

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

CATION FOR HCAI PREAPPROVAL OF

OFFICE USE ONLY

HCAI Preapproval of Manufacturer's Certification (OPM)				
Type: X New Renewal/Update				
Manufacturer Information				
Manufacturer: TouchPoint Medical				
Manufacturer's Technical Representative: Cris Daugbjerg				
Mailing Address: 2200 TouchPoint Drive, Odessa, FL 33556				
Telephone: (707) 217-0906 Email: cdaugbjerg@touchpoi	intmed.com			
Product Information				
Product Name: iTD Work Station	12			
Product Type: Other electrical and mechanical components	·m			
Product Model Number: iTD BY: William Staehlin				
General Description: wall mounted computer workstation				
DATE: 09/25/2024	222			
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 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 OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT

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 Ema	ail: jon@EASECo.com			

HCAI Special Seismic Certification Preapproval (OSP)				
Special Seismic Certification is preapproved under OSP OSP No	lumber:			
FOR CODE COM				
Certification Method				
Testing in accordance with: ICC-ES AC156 FM 1950-16	-			
Other(s) (Please Specify):	2			
*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	N S			
Combination of Testing, Analysis, and/or Experience Data (Please Specify):				
OPNIA CODE				
HCAI Approval				
Date: 9/25/2024				
Name: William Staehlin Title: S	Senior Structural Engineer			
Condition of Approval (if applicable):				



EQUIPMENT ANCHORAGE 5877 Pine Ave, Ste. 210 Chino Hills, CA. 91709 Phn: (909) 606-7622 The Department of Health Care Access and Information PREAPPROVAL OF MANUFACTURER'S CERTIFICATION OPM-0736 THIS PREAPPROVAL CONFORMS TO THE 2022 CALIFORNIA BUILDING CODE				
	NUFACTURER: ICW USA INC. IPMENT NAME: ITD WALL MOUNT	Sheet: <u>1 of 7</u> Date: 9/24/24		
1. 2. 3. 4. 5. 6. 7. 8. 9.	 NERAL NOTES THIS HCAI PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2022 CBC. THE DE (DESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE 2022 CBC THIS DOCUMENT MAY ONLY BE USED WITH THE EXPRESS WRITTEN CONSENT OF THE MANUFACTURER LIS SPECIFIC PROJECT SITE AND INSTALLATION LOCATION. THIS DOCUMENT IS INVALID WITHOUT SUCH CONSI THIS PREAPPROVAL CONFORMS TO THE 2022 CALIFORNIA BUILDING CODE. FORCES PER ASCE 7-16 SECTION 13.3.1, EQUATIONS 13.3.1, 13.3-2 & 13.3-3, WHERE SDS= 1.70, Bp = 2.5, Ip = 1 THE DETAILS IN THIS PREAPPROVAL MAY BE USED AT ANY LOCATION IN THE STATE OF CALIFORNIA, WHER GREATER THAN 1.70. ALL DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED LOADS THAT SHALL BE USED FOR STREN SHEET METAL SCREWS SHALL BE TEKS SCREWS BY ITW BUILDEX (ICC ESR-1976). THIS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRU COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRU RESPONSIBILITIES OF THE STRUCTURE REQUIRED TO SUPPORT WEIGHTS AND FORCES SHOWN, IN ADDITI TO ALL OTHER LOADS. B. VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH THE 2022 CBC AND WITH THE DETAILS SHOP PROVAL VERIFY THAT THE ACTUAL EQUIPMENT'S WEIGHT, CG LOCATION, ANCHOR LOCATIONS, AND THE MATERIAL AND GAGE OF THE UNIT WHERE ATTACHMENTS ARE MADE AGREE WITH THE INFO ON THE PREAPPROVAL DOCUMENTS. C. VERIFY THAT THE COMBINATION OF SDS & z/h RESULT IN SEISMIC FORCES (Eh, Ev) THAT ARE NOT GREAVALUES ON THE DETAILS. D. DESIGN BACKING BARS, STUDS, ETC. WHICH THE UNITS ARE ATTACHED TO AS NOTED ON THE DRAWINGS. 	TED ABOVE FOR THE ENT. 1.5, $R_p = 2.5$, $z/h \le 1$. E SDS IS NOT IGTH DESIGN. CTURE. ION DWN IN THIS ANCHOR DETAILS RMATION SHOWN		











