | | | |
| | | | | | |
| HCAI Approval | | | | | |
| Date: 12/5/2024 | | | | | |
| Name: William Staehlin Title: Senior Structural Engineer | | | | | |
| Condition of Approval (if applicable): | | | | | |

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Guldmann Inc. 14401 McCormick Drive Γampa FL, 33626 Unit A Toll Free: 1(800)-664-8834 Fax: 1(813)-880-9558 Email: Info@Guldmann.net

NOTES

OPM-0735

1 The Engineer-of-Record (SEOR) to verify the building structure is adequate to support the new equipment and support framing loads to be installed per this drawing.

The equipment may be one of two types, or a combination of both:
 Type 1: "Room Cover System" per Detail 1 and 5/GUL145, and/or
 Type 2: "Upright Support" per Details on GUL415.2

3. **Type 1** "Room Cover System" loads: Select the values corresponding to the proposed Hoist Type and Rails to be used:



- Table Notes:

 1. These loads are based on ASCE7-16 load combinations that include Dead, Live and Seismic Loadings. Additionally, hanger axial loads include dynamic load factors for movement and impact in the gravity cases.
- 2. "Hanger loads" represent the load in any given hanger and do not reflect design loads in the various anchorage devices. Hanger values less than zero indicate net compression considering all effects. These values do not include any Ωo amplification
- 3. "Bracing" loads represent the load in any given brace and do orating loads represent the warrous anchorage devices. These values reflect the worst case for any brace angle, O where O can vary between 25 and 60 degrees from the horizontal. These values do not include any Ω o amplification.

| | Gravity | Gravity+ Seismic | |
|---|--|---|-------------------|
| Vertical Force, at Base of Post | 1,955 | 1,274 | Lbs, |
| Lateral Force, Top of Post at Wall, Perpendicular to Wall | 65 | 176 | |
| Lateral Force, Top of Post at Wall, Parallel to Wall | 65 | 176 | |
| Out of Plane Lateral Force, anchors spaced along the length | 20 | 20 | |
| | Vertical Force, at Base of Post Lateral Force, Top of Post at Wall, Perpendicular to Wall Lateral Force, Top of Post at Wall, Parallel to Wall Out of Plane Lateral Force, anchors spaced along the length | Gravity Vertical Force, at Base of Post 1,955 Lateral Force, Top of Post at Wall, Perpendicular to Wall 65 Lateral Force, Top of Post at Wall, Parallel to Wall 65 | Gravity Seismic |

LRFD

1. Forces result from ASCE7-16 LRFD Load combinations. These

Revision Schedule

| Date | Issued by | Number |
|------------|-----------|--------|
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| DATE: | DRAWN E | BY: |
| 12/05/2024 | | CML |

APPROVED BY

PROJECT NAME:

GULDMANN PLFT. ATTACHMENT

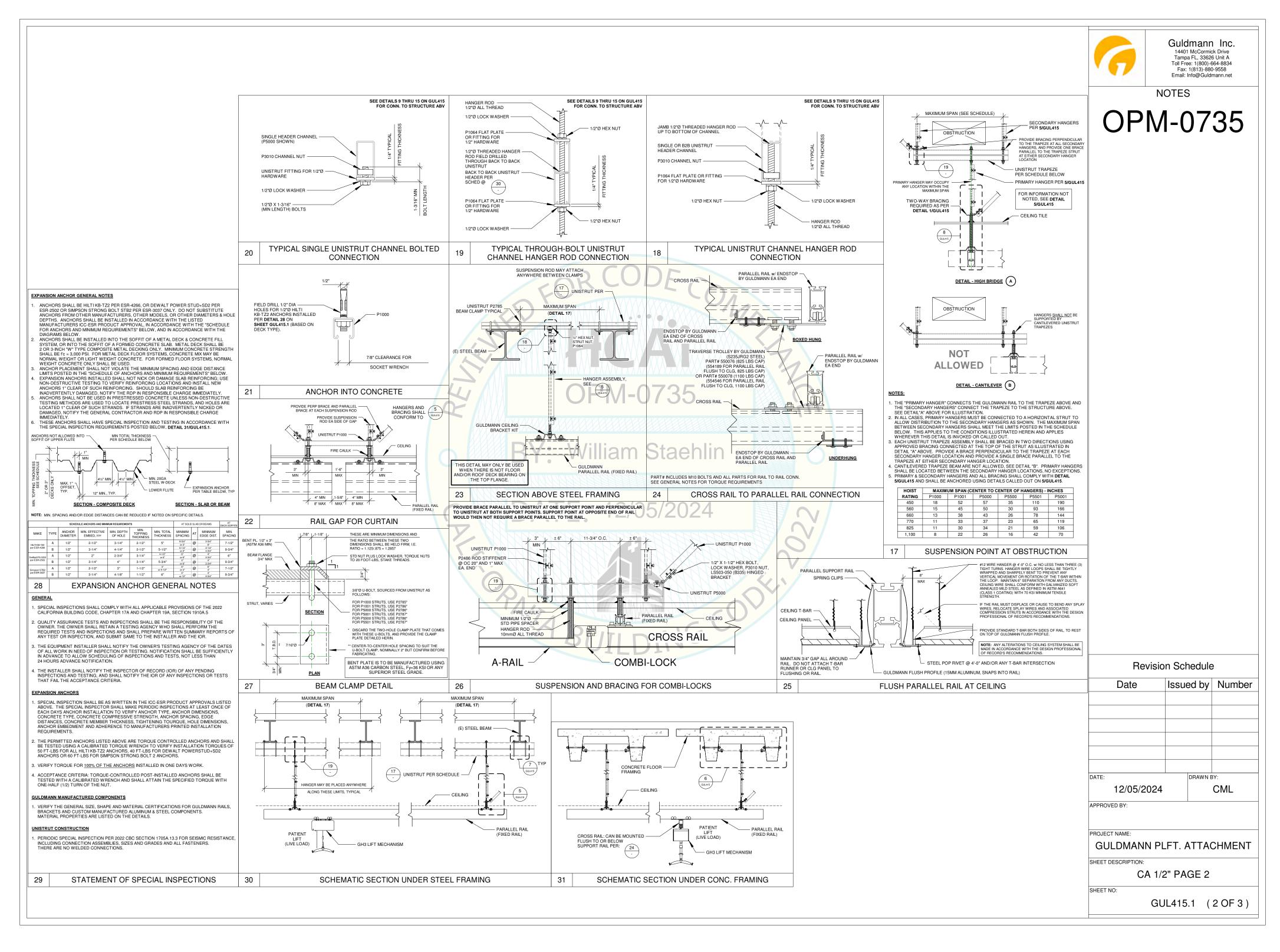
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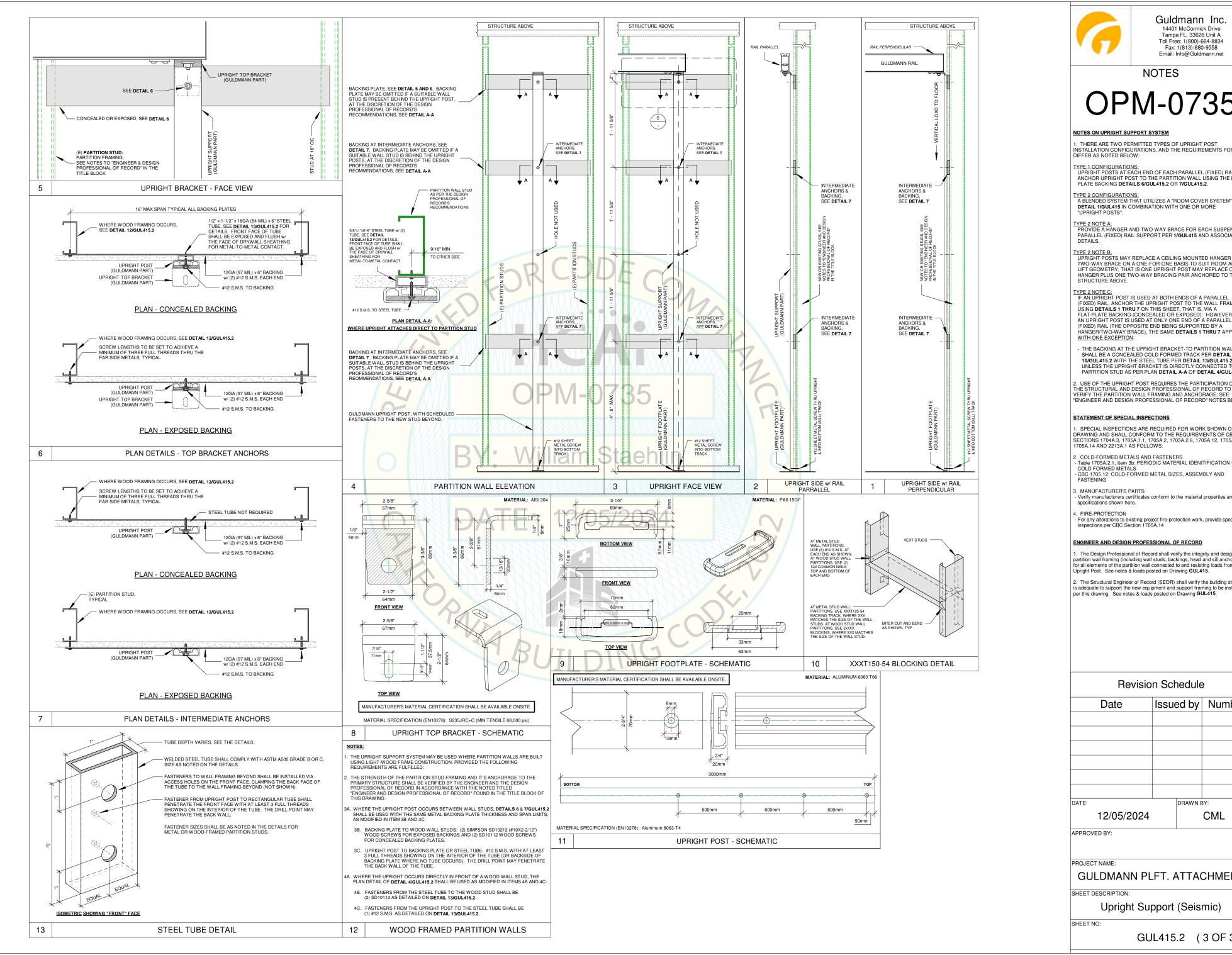
CA 1/2" PAGE 1

SHEET NO:

GUL415 (1 OF 3)

3 of 5





Guldmann Inc. 14401 McCormick Drive Tampa FL, 33626 Unit A Toll Free: 1(800)-664-8834 Fax: 1(813)-880-9558 Email: Info@Guldmann.net

NOTES

OPM-0735

1. THERE ARE TWO PERMITTED TYPES OF UPRIGHT POST INSTALLATION CONFIGURATIONS, AND THE REQUIREMENTS FOR EACH DIFFER AS NOTED BELOW:

TYPE 1 CONFIGURATIONS:

UPRIGHT POSTS AT EACH END OF EACH PARALLEL (FIXED) RAIL.

ANCHOR UPRIGHT POST TO THE PARTITION WALL USING THE FLAT

PLATE BACKING DETAILS 6/GUL415.2 OR 7/GUL415.2.

TYPE 2 CONFIGURATIONS:

A BLENDED SYSTEM THAT UTILIZES A "ROOM COVER SYSTEM" PER

DETAIL 1/GUL415 IN COMBINATION WITH ONE OR MORE

TYPE 2 NOTE A: PROVIDE A HANGER AND TWO WAY BRACE FOR EACH SUSPENDED PARALLEL (FIXED) RAIL SUPPORT PER **1/GUL415** AND ASSOCIATED DETAILS.

TYPE 2 NOTE B:
UPRIGHT POSTS MAY REPLACE A CEILING MOUNTED HANGER AND TWO-WAY BRACE ON A ONE-FOR-ONE BASIS TO SUIT ROOM AND LIFT GEOMETRY, THAT IS ONE UPRIGHT POST MAY REPLACE ONE HANGER PLUS ONE TWO-WAY BRACING PAIR ANCHORED TO THE

- (FIXED) RAIL, ANCHOR THE UPRIGHT POST TO THE WALL FRAMING USING **DETAILS 1 THRU 7** ON THIS SHEET, THAT IS, VIA A FLAT-PLATE BACKING (CONCEALED OR EXPOSED). HOWEVER, IF AN UPRIGHT POST IS USED AT ONLY ONE END OF A PARALLEL (FIXED) RAIL (THE OPPOSITE END BEING SUPPORTED BY A HANGER/TWO-WAY BRACE), THE SAME **DETAILS 1 THRU 7** APPLY WITH ONE EXCEPTION:
- THE BACKING AT THE UPRIGHT BRACKET-TO PARTITION WALL SHALL BE A CONCEALED COLD FORMED TRACK PER **DETAIL** 10/GUL415.2 WITH THE STEEL TUBE PER **DETAIL** 13/GUL415.2, LINEESS THE LIPRIGHT BRACKET IS DIRECTLY CONNECTE PARTITION STUD AS PER PLAN **DETAIL A-A** OF **DETAIL 4/GUL415.2**.

USE OF THE UPRIGHT POST REQUIRES THE PARTICIPATION OF 2. USE OF THE OPHIGHT POST REQUIRES THE PARTICIPATION OF THE STRUCTURAL AND DESIGN PROFESSIONAL OF RECORD TO VERIFY THE PARTITION WALL FRAMING AND ANCHORAGE, SEE "ENGINEER AND DESIGN PROFESSIONAL OF RECORD" NOTES BELOW.

STATEMENT OF SPECIAL INSPECTIONS

SPECIAL INSPECTIONS ARE REQUIRED FOR WORK SHOWN ON THIS DRAWING AND SHALL CONFORM TO THE REQUIREMENTS OF CBC SECTIONS 1704A.3, 1705A.1.1, 1705A.2, 1705A.2.6, 1705A.1.2, 1705A.13, 1705A.14 AND 2213A.1 AS FOLLOWS:

COLD-FORMED METALS AND FASTENERS Table 1705A.2.1, Item 3b: PERIODIC MATERIAL IDENITIFICATION FOR COLD FORMED METALS CBC 1705.12: COLD-FORMED METAL SIZES, ASSEMBLY AND

3. MANUFACTURER'S PARTS Verify manufacturers certificates conform to the material properties and specifications shown here.

- For any alterations to existing project fire-protection work, provide special inspections per CBC Section 1705A.14

ENGINEER AND DESIGN PROFESSIONAL OF RECORD

1. The Design Professional of Record shall verify the integrity and design of partition wall framing (including wall studs, backings, head and sill anchorages) for all elements of the partition wall connected to and resisting loads from the Upright Post. See notes & loads posted on Drawing **GUL415**.

2. The Structural Engineer of Record (SEOR) shall verify the building structure is adequate to support the new equipment and support framing to be installed per this drawing. See notes & loads posted on Drawing GUL415.

Revision Schedule

| Date | Issued b | y Number |
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| | | |
| | | |
| | | |
| DATE: | DRAW | N BY: |
| 12/05/2024 | | CML |

GULDMANN PLFT. ATTACHMENT

Upright Support (Seismic)

GUL415.2 (3 OF 3)

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