

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

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

OFFICE USE ONLY

APPLICATION #: OPM-0740

HCAI Preapproval of Manufacturer's Certification (OPM)

Type: X New Renewal/Update

Manufacturer Information

Manufacturer: Belimed Infection Control

Manufacturer's Technical Representative: John Nies

Mailing Address: 8	8351 Palmetto	Commerce Parkway,	Suite 10,	Ladson, S	SC 29456
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Telephone: (843) 323-5192

Email: john.nies@belimed.com

Product Information

Product Name: Ultrasonic Washer	OPM 0740
Product Type: Other electrical and mechanical comp	ponents
Product Model Number: Model 105	William Staehlin
General Description: medical instrument cleaner and	d sterilizer
DAT	E: 12/01/2024
Applicant Information	
Applicant Company Name: EASE LLC.	
Contact Person: Tiffany Tonn	BUILDING
Mailing Address: 1515 FAIRVIEW AVE, STE 205, M	ISSOULA, MT 59801
Telephone: (406) 541-3273	mail: 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	Email:	jon@EASECo.com					

HCAI Special Seismic Certification Preapproval (OSP)
Special Seismic Certification is preapproved under OSP OSP Number:
EOR CODE COM
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):
Prvia CODE.
HCAI Approval
Date: 12/1/2024
Name: William Staehlin Title: Senior Structural Engineer
Condition of Approval (if applicable):



		EQUIRMENT ANCHORAGE & SEISMIC ENGINEERING The Department of Health Care Access and Information PREAPPROVAL OF MANUFACTURER'S CERTIFICATION OPM-0740 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: ULTRASONIC WASHER	Sheet: <u>1 of 8</u> Date: 9/23/24
GE	NE	RAL NOTES	
1.		IIS HCAI PREAPPROVAL OF MANUFACTURER'S CER <mark>TIFICATION (OPM)</mark> IS BASED ON THE 2022 CBC. THE DEMA ESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE 2022 CBC	ANDS
2.	TH	IS DOCUMENT MAY ONLY BE USED WITH THE EXPRESS WRITTEN CONSENT OF THE MANUFACTURER LISTE ECIFIC PROJECT SITE AND INSTALLATION LOCATION. THIS DOCUMENT IS INVALID WITHOUT SUCH CONSEN	
3.	ΤH	IS PREAPPROVAL CONFORMS TO THE 2022 CALIFORNIA BUILDING CODE WHERE SDS IS NOT GREATER THAI	N 2.30.
4.		PRCES 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, lp = 1 DNCRETE SLAB & z/h ≤ 1 AT CONCRETE SLAB ON METAL DECK. SEE FOLLOWING SHEETS FOR Ω₀	.5, Rp = 1.5, z/h = 0 AT
5.		IIS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRUCT	
6.		L DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED LOADS THAT SHALL BE USED FOR STRENGT	
7. °		DNCRETE SLAB ON METAL DECK DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION IN THE BUILDING.	(i.e. z/h <u><</u> 1)
8.		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 O	THER LOADS.
	B.	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. 6-30-2026 r , $\frac{9}{23/24}$

EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING www.EquipmentAnchorage.com												
BELIMED INFECTION CONTROL					DES.	DES. J. ROBERSON						
							o. 11-24	2				
ULTRASONIC WASHER							DATE	9/23/	′24	of 8	SHEETS	
10. <u>EXPA</u>	0. EXPANSION ANCHORS:											
А.	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 Ten Test	sion
	3/8"	Sand Light Weight	3000	Hilti Kwik Bolt TZ2	ESR-4266	2"	6.75"	12"	See Detail "A"	30 FT-LB	3 N/A	
	1/2"	Normal Weight	3000	Hilti Kwik Bolt TZ2	ESR-4266	2"	8"	28"	4"	40 FT-LB	3 1605 II	b
B.	CONCRE SEE ADJ	TE SLAB EDO	GES, 28" A	For up to a Maxii Way Minimum (i.e. Dditional Minimu	- CORNER).		RETE		<u>− 28"</u> (MIN)	SP SP	42" (MIN)	
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.												
	THE	ANCHORS.		ST OR TORQUE TE		/01/20	24	42" (MIN)	/	SP =	BOLT SPACING	
	 (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.]	
				PPLICABLE TORQU								
	(iii) IF AN	IY ANCHOR F	AILS, TES	ST ALL ANCHORS.								
D.				TEEL REINFORCING EXPANSION ANCH		ETE SLAB						
E.	PROVIDE	FOR FULL T	HREAD E	NGAGEMENT OF N	UT & WASHE	ER.						
11. BOLT	S THROU	GH CONCRE	TE ON ME	TAL DECK								
A.	tight (t requ i re	HE SNUG-TIC D TO BRING	GHT CONI THE CON	(3/4 TURN OF THE DITION IS DEFINED INECTED PLIES INT ESS OTHERWISE N	AS THE TIGI O FIRM CON	HTNESS	JG		$\overline{\mathbf{A}}$	math	HAN ROBA	Neu
B. THROUGH BOLT HOLES SHALL BE 1/16" LARGER THAN BOLT SIZE (HOLE SIZE = BOLT SIZE + 1/16) FOR CONCRETE.									CINE C			
C.	 C. THROUGH-BOLTS IN CONCRETE SHALL RECEIVE SPECIAL INSPECTION AND TESTING (THROUGH BOLTS WITH STEEL TO STEEL CONNECTION IN TENSION DO NOT REQUIRE TENSION TESTING) IN ACCORDANCE WITH REQUIREMENTS FOR POST-INSTALLED ANCHORS. 								R			











