

OSH-FDD 759

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Office of Statewide Health Planning and Development

Facilities Development Division www.oshpd.ca.gov/fdd 400 R Street. Suite 200, Sacramento, California 95811-6213 Phone (916) 440-8300

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APPLICATION FOR PREAPPROVAL SPECIAL SEISMIC CERTIFICATION OF EQUIPMENT AND COMPONENTS

	For Office Use Only	
APPLICATION NO. OSP – 0090-10		Check whether application is: NEW X RENEWAL
	The state of the s	
	Siemens Industry, Inc. Building Technologies Division	Brian D. Campbell
.0	Manufacturer	Manufacturer's Technical Representative
	5400 Triangle Pkwy, Norcross, GA	30092
		Mailing Address
	800-964-4114	campbell.brian@siemens.com
	Telephone	E-mail Address
2.0	WL Low Voltage Switchgear, Type R rear-connected switchboard	CS Switchgear, NEMA 1 Indoor Enclosure
	Product Name	Product Type
	Type RCS rear-connected switchboar	red Type WL Low Voltage Power Circuit Breaker Switchgear, and rd.
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	Siemens Industry, Inc.	Brian D. Camphell
3.0	Building Technologies Division	Brian D. Campbell Contact Person
3.0	Siemens Industry, Inc. Building Technologies Division Applicant Company Name 501 Fountain Parkway, Grand Prair	Contact Person
3.0	Building Technologies Division Applicant Company Name	Contact Person
3.0	Building Technologies Division Applicant Company Name	ie, TX 75050
3.0	Building Technologies Division Applicant Company Name 501 Fountain Parkway, Grand Prair	ie, TX 75050 Mailing Address
her	Building Technologies Division Applicant Company Name 501 Fountain Parkway, Grand Prair (817) 652-6603 Telephone	ie, TX 75050 Mailing Address campbell.brian@siemens.com
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I her	Building Technologies Division Applicant Company Name 501 Fountain Parkway, Grand Prain (817) 652-6603 Telephone reby agree to reimburse the Office or red by the department for review. Buil Chill	ie, TX 75050 Mailing Address campbell.brian@siemens.com E-mail Address f Statewide Health Planning and Development for the actual costs June 28, 2010



Office of Statewide Health Planning and Development

0	Registered Design Professional Preparing the Report								
,	W. E. Gundy & Associates Inc. Company Name								
	William E. Comple		CE-26539 California License Number						
	William E. Gundy Contact Name	C							
	P.O. Box 2900 Hailey, ID 83333								
	Mailing Address								
	(208) 788 5989		wgundy@wegai.com E-mail Address						
	Telephone	- Boylow and Assentance of the							
	fornia Licensed Structural Enginee	er Review and Acceptance of the	e Report						
0	Tobo	lski Watkins Engineering, Inc.							
		Company Name							
	Derrick A. Watkins		S 5257						
	Contact Name		California License Number						
3710	Ruffin Road, San Diego, CA 92123	Mailian Address							
		Mailing Address							
	(858) 381-5843	dwatkins@tobolski	watkins.com E-mail Address						
	Telephone :horage Pre-Approval		E-mail Address						
	Anchorage is pre-approved under (Separate application for anchorage)								
	(Separate application for anchorage								
	(Separate application for anchorage Anchorage is not Pre-approved		☐ Other (Please Specify)						
Cen	(Separate application for anchorage Anchorage is not Pre-approved tification Method Testing in accordance with:	ge pre-approval is required)	☐ Other (Please Specify)						
Cen	(Separate application for anchorage Anchorage is not Pre-approved tification Method Testing in accordance with: Analysis	ge pre-approval is required)	☐ Other (Please Specify)						
Cen	(Separate application for anchorage Anchorage is not Pre-approved tification Method Testing in accordance with: Analysis Experience data	ge pre-approval is required) ICC-ES AC-156							
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Cert	(Separate application for anchorage Anchorage is not Pre-approved tification Method Testing in accordance with: Analysis Experience data Combination of Testing, Analysis, ting Laboratory (if applicable) Clark Dynamic Test Laboratory	ge pre-approval is required) Solution ICC-ES AC-156 and/or Experience Data (Please Solution)	Specify): antenucci, Test Manager						
Cen	(Separate application for anchorage Anchorage is not Pre-approved tification Method Testing in accordance with: Analysis Experience data Combination of Testing, Analysis, ting Laboratory (if applicable) Clark Dynamic Test Laboratory Company Name	ge pre-approval is required) ICC-ES AC-156 and/or Experience Data (Please S	Specify): untenucci, Test Manager						
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Office of Statewide Health Planning and Development



0.0	Approval Parameters														
9.0	Design in accordance with ASCE 7-05 Chapter 13: Yes No														
	Design Basis of Equipment or Components $(F_p/W_p) = 1.0g$														
	S _{DS} (Spectral response acceleration at short period) = 1.33g [See Attachment A, Table # 3]														
	a_p (In-structure equipment or component amplification factor) = 2.5														
	R_p (Equipment or component response modification factor) = 6.0														
	I_p (Importance factor) = 1.5 z/h (Height factor ratio)= 1.0 [See Attachment A, Table # 3] Equipment or Component fundamental period(s) = See Attachment A, Table # 1														
									Building period limits (if any) = None Overall dimensions and weight (or range) = See Attachment A, Table # 2						
		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														
0.0	List of attachments supporting the special seismic certification of equipment or components:														
	☐ Calculations ☐ Others (Please Specify): Cover letter														
1.0	OSHPD Approvaly(For Office Use Only)														
_	11/30/2010 December 31, 2016														
	Signature & Date Approval Expiration Date Chair Token SUED														
1	Chris Tokas, SHFR Sps (g) = 1.33 z/h = 1.00 Name & Title														
	Condition of Approval (if any): Name & Title Special Seismic Certification Valid Up to														

ATTACHMENT A - OSP Submittal: Siemens LVSG ESQ

Table 1 - Tested Specimen Information

Test	Width	Height	Depth	Weight	Resonant Frequencies (Hz)			eight Resonant Frequencies (Hz)	Enclosure
Specimen	(in)	(in)	(in)	(lb)	F-B	S-S	V	Enclosure	
UUT 1-A	22	92	60	3,000			. 22	NEMA 1	
UUT 1-B	32	92	60	3,300	7.8	5.5	> 33	NEMA 1	

Table 2 - Certified Enclosure Details

E 23 Kallan	Width	Height	Depth	Max Weight	Max C.G.	Certified Breakers		
Enclosure	(in)	(in)	(in)	(lb)	Height	Max Size Type		
	22	92	60	3,000	60 in	3,200 Amp	Non-fused	
NEMA 1	32	92	60	3,300	62 in	5,000 Amp	Non-fused	

Table 3 - Seismic Certification Levels

Level Qu	Level Qualified		
S _{DS}	z/h	F _p / W _p	
2.13	0.0	0.96	
1.33	1.0	1.00	