

Office of Statewide Health Planning and Development

APPLICATION FOR PREAPPROVAL

SPECIAL SEISMIC CERTIFICATION OF EQUIPMENT AND COMPONENTS

	For Office Use Only						
	APPLICATION NO.	Check whether application is: NEW X RENEWAL					
OSP	- 0062 - 10						
	Siemens Medical Solutions	Jonathan Roberson					
1.0	Manufacturer	Manufacturer's Technical Representative					
	2801 Connery Way, Suite B, Missoula, MT 59808						
		Mailing Address					
	(406) 541-EASE (3273)	jon@easeco.com					
	Telephone	E-mail Address					
2.0	Multix X-Ray System	X-Ray System					
	Product Name	Product Type					
	SEE ATTACHMENT 1						
	Product model No (List all unique product identification numbers and/or serial numbers)						
	General Description: A multi-compo	nent X-ray system used for medical imaging.					
3.0	EQUIPMENTANCHORAGE.COM	JONATHAN ROBERSON, S.E.					
3.0	Applicant Company Name	Contact Person					
	5877 Pine Ave, Suite 210, Chino I	Hills, CA. 91709					
	Mailing Address						
	(406) 541-EASE (3273)	jon@easeco.com					
	Telephone	E-mail Address					
I he	reby agree to reimburse the Offic is incurred by the department for	e of Statewide Health Planning and Development for the actual review.					
	MUW	April 29, 2010					
	Signature of Applicant	Date					
	SENIOR ENGINEER	EQUIPMENTANCHORAGE.COM					
	Title	Company Name					



Office of Statewide Health Planning and Development

			Department of Civil Engineering, University of Nevada, Reno					
		Company Name						
Gok	khan Pekcan, Ph.D. / Richard La Brie	<u> </u>	C-45902					
	Contact Name		California License Number					
Mail	l Stop 258, Reno, NV 89523							
		Mailing Address	1 0					
775	-784-4512		pekcan@unr.edu					
	Telephone		E-mail Address					
	fornia Licensed Structural Engineer F UIPMENTANCHORAGE.COM	Review and Acceptance of th	ne Report					
lon	athan Roberson, S.E.	Company Name	Name S4197					
3011			California License Number					
587	Contact Name 77 Pine Ave, Suite 210, Chino Hills, C	A 91709	California License Number					
301	7 Fille Ave, Suite 210, Chillo Tillis, C	Mailing Address						
ana	-606-7622	Mailing Address	jon@easeco.com					
			E-mail Address					
A == =	Telephone chorage Pre-Approval		E-mail Address					
)	moragerre-Approva							
	(Separate application for anchorage p	ore-approvaris required)						
\times	Anchorage is not Pre-approved							
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Cer	Anchorage is not Pre-approved tification Method							
Cer		☑ ICC-ES AC-156	Other (Please Specify):					
Cer	tification Method Testing in accordance with:	⊠ ICC-ES AC-156	Other (Please Specify):					
Cer	tification Method Testing in accordance with: Analysis	⊠ ICC-ES AC-156	☐ Other (Please Specify).					
Cer	tification Method Testing in accordance with: Analysis Experience data							
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Cert.	Analysis Experience data Combination of Testing, Analysis, and string Laboratory (if applicable) Deartment of Civil Engineering, University ada, Reno Company Name	d/or Experience Data (Please	Specify): khan Pekcan, Ph.D.					
Cert.	Analysis Experience data Combination of Testing, Analysis, and string Laboratory (if applicable) Deartment of Civil Engineering, University ada, Reno Company Name	d/or Experience Data (Please	Specify): khan Pekcan, Ph.D.					



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	Approval Parameters
9.0	Design in accordance with ASCE 7-05 Chapter 13: Yes No
	Design Basis of Equipment or Components $(F_p/W_p) = 2.32g$
	S _{DS} (Spectral response acceleration at short period) =1.93g
	a_p (In-structure equipment or component amplification factor) = 1.0
	R_p (Equipment or component response modification factor) = 1.5
	I_p (Importance factor) = 1.5
	z/h (Height factor ratio)=1.0
	Equipment or Component fundamental frequency(s) = SEE ATTACHMENT 1
	Building period limits (if any) = NO LIMIT
	Overall dimensions and weight (or range thereof) = SEE ATTACHMENT 1
	Equipment or Components @ grade designed in accordance with ASCE 7-05 Chapter 15: Yes No
	Design Basis of Equipment or Components (V/W) =
	S _{DS} (Spectral response acceleration at short period) =
	S ₁ (Spectral response acceleration at 1 second period) =
	R (Response modification coefficient)=1.0
	Ω_0 (System overstrength factor) =1.0
	C_d (Deflection amplification factor) =1.0
	I _p (Importance factor) =1.5
	Height to Center of Gravity above base = Equipment or Component fundamental period(s) = Sec
	Overall dimensions and weight (or range thereof) =
	Tank(s) designed in accordance with ASME BPVC, 2007: Yes No
10.0	List of attachments supporting the special seismic certification of equipment or components:
	☐ Calculations ☐ Others (Please Specify:): SE Acceptance Letter; OSHPD Conditional Acceptance letter, dated June 24, 2009.
11.0	OSHPD Approval (For Office Use Only) 5/3/10 December 31, 2013
	Signature & Date Approval Expiration Date
	Chris Tokas, SHFR S _{DS} (g) = 1.93 z/h = 1.0
	Name & Title Special Seismic Certification Valid Up to Condition of Approval (if any):



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ATTACHMENT 1

The Multix T.O.P. System is a multi-component system with components defined in the tables below:

Table 1: System Component Physical Characteristics					Lowest Resonant Frequency (Hz.)		
Description	Width (in.)	Depth (in.)	Height (in.)	Weight (lb.)	X-Dir	Y-Dir	
Polydoros IT 55/65/80 Generator Cabinet	41.3	12.6	41.3	375	11.50	15.25	
Vertix T.O.P. with or without spacer box	24	31.5	88.2	452	17.63	>30	
Multix T.O.P. Table	31.5	94.5	23.5 - 35	1044	A	15.38	
3D T.O.P. with 3 meter bridge	119	167-251	45-104	708	B	B	

Notes:

A.) No identifiable frequency because of sliding on the table top.

B.) Natural frequency governed by support structure and not components.

Table 2: Design Basis of Equipment and Anchorage

Description	Mounting Type ^A	ap	R_p	I _p	z/h	Eh	E _v
Polydoros IT 55/65/80 Generator Cabinet	Floor	1.00	1.5	1.50	1.00	2.32 Wp	0.39 Wp
Vertix T.O.P. with or without spacer box	Floor/Wall	1.00	1.5	1.50	1.00	2.32 Wp	0.39 Wp
Multix T.O.P. Table	Floor	1.00	1.5	1.50	1.00	2.32 Wp	0.39 Wp
3D T.O.P. with bridge	Ceiling	1.00	1.5	1.50	1.00	2.32 Wp	0.39 Wp

Notes: A.) Floor/Wall indicates that the unit is anchored to the supporting structure both at its base to the floor, and at the top of the unit to an adjacent wall structure.