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| **APPLICATION FOR OSHPD SPECIAL SEISMIC CERTIFICATION PREAPPROVAL (OSP)** | | | | | | | | | | | | | | | | **OFFICE USE ONLY** | | | | |
| **APPLICATION #:** | | | **OSP –** | |
|  | | | | | | | | | | | | | | | | | | | | |
| **OSHPD Special Seismic Certification Preapproval (OSP)** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Type:** | | | New | | | | | Renewal | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Manufacturer Information** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |
| Manufacturer: | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Manufacturer’s Technical Representative: | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Telephone: | | | |  | | | | | | | | | | Email: |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Product Information** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Product Name: | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Product Type: | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Product Model Number: | | | | | | | | | |  | | | | | | | | | | |
| (List all unique product identification numbers and/or part numbers) | | | | | | | | | | | | | | | | | | | | |
| General Description: | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| Mounting Description: | | | | | | | | |  | | | | | | | | | | | |
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| **Applicant Information** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Applicant Company Name: | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Contact Person: | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Telephone: | | | |  | | | | | | | | | | Email: |  | | | | | |
| I hereby agree to reimburse the Office of Statewide Health Planning and Development review fees in accordance with the California Administrative Code, 2016. | | | | | | | | | | | | | | | | | | | | |
| Signature of Applicant: | | | | | | | | |  | | | | | | | | | Date: | |  |
| Title: | |  | | | | | | | | | | | Company Name: | |  | | | | | |



“Access to Safe, Quality Healthcare Environments that Meet California’s Diverse and Dynamic Needs”



STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **California Licensed Structural Engineer Responsible for the Engineering and Test Report(s)** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Company Name: | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | California License Number: | | |  |
|  | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Telephone: | | | | |  | | | | | | | Email: | | |  | |
|  | | | | | | | | | | | | | | | | |
| **Supports and Attachments Preapproval** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | Supports and attachments are preapproved under OPM- | | | | | | | | | | | |  | | |
|  | | (Separate application for OSHPD Preapproval of Manufacturer’s Certification (OPM) of Supports and attachments is required) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | Supports and attachments are not preapproved | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Certification Method** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | Testing in accordance with: | | | | | | | | |  | ICC-ES AC156 | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | Other (Please Specify): | | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Testing Laboratory** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Company Name: | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Contact Name: | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Telephone: | | | | |  | | | | | | | Email: | | |  | |
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“Access to Safe, Quality Healthcare Environments that Meet California’s Diverse and Dynamic Needs”



STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Seismic Parameters** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design in accordance with ASCE 7-10 Chapter 13: | | | | | | | | | | | | | | | | Yes | | | | No | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design Basis of Equipment or Components (Fp/Wp) = | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | SDS (Design spectral response acceleration at short period, g) = | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ap (In-structure equipment or component amplification factor) = | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Rp (Equipment or component response modification factor) = | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Ω0 (System overstrength factor) = | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Ip (Importance factor) = 1.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | z/h (Height factor ratio) = | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Equipment or Component Natural Frequencies (Hz) = | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Overall dimensions and weight (or range thereof) = | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equipment or Components @ grade designed in accordance with ASCE 7-10 Chapter 15: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design Basis of Equipment or Components (V/W) = | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | SDS (Design spectral response acceleration at short period, g) = | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | SD1 (Design spectral response acceleration at 1 second period, g) = | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | R (Response modification coefficient) = | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Ω0 (System overstrength factor) = | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Cd (Deflection amplification factor) = | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Ip (Importance factor) = | | | | 1.5 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Height to Center of Gravity above base = | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Equipment or Component Natural Frequencies (Hz) = | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Overall dimensions and weight (or range thereof) = | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tank(s) designed in accordance with ASME BPVC, 2015: | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **List of Attachments Supporting Special Seismic Certification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Test Report(s) | | | |  | Drawings | | | | | | |  | | | Calculations | | | | | | |  | | | Manufacturer’s Catalog | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Other(s) (Please Specify): | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OSHPD Approval** (For Office Use Only) – **Approval Expires on December 31, 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | |  | | | | | | | | | | | | | | | | | | | | | Date: | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | Title: | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Seismic Certification Valid Up to: | | | | | | | | | | | | SDS (g) = | | | | | |  | | | | | | | | | | | | z/h = | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Condition of Approval (if applicable): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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“Access to Safe, Quality Healthcare Environments that Meet California’s Diverse and Dynamic Needs”



STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

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**INSTRUCTIONS FOR APPLICANT**

(OSH-FD-759)

This form is required for all OSHPD Special Seismic Certification Preapproval (OSP) application submittals.

|  |
| --- |
| **OSHPD Special Seismic Certification Preapproval (OSP)** |

* The selected box indicates the type of application for submittal.

|  |
| --- |
| **Manufacturer Information** |

* Enter the Manufacturer’s identification and contact information.

|  |
| --- |
| **Product Information** |

* Enter the product identification information and product description.
* For product model number(s), list all unique product identification numbers and/or part numbers.

|  |
| --- |
| **Applicant Information** |

* Enter the contact information for the applicant and company legally responsible for review fees.

Note: Copies of correspondence will be sent to the Manufacturer’s Technical Representative and Applicant.

|  |
| --- |
| **California Licensed Structural Engineer Responsible for the Engineering and Test Report(s)** |

* Enter contact information for the California Licensed Structural Engineer for the engineering recommendation and test report(s) review & acceptance.

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| **Supports and Attachments Preapproval** |

* Enter related OSHPD Preapproval of Manufacturer’s Certification (OPM) information, if any.

|  |
| --- |
| **Certification Method** |

* OSP’s are based on tests in accordance with the ICC-ES AC 156. Historical test data that are not based on the ICC-ES AC 156 may be accepted when equivalence to the ICC-ES AC 156 requirements are established.

|  |
| --- |
| **List of Attachments Supporting Special Seismic Certification** |

* List all attachments supporting the Special Seismic Certification.
* Attachments shall be separated into two groups and submitted electronically (by e-mail or equivalent).
  + Group-1: Attachments that will be posted at OSHPD website:
    - List of equipment/components that shall be certified:
      * Identification numbers (model numbers or part numbers).
      * Size ranges (length, width, and height ranges).
      * Weight ranges.
      * SDS, if there is more than one SDS for approval.
      * z/h, if there is more than one z/h for approval.
      * List of major sub-assemblies and sub-components to be certified, when required by ICC-ES AC 156 Section 5.2.2.1.
    - Description of Unit Under Test (UUT) in accordance with ICC-ES AC 156 (for information only):
      * Detailed description of UUT including UUT configuration, listing of major sub-assemblies and sub-components, and any other applicable product differentiation.
      * Description of mounting method and configuration, including fastenings as applicable.
      * Photograph of the component set-up on the shake table.
      * Shake table test seismic parameters.
      * Resonance frequencies in each of the three directions.
      * Statement to verify that units were full of content during tests, if applicable.
      * Statement to verify that the units maintained structural integrity and functionality, after the ICC-ES AC 156 test.



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|  |
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| **List of Attachments Supporting Special Seismic Certification – Continued** |

* + - Group-2: Attachments that are required for review but will not be posted at OSHPD website:
      * Application fee.
      * Test report(s).
      * Verification of similarities for interpolated units in the form of manufacturer’s catalog and/or schematic cut sheets.
      * Where a listing of major sub-assemblies and sub-components are not required by ICC-ES AC 156 Section 5.2.2.1 or identification numbers are used as proxy for materials, a certification by the manufacturer that explicitly addresses all four items listed below shall be included:

1. Part numbers for the unit or system uniquely identify the configuration, manufacturers, and materials of the sub-components within the unit or system (The part number uniquely identifies the unit or system).
2. Sub-component manufacturers and materials within the two tested units used for interpolation are the same\*.
3. Sub-component manufacturers and materials within the interpolated units are the same\* as the two tested units used for interpolation.
4. Configuration of the interpolated units is similar to the two tested units used for interpolation.

\*Two materials are considered the “same” when they have same ASTM standard (or equivalent), material, and grade that define their mechanical properties within a given range. For example, if the two sub-components are built using carbon steel ASTM A36 material they are considered to be constructed of the “same” material.

**Submit all documents for review electronically to:** [**OSP@OSHPD.CA.GOV**](mailto:OSP@OSHPD.CA.GOV)



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