

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

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

OFFICE USE ONLY

APPLICATION #: OPM-0134

OSHPD Preapproval of Manufacturer's Certification (OF	°M)
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Type: New X Renewal/Update

Manufacturer Information

Manufacturer: CareFusion

Manufacturer's Technical Representative: William Webster

Mailing Address: 10020 Pacific Mesa Boulevard, San Diego, CA 92121

Telephone: (858) 617-4412

Email: William.Webster@BD.com

Product Information

Product Name: VERTICAL CAROUSEL 21XXXX-102 SERIES

Product Type: Other Mechanical & Electrical Equipment

Product Model Number: 21XXXX-102 SERIES

General Description: Pharmaceutical Storage and Retrieval System

Applicant Information

Applicant Compar	ny Name: EASE LLC.	CODA					
Contact Person:	Tiffany Tonn	BUILDING					
Mailing Address: 1515 FAIRVIEW AVE, STE 205, MISSOULA, MT 59801							
Telephone: (406)) 541-3273	Email: tiffany@easeco.com					

Title:



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

Registered Design Professonal Preparing Engineering Recommendations
Company Name: EASE
Name: Jonathan Roberson California License Number: S4197
Mailing Address: 5877 Pine Ave., Suite 210, Chino Hills, CA 91709
Telephone: (909) 606-7622 Email: jon@EASECo.com
OSHPD Special Seismic Certification Preapproval (OSP)
Special Seismic Certification is preapproved under OSP OSP Number:
CODA
Certification Method
Testing in accordance with: ICC-ES AC156 FM 1950-16
Other(s) (Please Specify):
*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 BY: Jeffrey Kikumoto O
Experience Data C DATE: 06/15/2020 C
Combination of Testing, Analysis, and/or Experience Data (Please Specify):
TO A A A A A A A A A A A A A A A A A A A
COPY - COPY
OSHPD Approval
Date: 6/15/2020

Name: Jeffrey Kikumoto

Title: Senior Structural Engineer

Condition of Approval (if applicable):



		EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING Office of Statewide Health Planning and Development EAPPROVAL OF MANUFACTURER'S CERTIFIC OPM-0134 PREAPPROVAL CONFORMS TO THE 2019 CALIFORNIA BUILDI	
	ANUFACTURER: CareFus QUIPMENT NAME: VERTIC	sion AL CAROUSEL (21XXXX-102 SERIES)	Sheet: <u>1 of 4</u> Date: 6/3/20
1. 2. 3. 4. 5. 6. 7.	(DESIGN FORCES) FOR USE WIT THIS DOCUMENT MAY ONLY BE SPECIFIC PROJECT SITE AND IN THIS PREAPPROVAL CONFORMS SEE DETAIL FOR APPLICABILITY FORCES PER ASCE 7-16 SECTIO WHERE SDS = 1.90, $a_p = 1.0$, $l_p = 3$ WHERE SDS = 2.20, $a_p = 1.0$, $l_p = 3$ THIS PREAPPROVAL COVERS OF ALL DESIGN FORCES SHOWN OF CONCRETE SLAB DETAIL VALID	MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2019 TH THIS OPM SHALL BE BASED ON THE 2019 CBC USED WITH THE EXPRESS WRITTEN CONSENT OF THE MANUFAC ISTALLATION LOCATION. THIS DOCUMENT IS INVALID WITHOUT S S TO THE 2019 CALIFORNIA BUILDING CODE WHERE SDS IS NOT G Y N 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3, 1.5, $R_P = 1.5$, $z/h = 0$ AT CONCRETE SLAB. SEE FOLLOWING SHEET 1.5, $R_P = 1.5$, $z/h = 0$ AT CONCRETE SLAB. SEE FOLLOWING SHEET NLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO N THE DRAWINGS ARE FACTORED LOADS THAT SHALL BE USED FOR DEMANDS SHOWN AT ANY ELEVATION AT OR BELOW GRADI	CTURER LISTED ABOVE FOR THE SUCH CONSENT. GREATER THAN 1.90 & 2.20. TS FOR Ω_0 TS FOR Ω_0 D THE STRUCTURE. FOR STRENGTH DESIGN. DE. (i.e. z/h = 0)
8.	 A. PROVIDE SUPPORTING STR B. VERIFY THAT THE INSTALLA MATERIAL AND GAGE OF TH PREAPPROVAL DOCUMENTS C. VERIFY THAT PROJECT SPE EXCEED THE VALUES ON TH D. VERIFY THAT THE CONCRE REQUIREMENTS OF THE API E. VERIFY THAT THE ANCHORS EDGES OR OPENINGS (SEE F. VERIFY THAT ALL NEW OR 	RUCTURE TO SUPPORT WEIGHTS AND FORCES SHOWN IN ADDIT TION IS IN CONFORMANCE WITH THE 2019 CBC AND WITH THE DI E UNIT WHERE ATTACHMENTS ARE MADE AGREE WITH THE INFO S. CIFIC VALUES OF SDS & z/h RESULT IN SEISMIC FORCES (Eh, Ev) TE DETAILS. TE SLAB TO WHICH THE EQUIPMENT IS ANCHORED MEETS THE PLICABLE ICC ESR. AND THIS OPM. S ARE AN ADEQUATE DISTANCE FROM ANY SLAB TYPICAL DETAIL ON SHEET 2). EXISTING ANCHORS ARE AN ADEQUATE DISTANCE FROM THE HECK FOR INTERACTION WHERE OTHER ANCHORS ARE WITHIN	TION TO ALL OTHER LOADS. DETAILS, ORMATION SHOWN ON THE THAT DO NOT

EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING www.EquipmentAnchorage.com										
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				Јов	NO. 11-1	929	2			
VERTICAL CAROUSEL (21XXXX-102 SERIES)						DATE	e 6/3/20		05 4 845555	
EXPANSION AN	EXPANSION ANCHORS:									
	A. ATTACHMENT IS TO BE MADE WITH THE ANCHORS LISTED BELOW AND INSTALLED AS DESCRIBED IN THE CORRESPONDING ICC REPORT.									
Anchor Diameter	Concrete Type	Min. f'c (psi)	Anchor Type	ICC Report No.	Min. Embed.	Min. Spacing	Min. Edge Dist.	Min. Conc. Thickness	Torque Test	Direct Tension Test
5/8"	Normal Weight	4000	Hilti Kwik Bolt TZ	ESR-1917	4"	7"	60"	6"	60 FT-LB	1370 lb
5/8"	Normal Weight	4000	Hilti HIT-HY 200	ESR-3187	7"	7"	60"	8.5"	N/A	3230 lb
CONCRE SEE AD	B. THIS PREAPPROVAL ALLOWS FOR UP TO A MAXIMUM OF 2 ADJACENT CONCRETE SLAB EDGES, 60" AWAY MINIMUM (i.e CORNER). SEE ADJACENT DETAIL FOR ADDITIONAL MINIMUM ALLOWABLE CONCRETE									
BE PER EMPLOY AND CA OF REC RESPON (i) AFT DIRI THE (ii) ACC •	EDGE DISTANCES. C. TESTING AND SPECIAL INSPECTION OF EXPANSION ANCHORS SHALL BE PERFORMED BY AN APPROVED INDEPENDENT AGENCY EMPLOYED BY THE FACILITY OWNER PER CBC 1704A & 1910A.5 AND CAC 7-149. ALL REPORTS SHALL BE SENT TO THE INSPECTOR OF RECORD, OWNER AND THE ARCHITECT OR ENGINEER IN RESPONSIBLE CHARGE. (i) AFTER AT LEAST 24 HOURS HAVE ELAPSED SINCE INSTALLATION. DIRECT PULL TENSION TEST OR TORQUE TEST AT LEAST 50% OF THE ANCHORS. (ii) ACCEPTANCE CRITERIA: • DIRECT TENSION TEST: THE ANCHOR SHOULD HAVE NO OBSERVABLE MOVEMENT AT THE TEST LOAD. A PRACTICAL WAY TO DETERMINE OBSERVABLE MOVEMENT IS THAT THE WASHER BECOMES LOOSE. • TORQUE TEST: THE APPLICABLE TORQUE MUST BE ACHIEVED WITHIN THE FOLLOWING LIMITS: WEDGE TYPE : 1/2 TURN OF THE NUT (iii) IF ANY ANCHOR FAILS, TEST ALL ANCHORS.									
			E EXPANSION ANC		IER.			$\left<\right>$	Suature States	No. 4197 EXP. 6-30-2020 C 6/3/20 C 6/3/20 C CALIFORNIA OF CALIFORNIA



