

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

APPLICATION FOR OSHPD PREAPPROVAL	OFFICE USE ONLY	
OF MANUFACTURER'S CERTIFICATION (OPM)	APPLICATION #: OPM-0337-13	
OSHPD Preapproval of Manufacturer's Certification (OPM)		
Type: Image: New Image: Renewal Image: Update to Pre-CBC 2013 OPA Number:		
Manufacturer Information		
Manufacturer: ADVANCED STERILIZATION PRODUCTS		
Manufacturer's Technical Representative: Michael Gallucci		
Mailing Address:33 Technology Drive, Irvine, CA. 92618		
Telephone: On File		
Product Information		
Product Name: STERRAD 100S Sterilizer		
Product Type: Other Mechanical and Electrical Components		
Product Model Number: STERRAD 100537: William Staehlin		
General Description: Sterilizer for medical instruments and glassware		
DATE: 05/30/2017	07	
Applicant Information	CODE ?	
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.Robe	rson@EASECo.com	
I hereby agree to reimburse the Office of Statewide Health F accordance with the California Administrative Code, 2016.	Planning and Development review fees in	
Signature of Applicant:	Date: 4/18/16	
Title: Principal Engineer Company Name: EASE	Co.	
"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs" STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY OSH-FD-700 (REV 12/16/15)	Page 1 of 2	



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 DATE: 05/30/2017 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: 05-30-2017 Print Name: William Staehlin Title: SSE Condition of Approval (if applicable):				
"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs" STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY OSH-FD-700 (REV 12/16/15) Page 2 of 2				

FQUIPMENT ANCHORAGE 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-0337-13 THIS PREAPPROVAL CONFORMS TO THE 2016 CALIFORNIA BUILDING CODE			
	ANUFACTURER: ADVANCED STERILIZATION PRODUCTS STERRAD 100S STERILIZER	Sheet: <u>1 of 8</u> Date: 4/24/17	
1. 2. 3. 4. 5. 6. 7.	ENERAL NOTES THIS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2016 CBC. THE D (DESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE 2016 CBC. THIS DOCUMENT MAY ONLY BE USED WITH THE EXPRESS WRITTEN CONSENT OF THE MANUFACTURER LIST SPECIFIC PROJECT SITE AND INSTALLATION LOCATION. THIS DOCUMENT IS INVALID WITHOUT SUCH CONSE THIS PREAPPROVAL CONFORMS TO THE 2016 CALIFORNIA BUILDING CODE WHERE SDS IS NOT GREATER TH. FORCES PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3, WHERE SDS = 1.35, $a_p = 1.0$, $l_p = 1.5$, $R_p = 1.5$, $z/h = 0$ AT CONCRETE SLAB. SEE FOLLOWING SHEETS FOR Ω . WHERE SDS = 2.20, $a_p = 1.0$, $l_p = 1.5$, $R_p = 1.5$, $z/h \le 1$ AT CONCRETE SLAB ON METAL DECK. SEE FOLLOWING SHEETS FOR Ω_0 . THIS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRUCT ALL DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED LOADS THAT SHALL BE USED FOR STRENC CONCRETE SLAB ON METAL DECK DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION AT OR BELOW GRADE	TED ABOVE FOR THE NT. AN 1.35 & 2.20. CTURE. GTH DESIGN. G. (i.e. z/h ≤ 1)	
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 OF SUPPORT 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 SUPREAPPROVAL DOCUMENTS. C. VERIFY THAT PROJECT SPECIFIC VALUES OF SDS & z/h RESULT IN SEISMIC FORCES (Eh, Ev) THAT DO NO 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. 	HOWN ON THE	













