

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

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APPLICATION FOR HCAI PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM)		OFFICE USE ONLY		
		APPLICATION #: OPM-0735		
HCAI Preapproval of Manufacturer's Certific	cation (OPM)			
Type: New X 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	OR CODE COM			
Product Information				
Product Name: Guldmann GH3 Patient Lift	ODM 0725	2		
Product Type: Patient Lift System	OF IVI-0733			
Product Model Number: GH3	: William Staehlin			
	at attaches to the strap and to	motor and pulleys; a strap that extends out of which a sling or seat attaches; a hand-held ked ceiling-mounted or wall-mounted tracks.		
Applicant Information	MANNAN .S. I MANNANNA			
Applicant Company Name: Guldmann	A BLITI DING			
Contact Person: Kimberly Tonione	POILDINA			

Mailing Address: 14401 McCormick Drive, Suite A, Tampa, FL 33626 Telephone: (813) 725-4897

Email: kit@guldmann.net

Title: Project Manager

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

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY



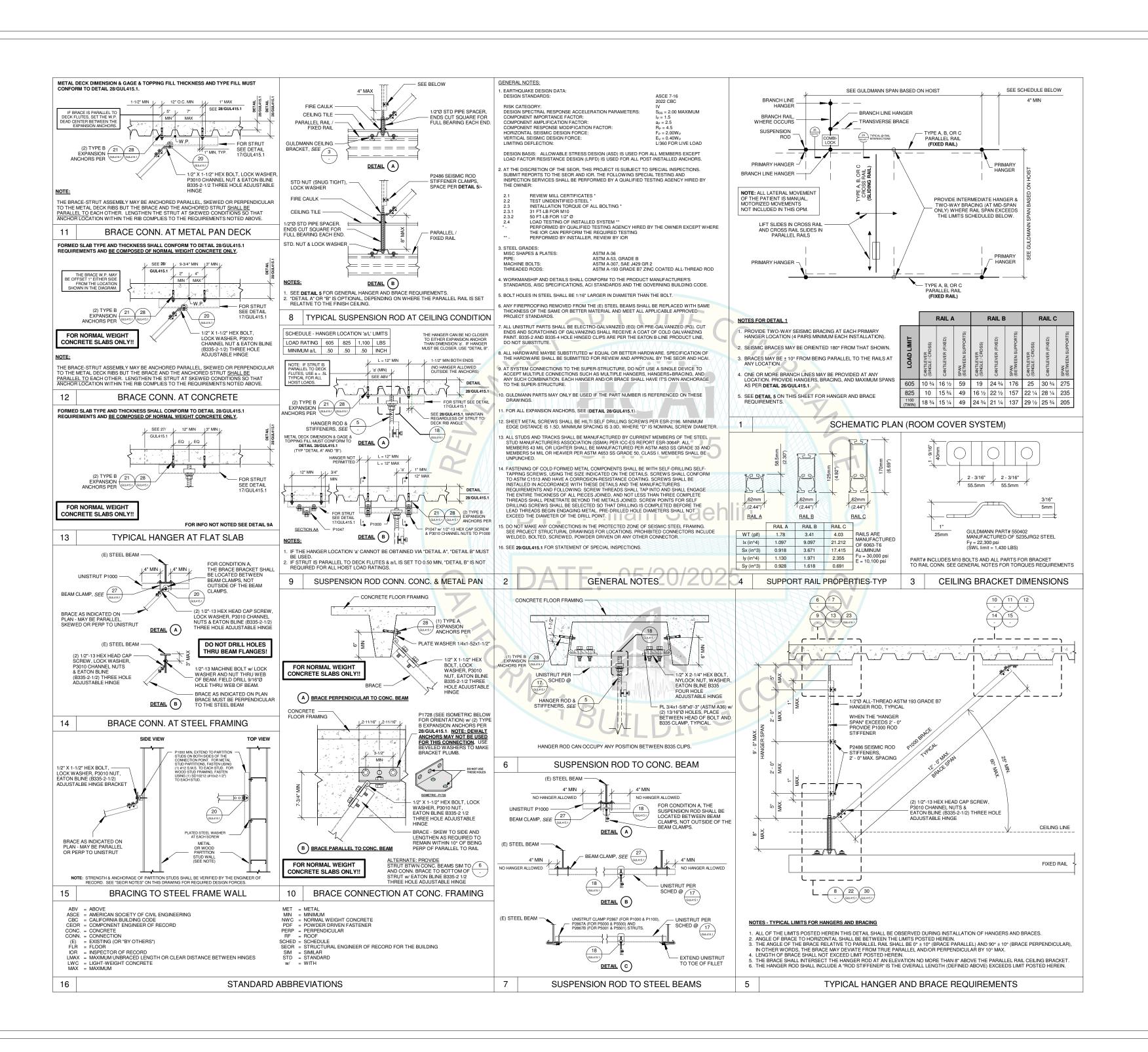
DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT

Registered Design Professonal Preparing Engineering Recommendations				
Company Name: 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:				
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 (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				
Experience Data DATE: 05/20/2025				
Combination of Testing, Analysis, and/or Experience Data (Please Specify):				
COV.				
HCAI Approval				
Date: <u>5/20/2025</u>				
Name: William Staehlin Title: Senior Structural Engineer				
Condition of Approval (if applicable):				

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HCA

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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

SEOR PLEASE NOT

 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.

2. 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:
- 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.
- "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 \(\Omega\) oamplification.
- 3. "Bracing" loads represent the load in any given brace and do not reflect design loads in the various 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 Ωo amplification.

4. Type 2 "Upright Support" loads:

	Gravity	Seismic	
Vertical Force, at Base of Post	1,955	1,274	Lbs, LRFD
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	

Table No

 Forces result from ASCE7-16 LRFD Load combinations. These values do not include any Ωo amplification.

The lateral force due to gravity is the force required for stability of the top of post.



DATE: DRAWN BY: CML

APPROVED BY:

PROJECT NAME:

GULDMANN PLFT. ATTACHMENT

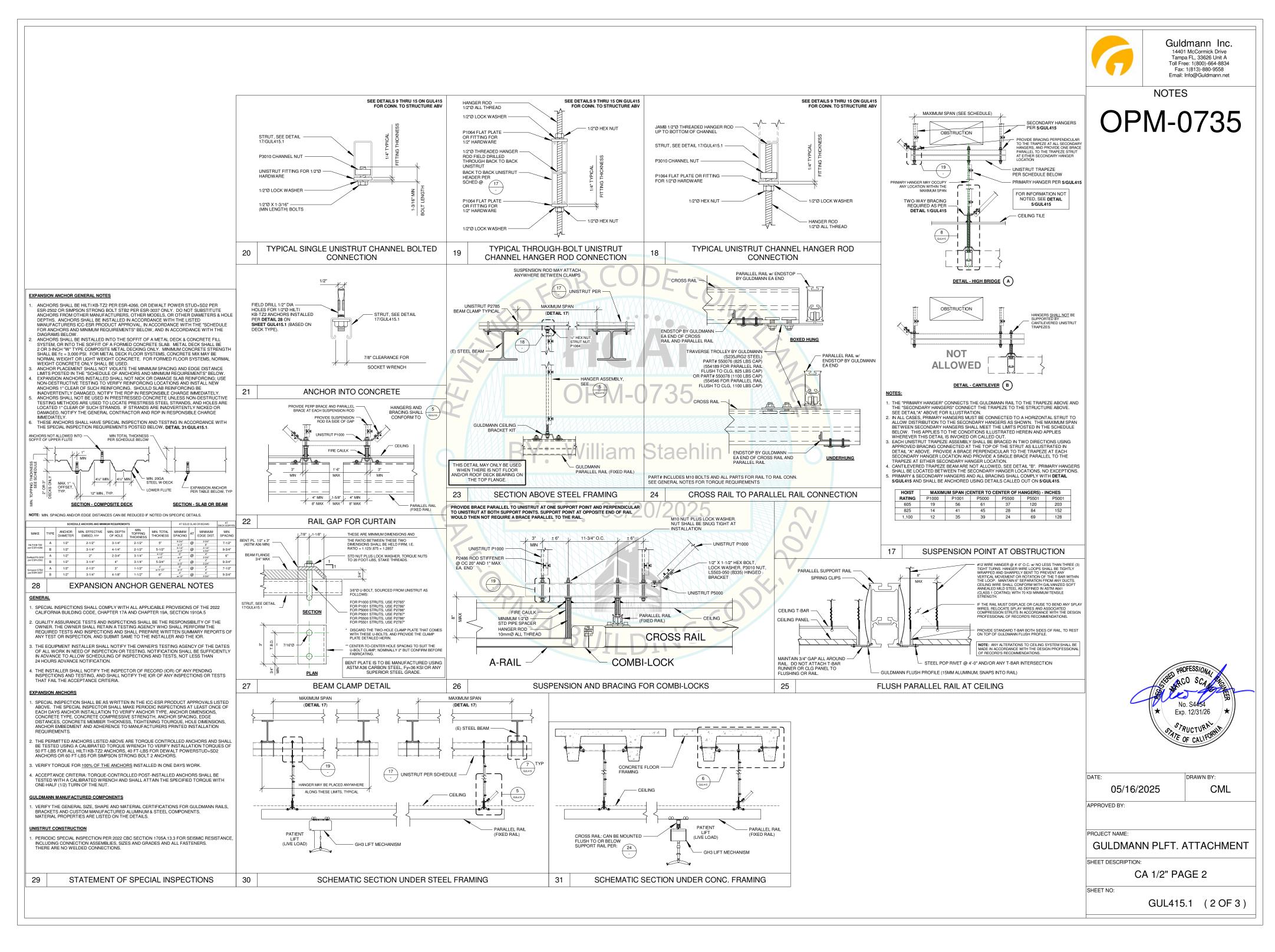
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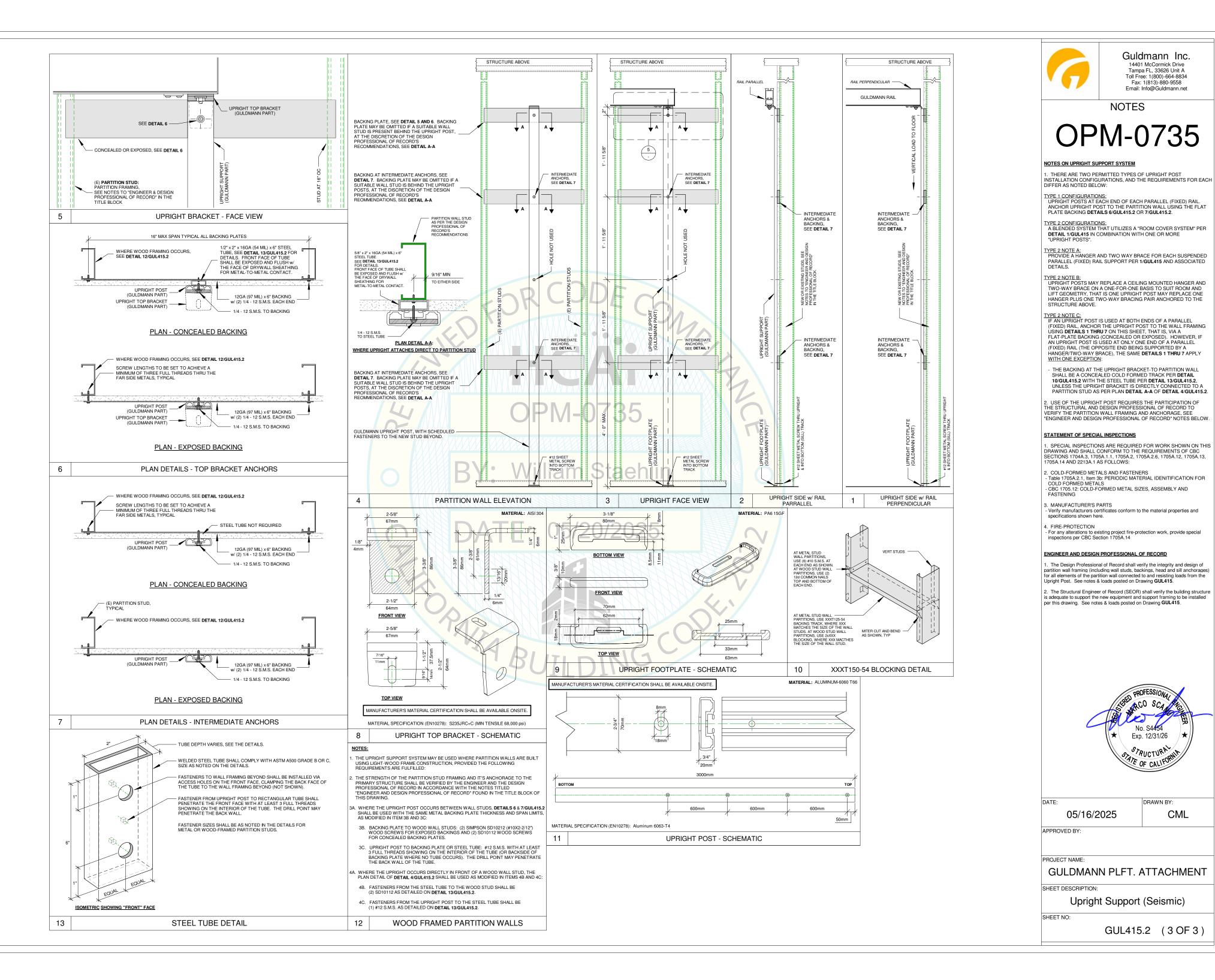
CA 1/2" PAGE 1

SHEET NO:

GUL415 (1 OF 3)

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05/20/2025

DRAWN BY:

CML