



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION

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

OFFICE USE ONLY

APPLICATION #: OPM-0568

OSHPD Preapproval of Manufacturer's Certification (OPM)

Type: New Renewal/Update

Manufacturer Information

Manufacturer: Safe-T-Proof

Manufacturer's Technical Representative: Glen Granholm

Mailing Address: 1210 W. Burbank Blvd., Suite A, Burbank, CA 91506

Telephone: (800) 377-8888

Email: gg@safe-t-proof.com

Product Information

Product Name: Safe-T-Proof Laboratory Equipment Anchorage Kit

Product Type: Earthquake Fastening Kit

Product Model Number: (STP-MP-203-09)

General Description: Adhesive-Based Quick Release fastener to secure items to the wall

Applicant Information

Applicant Company Name: Safe-T-Proof

Contact Person: Glen Granholm

Mailing Address: 1210 W. Burbank Blvd., Suite A, Burbank, CA 91506

Telephone: (800) 377-8888

Email: gg@safe-t-proof.com

Title: Vice President

Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY





**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION**

Registered Design Professional Preparing Engineering Recommendations

Company Name: BASE DESIGN

Name: Kathryn Briggs

California License Number: S5732

Mailing Address: 582 Market St., Suite 1101, San Francisco, CA 94104

Telephone: (415) 466-2997

Email: Katy@BASEdesigninc.com

OSHPD Special Seismic Certification Preapproval (OSP)

Special Seismic Certification is preapproved under OSP

OSP Number: _____

Certification Method

Testing in accordance with: ICC-ES AC156 FM 1950-16

Other(s) (Please Specify): ICC-ESR 4167

*Use of criteria other than those adopted by the California Building Standards Code, 2019 (CBSC 2019) 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 2019 may be used when approved by OSHPD prior to testing.

Analysis

Experience Data

Combination of Testing, Analysis, and/or Experience Data (Please Specify): _____

OSHPD Approval

Date: 6/10/2021

Name: Jeffrey Kikumoto

Title: Senior Structural Engineer

Condition of Approval (if applicable): _____



ISOMETRIC - RENDERS
SCALE: N.T.S.

ONE, TWO AND THREE CELL TALL CABINET SUPPORTS AND ATTACHMENTS

- NOTES:
1. FASTEN ON BOTH SIDES OF EQUIPMENT
2. CHANNEL REQUIRES ATTACHMENTS TO MINIMUM (3) STUDS

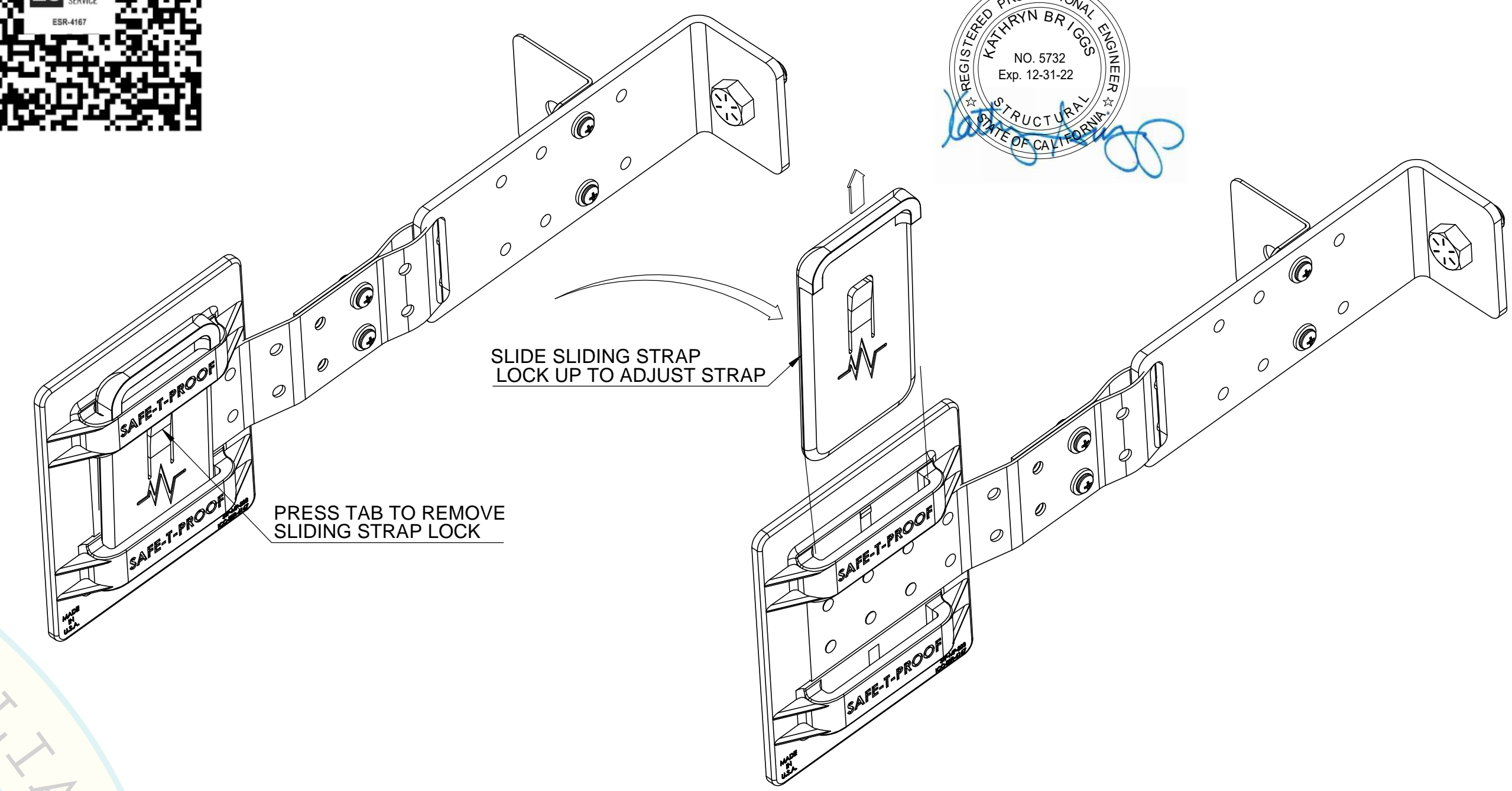
MODEL	Z/H	# OF STRAPS	Wp (LBS)	FORCES		CABINET PROPERTIES		
				T MAX (LBS) SHEAR	V MAX (LBS) TENSION	L (IN)	W (IN)	H (IN)
ONE-CELL CABINETS	0.800	4	480	56	161	26 1/2	27	77.500
ONE-CELL CABINETS	0.750	4	500	56	161	26 1/2	27	77.500
ONE-CELL CABINETS	0.670	4	530	56	160	26 1/2	27	77.500
ONE-CELL CABINETS	0.800	6	720	56	161	26 1/2	27	77.500
ONE-CELL CABINETS	0.750	6	750	56	161	26 1/2	27	77.500
ONE-CELL CABINETS	0.670	6	800	56	161	26 1/2	27	77.500
TWO-CELL CABINETS	0.800	4	740	86	161	51 1/2	27	77.500
TWO-CELL CABINETS	0.750	4	770	86	161	51 1/2	27	77.500
TWO-CELL CABINETS	0.670	4	820	86	161	51 1/2	27	77.500
TWO-CELL CABINETS	0.800	6	1,100	85	160	51 1/2	27	77.500
TWO-CELL CABINETS	0.750	6	1,140	85	160	51 1/2	27	77.500
TWO-CELL CABINETS	0.670	6	1,220	85	160	51 1/2	27	77.500
THREE-CELL CABINETS	0.800	4	760	89	156	75 1/2	27	77.500
THREE-CELL CABINETS	0.750	4	800	90	158	75 1/2	27	77.500
THREE-CELL CABINETS	0.670	4	860	90	158	75 1/2	27	77.500
THREE-CELL CABINETS	0.800	6	1,180	92	161	75 1/2	27	77.500
THREE-CELL CABINETS	0.750	6	1,230	92	161	75 1/2	27	77.500
THREE-CELL CABINETS	0.670	6	1,310	92	161	75 1/2	27	77.500

F TABLE OF FORCES ON EXISTING STRUCTURE
V MAX = MAXIMUM APPLIED SHEAR PER FASTENER
T MAX = MAXIMUM APPLIED TENSION PER FASTENER
Wp = TOTAL WEIGHT; INCLUDES UNIT SELF WEIGHT AND 10 PCF OF CONTENTS.

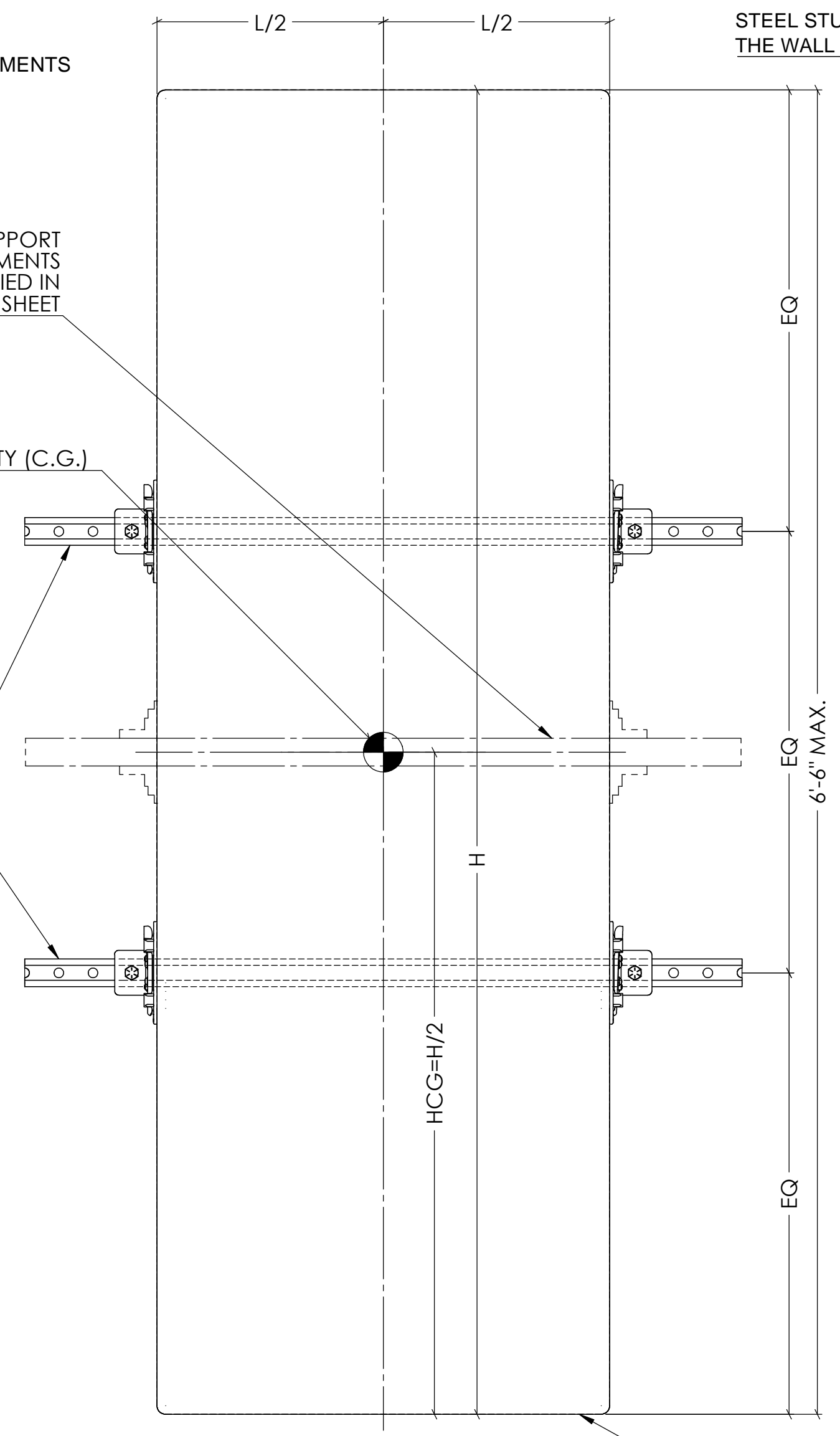
- CENTER OF GRAVITY (C.G.) WEIGHT IS A MAXIMUM. THIS PREAPPROVAL ENCOMPASSES ALL WEIGHTS UP TO THE MAXIMUM WT. SHOWN.
- EQUIPMENT MANUFACTURER MUST DESIGN UNIT TO MAKE C.G. ≤ THE C.G. HEIGHT DIMENSION DERIVED FROM THE TABLE



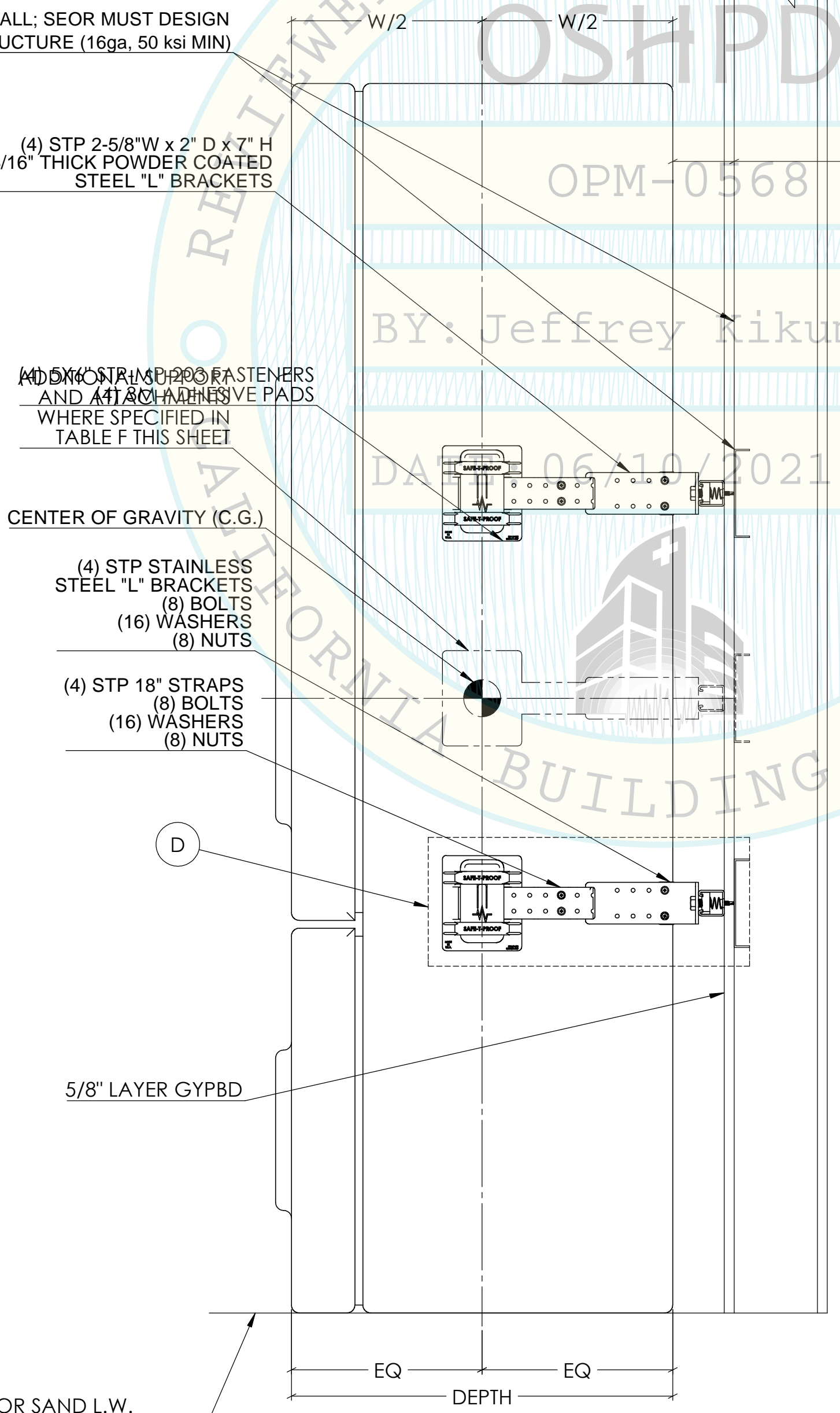
REVISIONS				
ZONE	REV.	DESCRIPTION	DATE	APPROVED
-	A	UPDATED RELEASE	4-19-21	RGB
-	B	UPDATE PER REDLINE 6-2-21	6-7-21	RGB



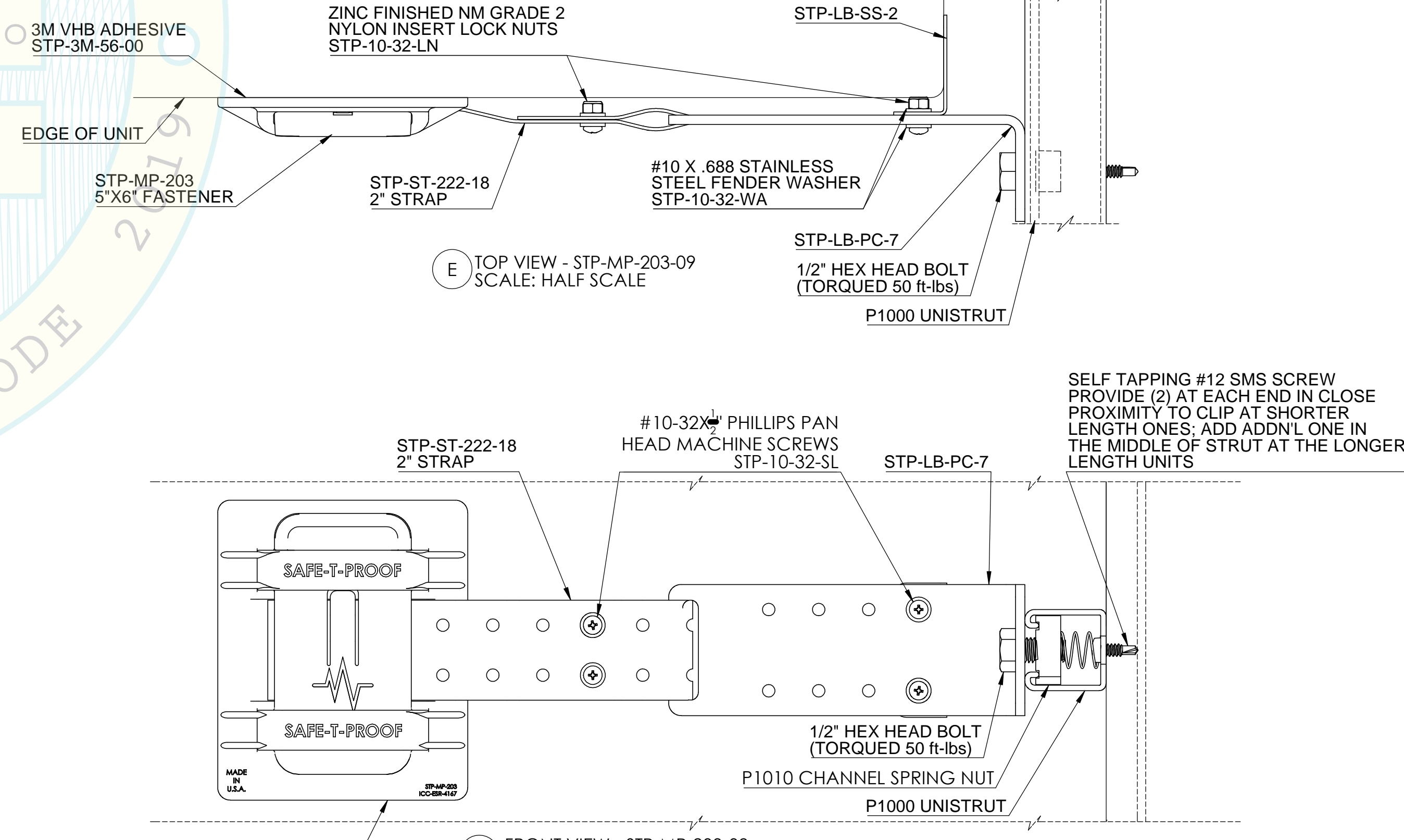
C ISOMETRIC VIEW - STP-MP-203-09 ASSEMBLY
SCALE: HALF SCALE



A FRONT VIEW
SCALE: 1:7



B SIDE VIEW
SCALE: 1:7



E TOP VIEW - STP-MP-203-09
SCALE: HALF SCALE

D FRONT VIEW - STP-MP-203-09
SCALE: HALF SCALE

- NOTES:
1) FOLLOW MANUFACTURER'S INSTRUCTIONS FOR ADHESION OF FOAM ADHESIVE TO BOND SURFACES AS FOLLOWS:
a. LIGHTLY ABRAS THE BOND AREA OF SURFACES (POWDER-COATED STEEL & STAINLESS STEEL) WITH A SCOTCHBRITE 7447 PAD, AND THEN CLEAN WITH A 70:30 ISOPROPYL ALCOHOL (IPA)/WATER SOLUTION, ALLOWED TO DRY, PRIOR TO APPLICATION OF THE ADHESIVE PADS.

OMNICELL MEDICATION DISPENSER EQUIPMENT: MODELS LISTED BELOW
ONE-CELL CABINET MODELS
MED-FRM-101, MED-AUX-101, SUP-FRM-101, CSM-FRM-101, CSM-FRM-104, CSM-FRM-107, CSM-FRM-110, NAC-FRM-104, NAC-FRM-105, NAC-FRM-106, NAC-FRM-108, NAC-FRM-111, MED-FRM-022, MED-FRM-023, MED-FRM-030, MED-FRM-040, MED-FRM-041, MED-FRM-042
TWO-CELL CABINET MODELS
MED-FRM-102, MED-AUX-102, SUP-FRM-102, CSM-FRM-102, CSM-FRM-105, CSM-FRM-108, CSM-FRM-111, NAC-FRM-106, NAC-FRM-107, NAC-FRM-109, MED-FRM-024, MED-FRM-025, MED-FRM-031, MED-FRM-032, MED-FRM-036, MED-FRM-037, MED-FRM-043, MED-FRM-044, MED-FRM-045
THREE-CELL CABINET MODELS
MED-FRM-103, MED-AUX-103, SUP-FRM-103, CSM-FRM-103, CSM-FRM-106, CSM-FRM-109, CSM-FRM-112, MED-FRM-026, MED-FRM-027, MED-FRM-028, MED-FRM-033, MED-FRM-034, MED-FRM-035, MED-FRM-047, MED-FRM-048, MED-FRM-049, MED-FRM-05

PROPRIETARY AND CONFIDENTIAL
DRAWING IS NOT FOR USE OR DISCLOSURE
WITHOUT SAFE-T-PROOF DISPENSER PREPARATION
CO., INC.
ADDRESS:
SAFE-T-PROOF DISPENSER PREPARATION CO., INC.
1000 N. GARDEN ST.
DUBLIN, CA 94568
TITLE: SAFETY STRAP ASSEMBLY
SCALE: NOTED SHEET 1 OF 2

GENERAL NOTES
I. GENERAL

- THIS OSHPD PRE-APPROVAL OF MANUFACTURERS CERTIFICATION (OPM) IS BASED ON THE CALIFORNIA BUILDING CODE (CBC) 2019. THE DEMAND (DESIGN FORCES) FOR USE WITH THIS OPM MUST BE BASED ON THE CBC 2019.
- PRE-APPROVED DESIGN AND MATERIALS CONFORM WITH THE 2019 EDITIONS OF THE CALIFORNIA BUILDING CODE. DETAILS WITHIN THIS APPROVAL MAY BE USED ANYWHERE IN THE STATE OF CALIFORNIA WHERE $S_{DS} \leq 1.60$ FOR MAX PERMITTED WEIGHT FOR EQUIPMENT HEIGHT RELATIVE TO ROOF HEIGHT.
- SEISMIC FORCES ON EQUIPMENT DETERMINED PER THE 2019 CBC & ASCE 7-16 SECTION 13.3. ALL LOADS IN THIS PRE-APPROVAL ARE AT ALLOWABLE STRESS DESIGN LEVEL AND MUST BE USED FOR ALLOWABLE DESIGN. MAXIMUM PERMITTED WEIGHT FOR EQUIPMENT HEIGHT RELATIVE TO ROOF HEIGHT IS AS FOLLOWS FOR OMNICEL ONE-CELL, TWO-CELL AND THREE-CELL CABINET.
- SHEET METAL SCREWS (SMS) MUST BE TEKS SCREWS BY ITW BULDEX (ICC-ES ESR-1976)

II. RESPONSIBILITIES OF THE STRUCTURAL ENGINEER OF RECORD

- VERIFY MATERIALS TO CONFORM WITH THE 2019 EDITION OF THE CALIFORNIA BUILDING CODE AND THE REQUIREMENTS OF THIS PRE-APPROVAL DOCUMENT.
- VERIFY THE ADEQUACY OF THE EXISTING FRAMING TO SUPPORT THE LOADS INDICATED IN THESE DRAWINGS, IN ADDITION TO ALL OTHER LOADS.
- DESIGN ANY SUPPLEMENTARY MEMBERS AND THEIR ATTACHMENTS OTHER THAN THOSE DETAILED WITHIN THIS PRE-APPROVAL.
- VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH THE 2019 CBC AND WITH THE DETAILS SHOWN IN THIS PRE-APPROVAL.
- VERIFY THAT THE SITE SEISMIC PARAMETERS DO NOT EXCEED WHAT IS PERMITTED UNDER THIS OPM.
- PROVIDE SUPPORTING STRUCTURE TO SUPPORT WEIGHTS AND FORCES SHOWN IN ADDITION TO ALL OTHER LOADS.

III. STRUCTURAL TESTS, INSPECTIONS, AND OBSERVATIONS

- AN INDEPENDENT APPROVED AGENCY, CONFORMING TO 2019 CBC SECTION 1703A.1, WILL BE RETAINED BY THE OWNER TO PERFORM THE FOLLOWING TESTING AND INSPECTIONS.
 - PERIODIC INSPECTION OF CLEANING OF THE EQUIPMENT PRIOR TO INSTALLATION OF ADHESIVE PADS
 - PERIODIC INSPECTION OF FIELD CUTTING OF NYLON WEBBING (IF APPLICABLE).

IV. DESIGN CRITERIA

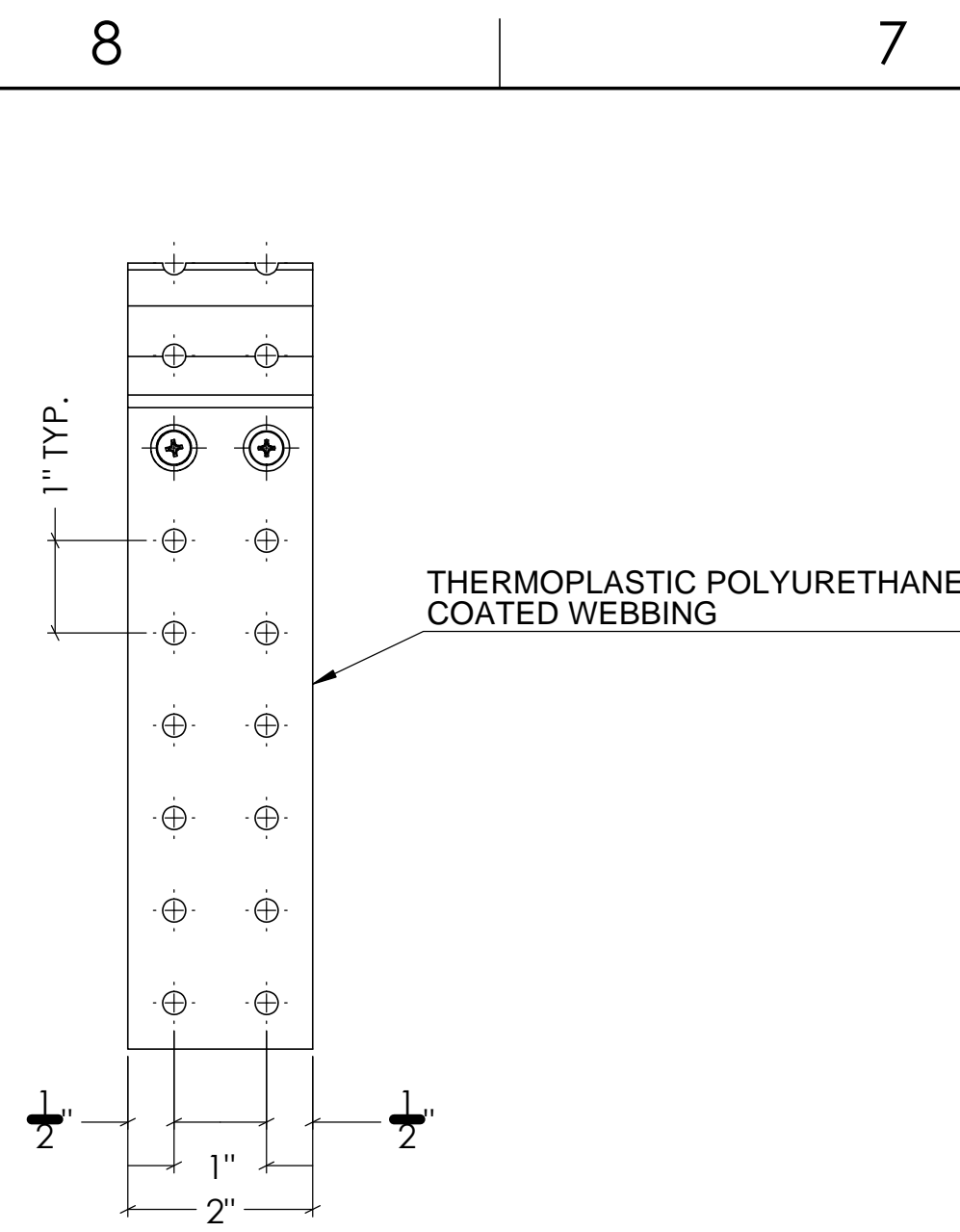
- APPLICABLE CODE: 2019 CALIFORNIA BUILDING CODE.

- SEISMIC DESIGN:
SEISMIC FORCE $F = 0.4 * \frac{S_{DS} * a_p(1 + 2 * Z/h) W_p}{(R_p / I_p)}$

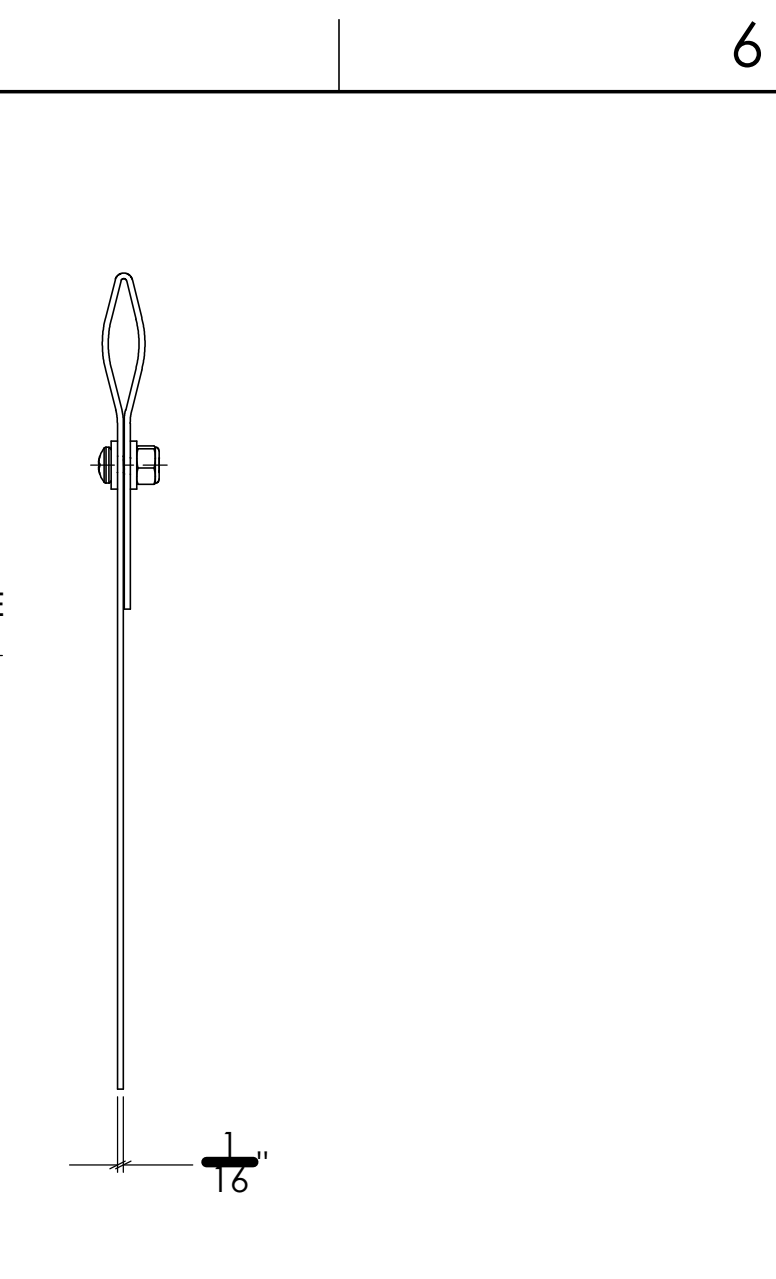
WHERE:
 $S_{DS} = 160\%G$ MAXIMUM ACCELERATION
 $I_p = 1.5$
 $Z/h = \leq$ VALUE CITED IN TABLE ON SHT 01
 $R_p = 2.5$
 $a_p = 1.0$

V. HOW TO USE THIS PRE-APPROVAL

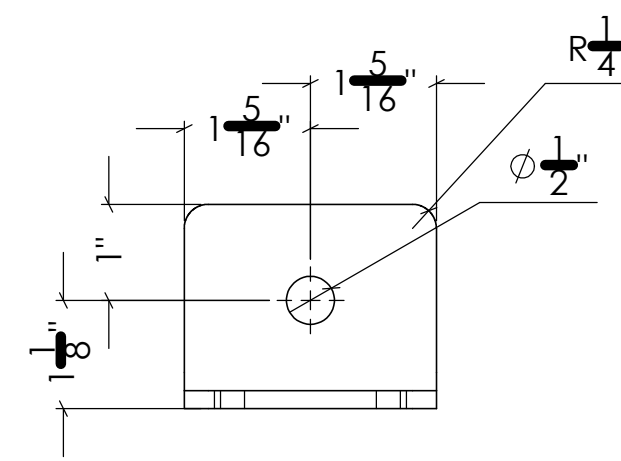
- REVIEW AND UNDERSTAND ALL GENERAL NOTES AND FIGURES BEFORE PROCEEDING.
- FOR THE SELECTED INTERIOR EQUIPMENT, Z/h RATIO AND SEISMICITY (S_{DS}) DETERMINE THE APPLICABILITY OF THIS FASTENING SYSTEM.
- DETERMINE THE IMPACT ON THE EXISTING WALL STRUCTURE FROM THE VALUES PROVIDED IN TABLE F/01 AND VERIFY THE ADEQUACY OF THE EXISTING STRUCTURE WITH THE STRUCTURAL ENGINEER OF RECORD FOR THE BUILDING.
- IF A UNIT IS SUBMITTED OTHER THAN WHAT IS SHOWN IN THIS DOCUMENT, THE SUPPORTS AND ATTACHMENTS FOR THAT UNIT MUST BE DESIGNED ON A PROJECT BY PROJECT BASIS AND MUST REQUIRE PROJECT-SPECIFIC OSHPD APPROVAL.



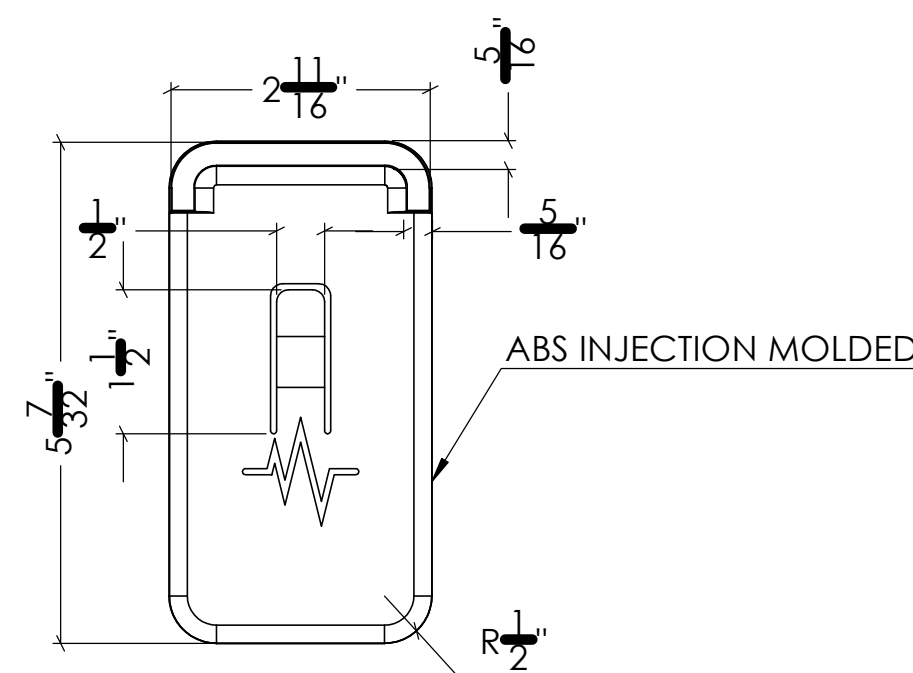
1 FRONT VIEW - STP-ST-222-18



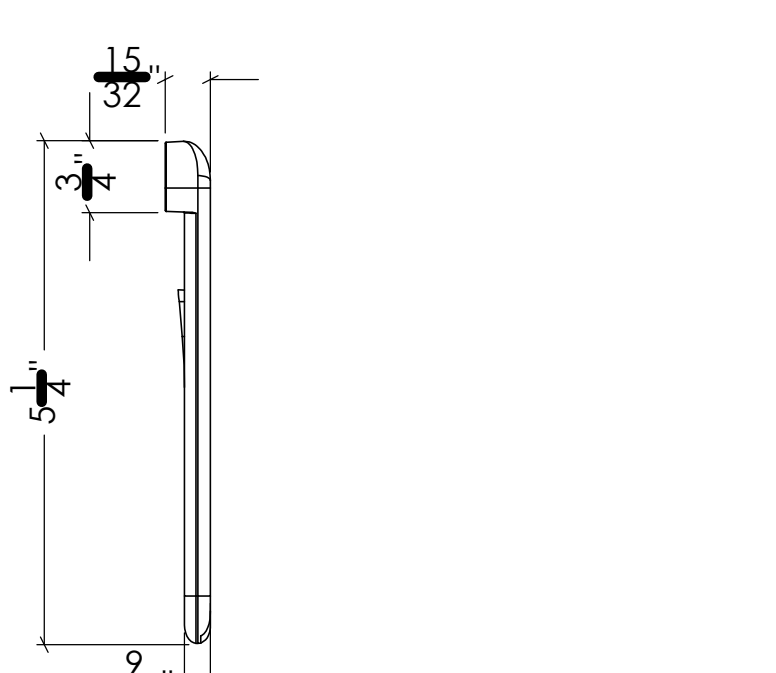
2 SIDE VIEW - STP-ST-222-18



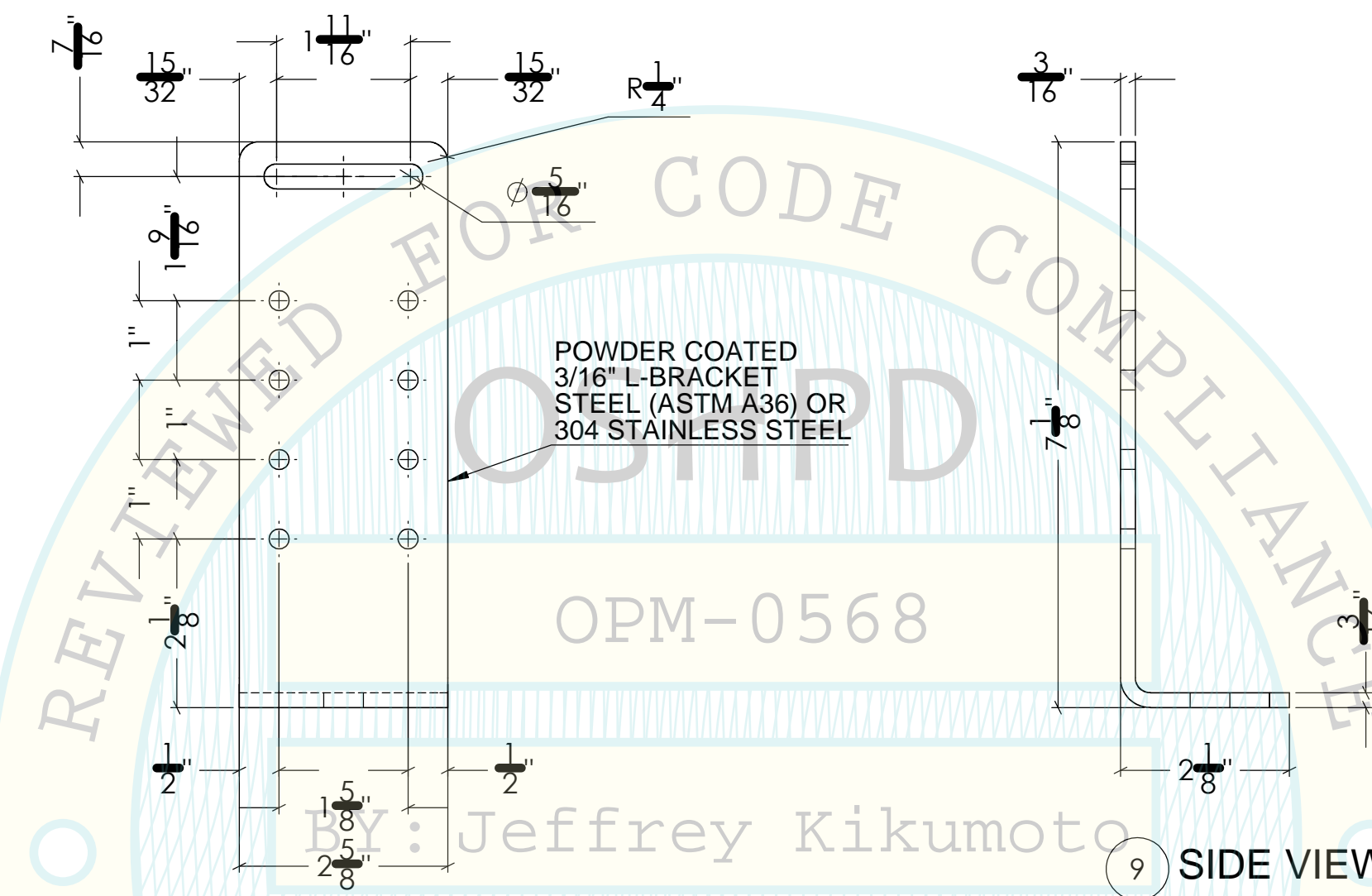
10 TOP VIEW - STP-LB-PC-7



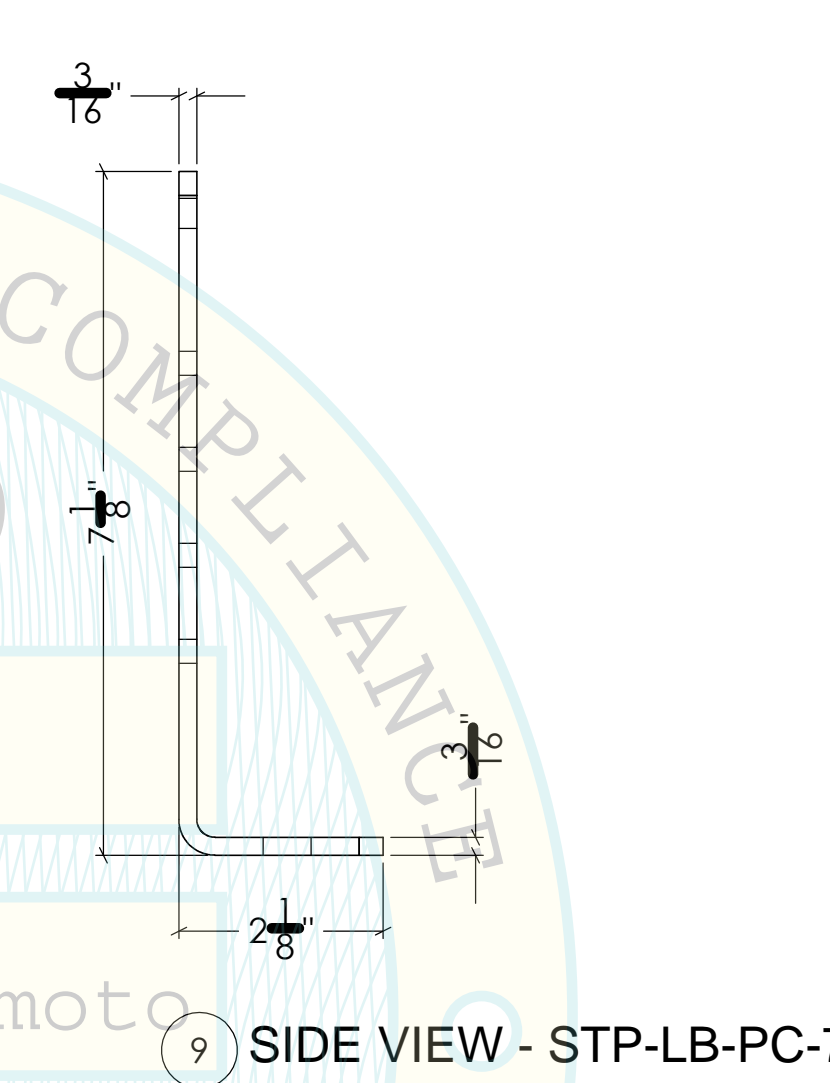
3 FRONT VIEW - STP-MP-203 SLIDING STRAP LOCK



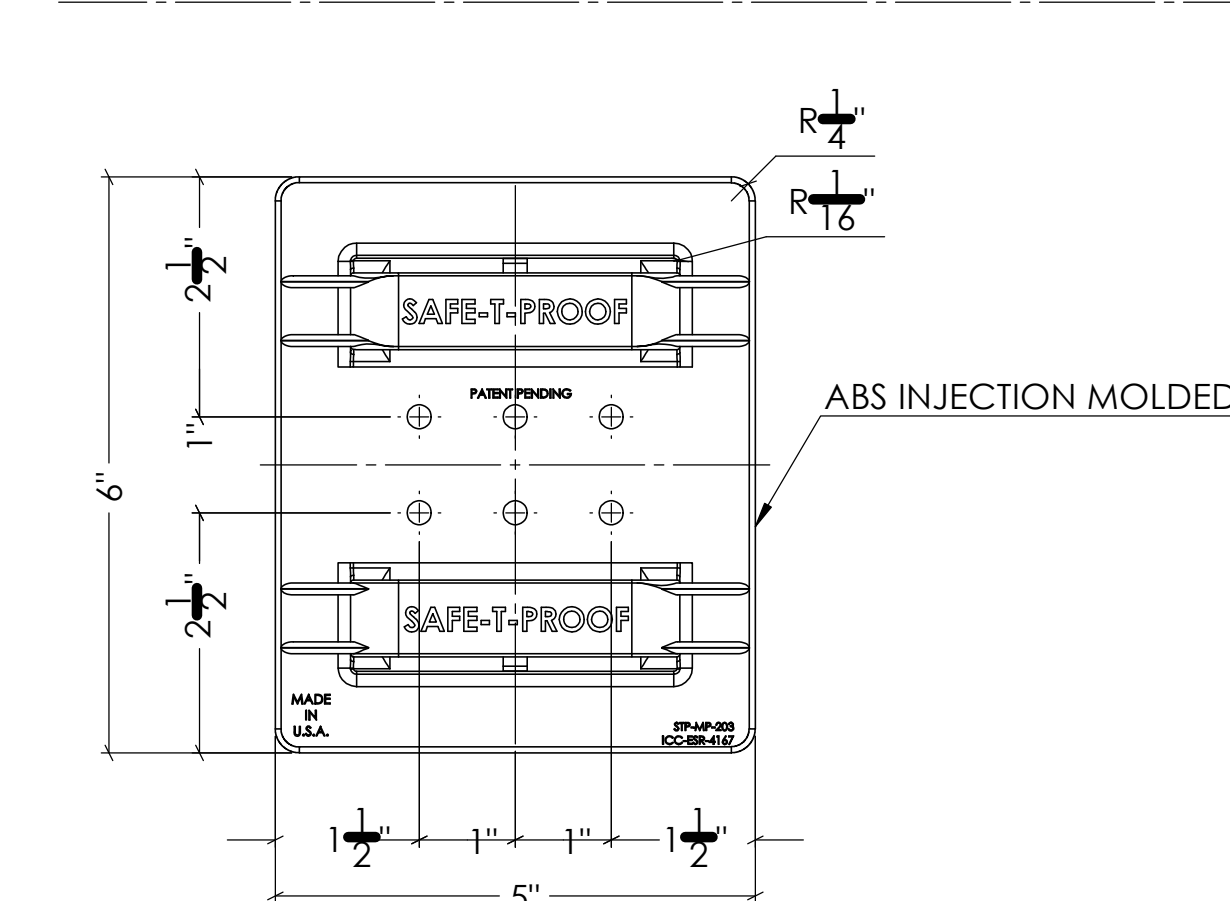
4 SIDE VIEW - STP-MP-203 SLIDING STRAP LOCK



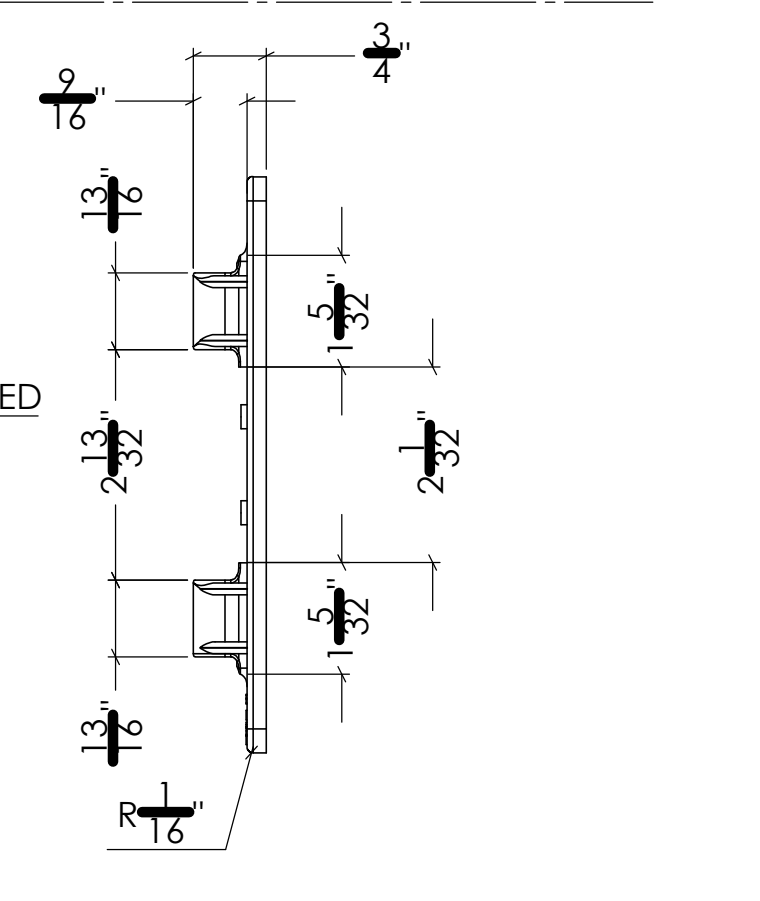
8 FRONT VIEW - STP-LB-PC-7



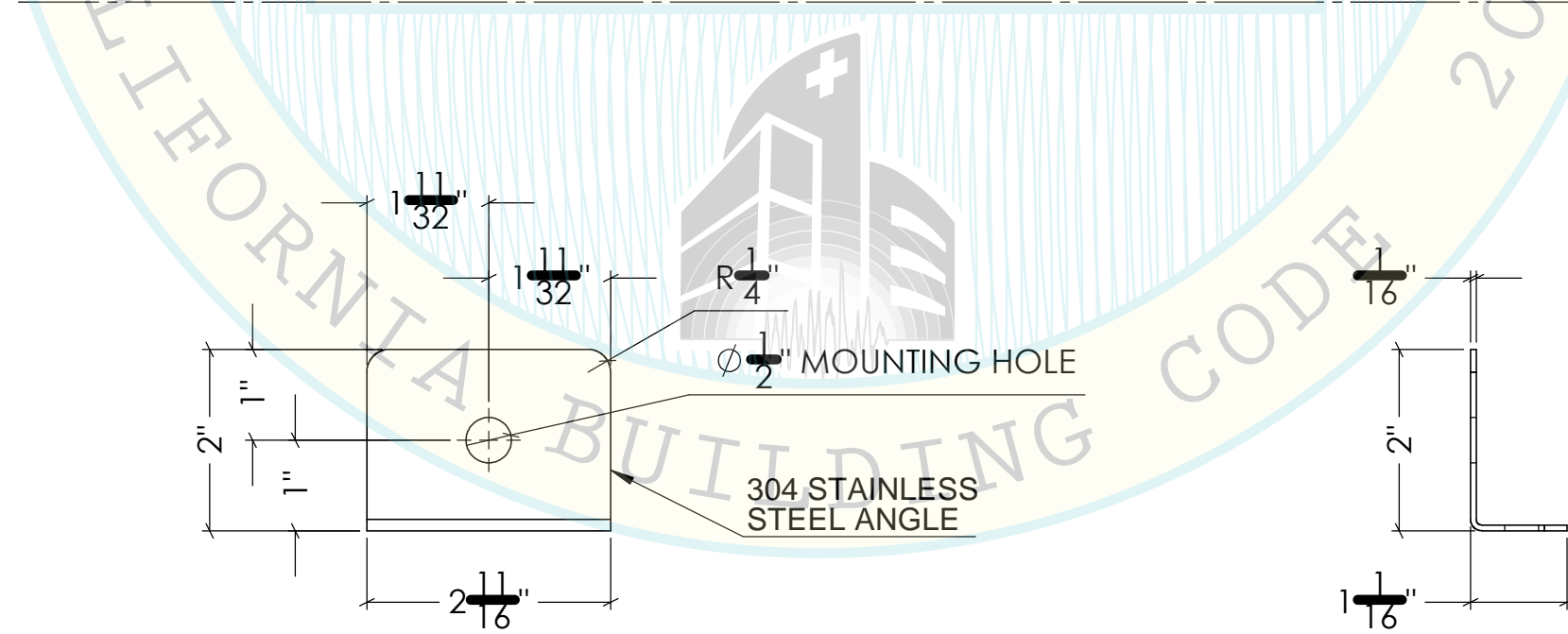
9 SIDE VIEW - STP-LB-PC-7



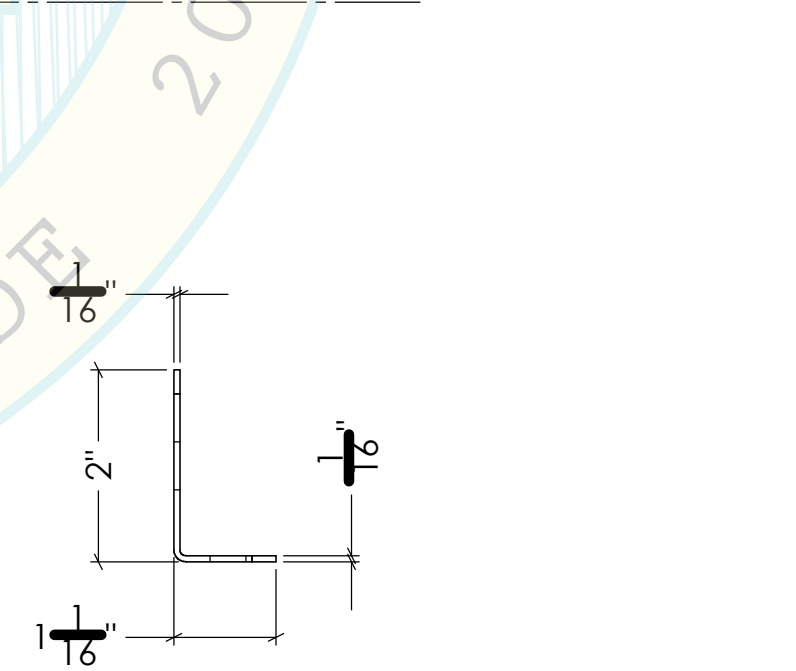
5 FRONT VIEW - STP-MP-203 BASE UNIT



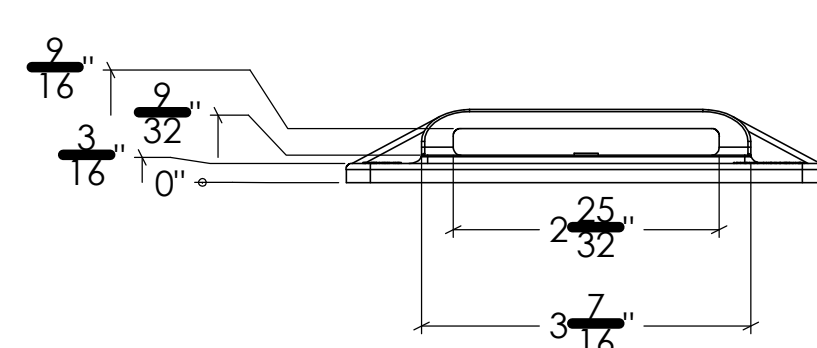
6 SIDE VIEW - STP-MP-203 BASE UNIT



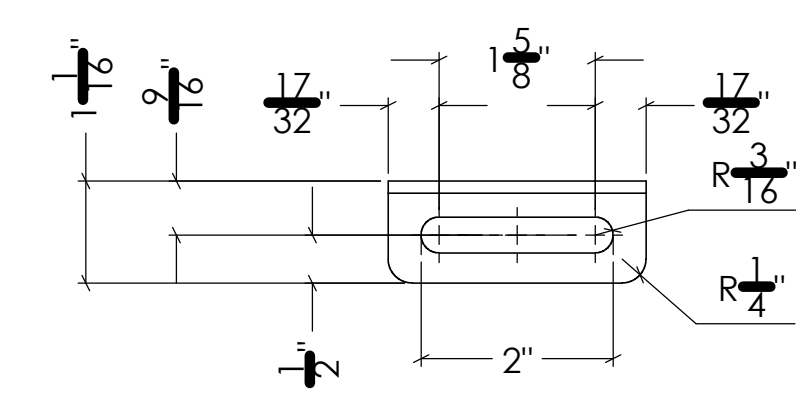
11 FRONT VIEW - STP-LB-SS-2 BACK-TIP BRACKET



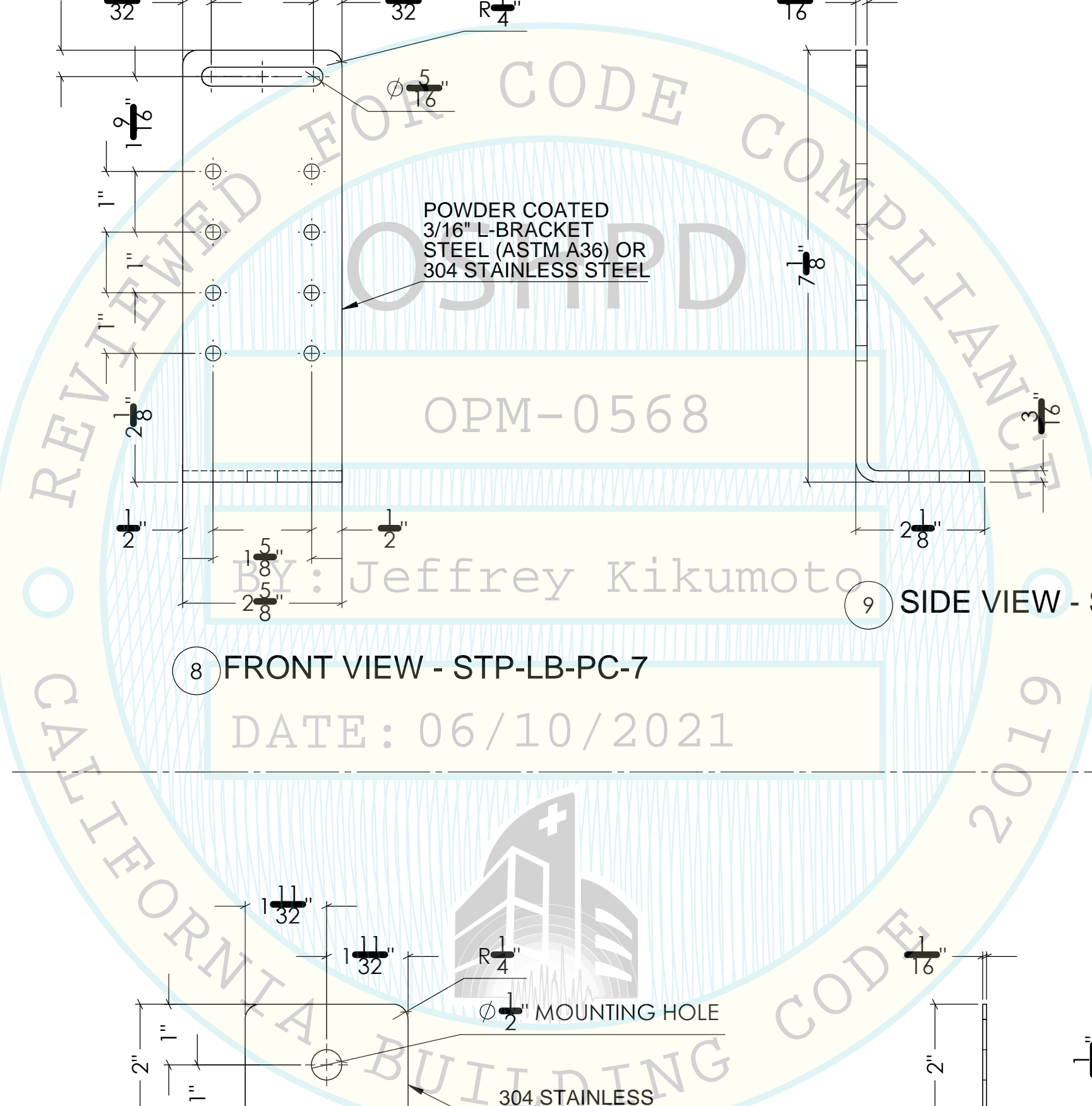
12 SIDE VIEW - STP-LB-SS-2 BACK-TIP BRACKET



7 TOP VIEW - STP-MP-203 BASE UNIT



13 TOP VIEW - STP-LB-SS-2 BACK-TIP BRACKET



OMNICELL MEDICATION DISPENSER EQUIPMENT: MODELS LISTED BELOW ONE-CELL CABINET MODELS MED-FRM-101, MED-AUX-101, SUP-FRM-101, CSM-FRM-101, NAC-FRM-104, CSM-FRM-104, CSM-FRM-107, CSM-FRM-107, NAC-FRM-104, NAC-FRM-105, NAC-FRM-106, NAC-FRM-110, NAC-FRM-111, MED-FRM-022, MED-FRM-023, MED-FRM-030, MED-FRM-040, MED-FRM-041, MED-FRM-042 TWO-CELL CABINET MODELS MED-FRM-102, MED-AUX-102, SUP-FRM-102, CSM-FRM-102, CSM-FRM-105, CSM-FRM-108, CSM-FRM-108, CSM-FRM-111, NAC-FRM-106, NAC-FRM-107, NAC-FRM-108, MED-FRM-024, MED-FRM-025, MED-FRM-031, MED-FRM-032, MED-FRM-036, MED-FRM-037, MED-FRM-043, MED-FRM-044, MED-FRM-045 THREE-CELL CABINET MODELS MED-FRM-103, MED-AUX-103, SUP-FRM-103, CSM-FRM-103, CSM-FRM-106, CSM-FRM-109, CSM-FRM-112, MED-FRM-026, MED-FRM-027, MED-FRM-028, MED-FRM-033, MED-FRM-034, MED-FRM-035, MED-FRM-047, MED-FRM-048, MED-FRM-049, MED-FRM-05	
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ADDRESS: SAFE-T-PROOF MANUFACTURING CO., INC. 1200 N. 10TH ST. TULSA, OK 74103	TITLE: SAFETY STRAP ASSEMBLY DWG. NO. D STP-MP-203-09 SCALE: HALF SCALE SHEET 2 OF 2