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

OFFICE USE ONLY
APPLICATION #: OPM-0333-13

OSHPD Preapproval of Manufacturer's Certification (OPM)

Type: ☒ New ☐ Renewal ☐ Update to Pre-CBC 2013 OPA Number: _____

Manufacturer Information

Manufacturer: **SHIMADZU CORPORATION**

Manufacturer's Technical Representative: Jim Mekker

Mailing Address: 20101 S. Vermont Ave., Torrence, CA. 60502

Telephone: (800) 228-1429 Email: On File

Product Information

Product Name: **CH-200 Control Cabinet**

Product Type: Instrumentation Cabinet

Product Model Number: CH-200

General Description: Subcomponent RadSpeed System

Applicant Information

Applicant Company Name: **EASE Co.**

Contact Person: Jonathan Roberson, S.E.

Mailing Address: 5877 Pine Ave. Suite 210, Chino Hills, CA. 91709

Telephone: (909) 606-7622 Email: J.Roberson@EASECo.com

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: 4/13/16

Title: Principal Engineer Company Name: **EASE Co.**

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION

Registered Design Professional Preparing Engineering Recommendations

Company Name: **EASE Co.**

Name: Jonathan Roberson, S.E. California License Number: S4197

Mailing Address: 5877 Pine Ave. Suite 210, Chino Hills, CA. 91709

Telephone: 909-606-7622 Email: J.Roberson@EASECo.com

OSHPD Special Seismic Certification Preapproval (OSP)

☐ Special Seismic Certification is preapproved under OSP-
(Separate application for OSP is required)

☒ Special Seismic Certification is not preapproved

Certification Method(s)

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

☐ Other* (Please Specify):

*Use of criteria other than those adopted by the California Building Standards Code, 2016 (CBSC 2016) 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 2016 may be used when approved by OSHPD prior to testing.

☒ Analysis

☐ Experience Data

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

List of Attachments Supporting the Manufacturer's Certification

☐ Test Report ☒ Drawings ☒ Calculations ☐ Manufacturer's Catalog

☐ Other(s) (Please Specify):

OFFICE USE ONLY – OSHPD APPROVAL VALID FOR CBC 2016 & ALL PRE-2016 CODE BASED PROJECTS

Signature: Date: 01-31-2017

Print Name: Jeffrey Enzler

Title: DSE

Condition of Approval (if applicable):

EASE
EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING
5877 Pine Ave, Ste. 210
Chino Hills, CA. 91709
Phn: (909) 606-7622

Office of Statewide Health Planning and Development

PREAPPROVAL OF MANUFACTURER'S CERTIFICATION

OPM-0333-13

THIS PREAPPROVAL CONFORMS TO THE 2016 CALIFORNIA BUILDING CODE

MANUFACTURER: **SHIMADZU MEDICAL SYSTEMS**

EQUIPMENT NAME: **CH-200 CABINET**

Date: 11/15/16

GENERAL NOTES

1. THIS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2016 CBC. THE DEMANDS (DESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE 2016 CBC
2. THIS DOCUMENT MAY ONLY BE USED WITH THE EXPRESS WRITTEN CONSENT OF THE MANUFACTURER LISTED ABOVE FOR THE SPECIFIC PROJECT SITE AND INSTALLATION LOCATION. THIS DOCUMENT IS INVALID WITHOUT SUCH CONSENT.
3. THIS PREAPPROVAL CONFORMS TO THE 2016 CALIFORNIA BUILDING CODE WHERE S_{DS} IS NOT GREATER THAN 2.20.
4. FORCES PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3, WHERE S_{DS} = 2.20, a_p = 2.5, I_p = 1.5, R_p = 6.0, z/h = 0 AT CONCRETE SLAB & z/h $\leq$ 1 AT CONCRETE SLAB ON METAL DECK. SEE FOLLOWING SHEETS FOR Ω_0
5. THIS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRUCTURE.
6. ALL DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED LOADS THAT SHALL BE USED FOR STRENGTH DESIGN.
7. CONCRETE SLAB ON METAL DECK DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION IN THE BUILDING. (i.e. z/h $\leq$ 1)
8. CONCRETE SLAB ON GRADE DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION AT OR BELOW GRADE. (i.e. z/h = 0)
9. **RESPONSIBILITIES OF THE STRUCTURAL ENGINEER OF RECORD OF THE BUILDING**

   A. PROVIDE SUPPORTING STRUCTURE TO SUPPORT WEIGHTS AND FORCES SHOWN IN ADDITION TO ALL OTHER LOADS.

   B. VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH THE 2016 CBC AND WITH THE DETAILS, MATERIAL AND GAGE OF THE UNIT WHERE ATTACHMENTS ARE MADE AGREE WITH THE INFORMATION SHOWN ON THE PREAPPROVAL DOCUMENTS.

   C. VERIFY THAT PROJECT SPECIFIC VALUES OF S_{DS} & z/h RESULT IN SEISMIC FORCES (E_h, E_v) THAT DO NOT EXCEED THE VALUES ON THE DETAILS.

   D. VERIFY THAT THE CONCRETE SLAB TO WHICH THE EQUIPMENT IS ANCHORED MEETS THE REQUIREMENTS OF THE APPLICABLE ICC ESR AND THIS OPM.

   E. VERIFY THAT THE ANCHORS ARE AN ADEQUATE DISTANCE FROM ANY SLAB EDGES OR OPENINGS (SEE TYPICAL DETAIL ON SHEET 2).

   F. VERIFY THAT ALL NEW OR EXISTING ANCHORS ARE AN ADEQUATE DISTANCE FROM THE UNIT ATTACHMENTS AND CHECK FOR INTERACTION WHERE OTHER ANCHORS ARE WITHIN 18" OR 6hef FROM THIS UNIT'S ANCHORS.

REGISTERED PROFESSIONAL ENGINEER
JONATHAN ROBERSON
No. 4197
EXP. 6-30-2018
11/15/16
STRUCTURAL
STATE OF CALIFORNIA

SHIMADZU MEDICAL SYSTEMS

CH-200 CABINET

DES. J. ROBERSON | JOB NO. 11-1608 | DATE 11/15/16 | SHEET 2 OF 7 SHEETS

10. **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
3/8"	Sand Light Weight	3000	SIMPSON STRONG BOLT-2	ESR-3037	1.875"	3"	12"	3.25"	25 FT-LB	521 lb

B. THIS PREAPPROVAL ALLOWS FOR UP TO A MAXIMUM OF 2 ADJACENT CONCRETE SLAB EDGES, 12" AWAY MINIMUM (i.e. - CORNER). SEE ADJACENT DETAIL FOR ADDITIONAL MINIMUM ALLOWABLE CONCRETE EDGE DISTANCES.

C. TESTING OF EXPANSION ANCHORS PER 2016 CBC, 1910A.5: TESTING SHALL BE DONE IN THE PRESENCE OF THE SPECIAL INSPECTOR AND A REPORT OF THE TEST RESULTS SHALL BE SUBMITTED TO OSHPD

(i) AFTER AT LEAST 24 HOURS HAVE ELAPSED SINCE INSTALLATION, DIRECT PULL TENSION TEST OR TORQUE TEST AT LEAST 50% OF THE ANCHORS.

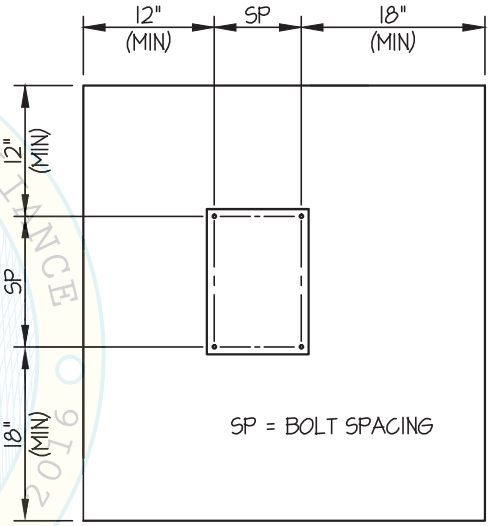
(ii) ACCEPTANCE CRITERIA:

- 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

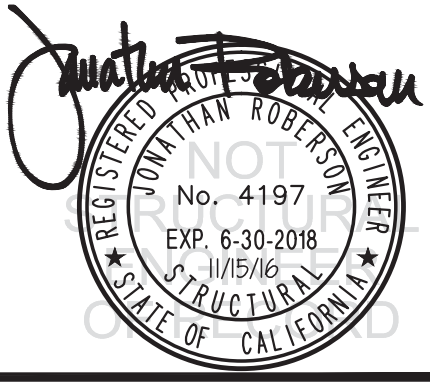
(iii) IF ANY ANCHOR FAILS, TEST ALL ANCHORS.

D. AVOID DAMAGING EXISTING STEEL REINFORCING IN CONCRETE SLAB WHEN INSTALLING CONCRETE EXPANSION ANCHORS.

E. PROVIDE FOR FULL THREAD ENGAGEMENT OF NUT & WASHER.



TYPICAL CONCRETE EDGE DETAIL



SHIMADZU MEDICAL SYSTEMS

CH-200 CABINET

DES. J. ROBERSON
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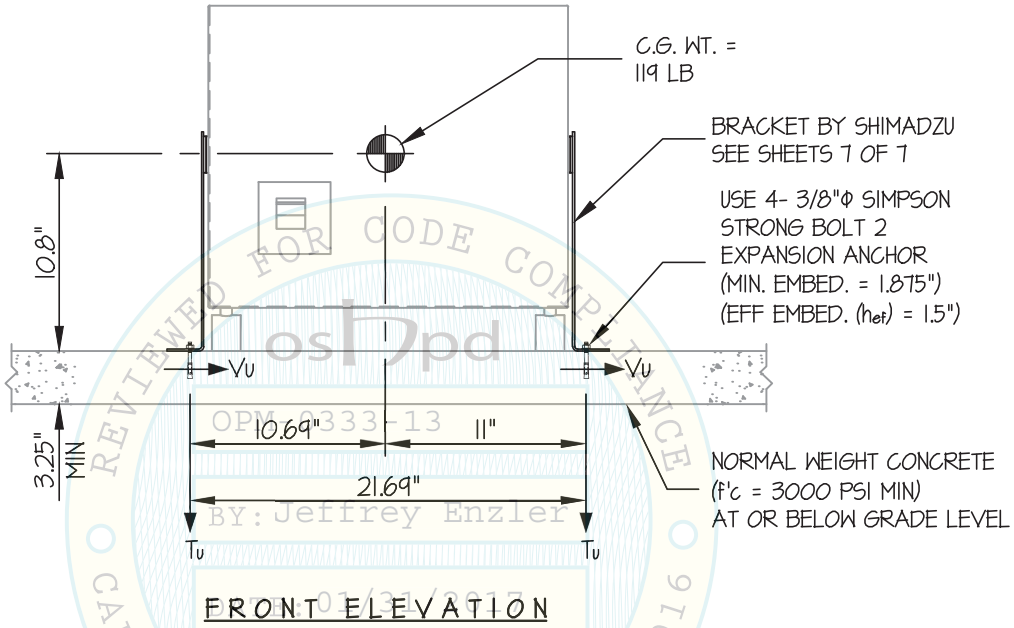
DATE 11/15/16
SHEET 3 OF 7 SHEETS

SEISMIC SUPPORTS & ATTACHMENTS

CONCRETE SLAB



FRONT ELEVATION

Tu = 139 LB/BOLT (MAX)
Vu = 87 LB/BOLT (MAX)
(VALUES INCLUDE Ω_0)

NOTES:

1. **FORCES ARE DETERMINED PER 2016 CALIFORNIA BUILDING CODE AND ASCE 7-10**
   STRENGTH DESIGN IS USED. (S_{DS} = 2.20, a_p = 2.5, I_p = 1.5, R_p = 6.0, Ω_0 = 2.5, z/h = 0)

   HORIZONTAL FORCE (E_h) = 0.99 W_p
   HORIZONTAL FORCE (E_{mh}) = 2.48 W_p (FOR CONCRETE ANCHORAGE)
   VERTICAL FORCE (E_v) = 0.44 W_p
2. CENTER OF GRAVITY (C.G.) AND WEIGHT ARE THE GOVERNING PARAMETERS FOR DESIGN. THIS PREAPPROVAL ENCOMPASSES ALL WEIGHTS UP TO THE MAXIMUM WEIGHT SHOWN.
3. STRUCTURAL ENGINEER OF RECORD FOR THE BUILDING SHALL PROVIDE SUPPORT STRUCTURE DESIGNED TO SUPPORT WEIGHTS AND FORCES SHOWN IN COMBINATION WITH ALL OTHER LOADS THAT MAY BE PRESENT.
4. SEE GENERAL NOTES: SHEETS 1 AND 2.

REGISTERED PROFESSIONAL ENGINEER
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CH-200 CABINET

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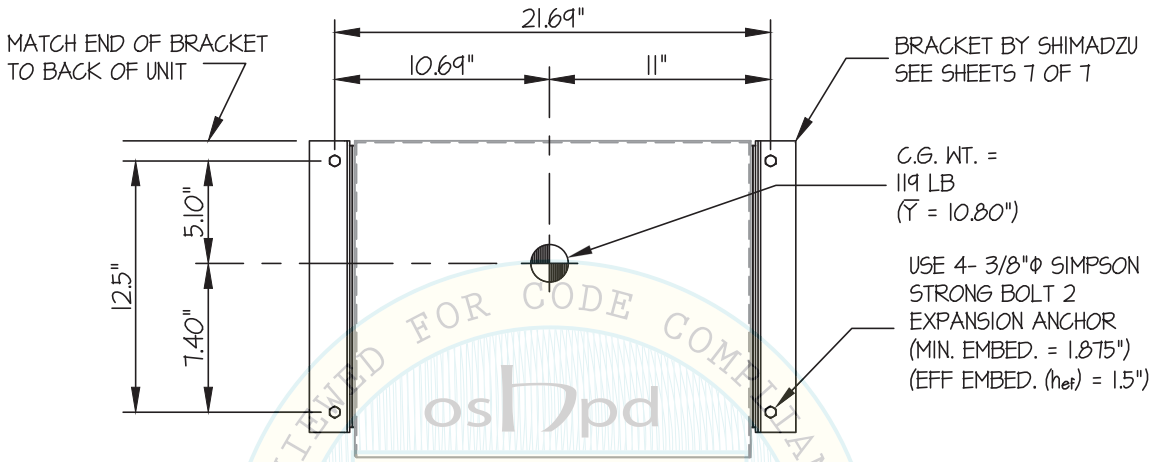
JOB NO.	11-1608
DATE	11/15/16

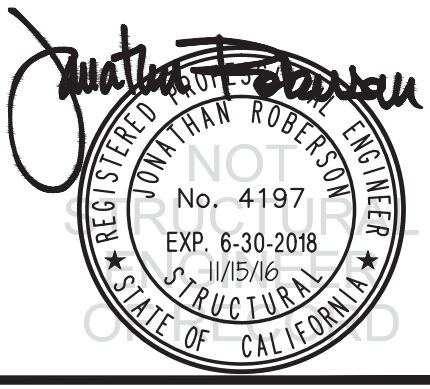
SHEET 4 OF 7 SHEETS

SEISMIC SUPPORTS & ATTACHMENTS

CONCRETE SLAB



PLAN AT BASE



SHIMADZU MEDICAL SYSTEMS

CH-200 CABINET

DES.	J. ROBERSON
JOB NO.	11-1608
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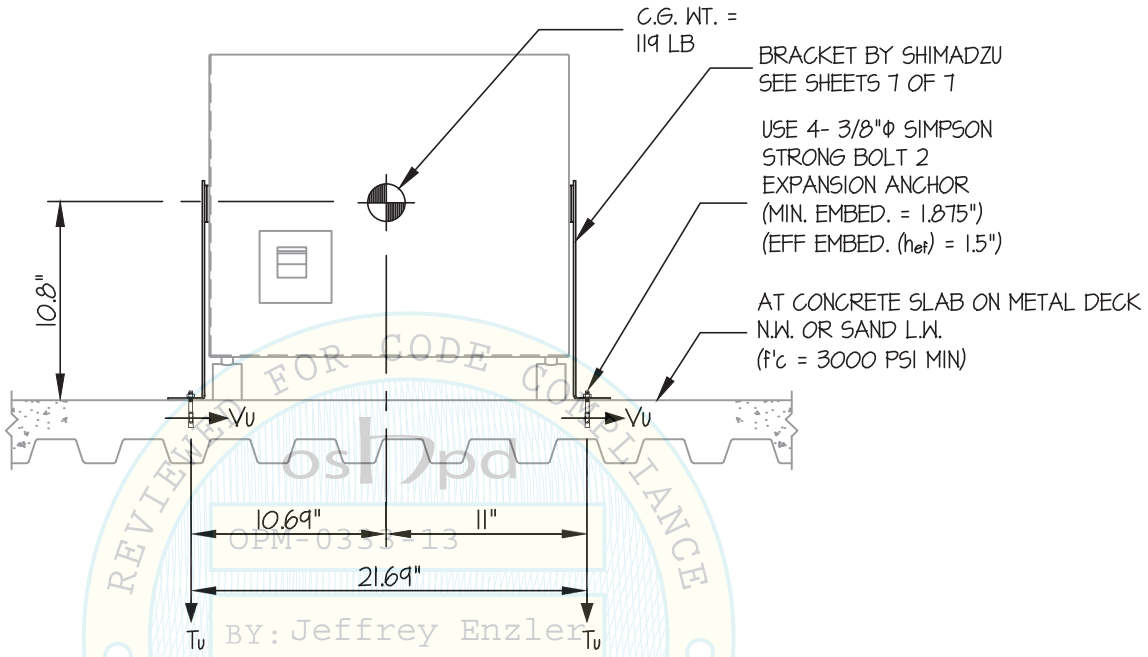
SHEET	5
OF	7 SHEETS

SEISMIC SUPPORTS & ATTACHMENTS

CONCRETE SLAB ON METAL DECK



Tu = 242 LB/BOLT (MAX)
Vu = 145 LB/BOLT (MAX)
(VALUES INCLUDE Ω_0)

FRONT ELEVATION

NOTES:

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   STRENGTH DESIGN IS USED. (S_{DS} = 2.20, a_p = 2.5, I_p = 1.5, R_p = 6.0, Ω_0 = 2.5, z/h ≤ 1)

   HORIZONTAL FORCE (E_h) = 1.65 W_p
   HORIZONTAL FORCE (E_{mh}) = 4.13 W_p (FOR CONCRETE ANCHORAGE)
   VERTICAL FORCE (E_v) = 0.44 W_p
2. CENTER OF GRAVITY (C.G.) AND WEIGHT ARE THE GOVERNING PARAMETERS FOR DESIGN. THIS PREAPPROVAL ENCOMPASSES ALL WEIGHTS UP TO THE MAXIMUM WEIGHT SHOWN.
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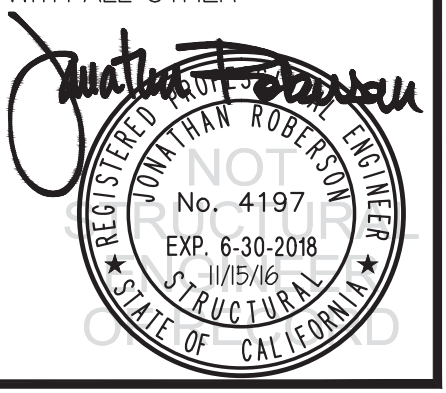
4. SEE GENERAL NOTES: SHEETS 1 AND 2



SHIMADZU MEDICAL SYSTEMS

CH-200 CABINET

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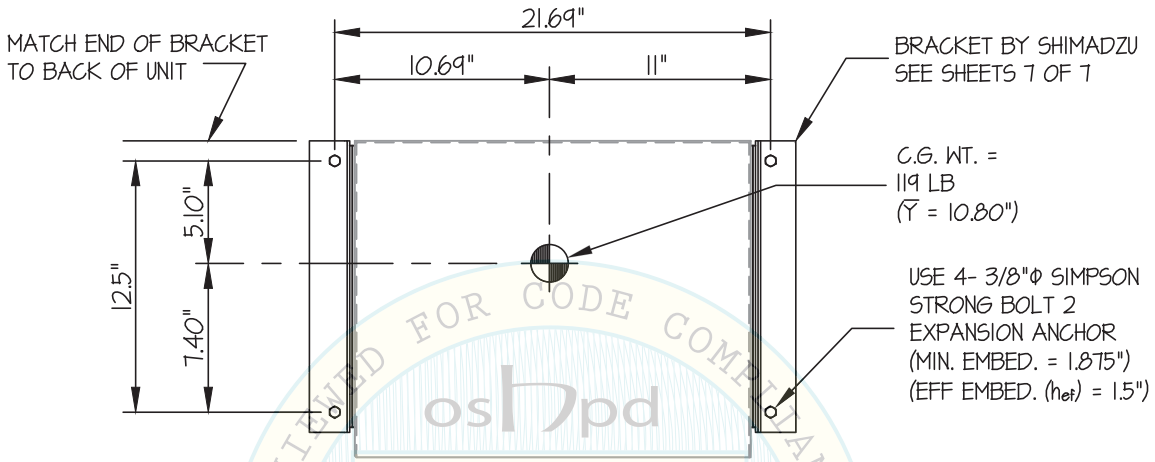
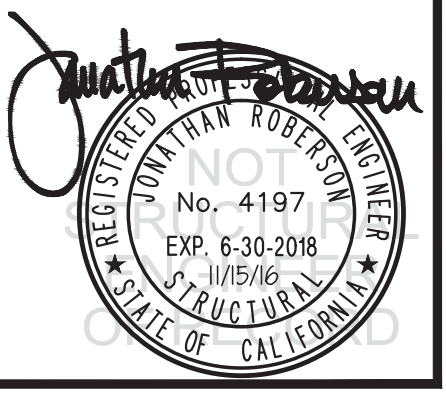
SHEET 6 OF 7 SHEETS

SEISMIC SUPPORTS & ATTACHMENTS

CONCRETE SLAB ON METAL DECK



PLAN AT BASE



SHIMADZU MEDICAL SYSTEMS

CH-200 CABINET

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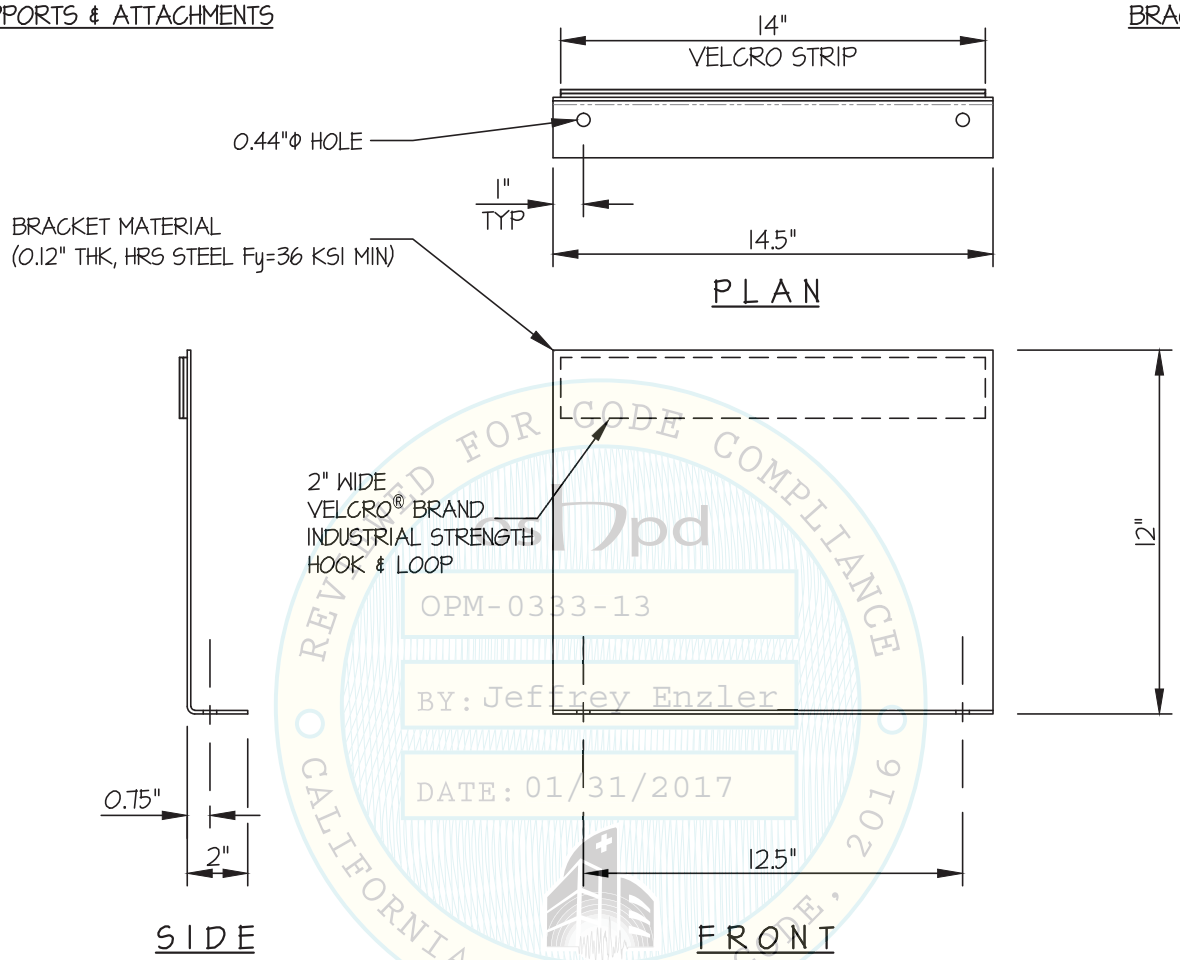
SHEET 7 OF 7 SHEETS

SEISMIC SUPPORTS & ATTACHMENTS

BRACKETS DETAILS



ATTACHMENT TO UNIT:

SHAKE TABLE TESTED
PER OSP-0319-10
CONNECTION PASSED
UUT-25