

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

APPLICATION FOR OSHPD PREAPPROVAL	OFFICE USE ONLY
OF MANUFACTURER'S CERTIFICATION (OPM)	APPLICATION #: OPM-0346-13
OSHPD Preapproval of Manufacturer's Certification (OPM)	
Type: New Renewal Update to Pre-CBC 2013 C	PA Number:
Manufacturer Information	
Manufacturer: Omnicell, Inc.	
Manufacturer's Technical Representative: <u>Chris Muir</u>	
Mailing Address: 590 E. Middlefield Road, Mountain View, CA 9404	3
Telephone: (650) 251-6329 Email: chrism	@omnicell.com
Product Information	A COL
Product Name: Tall Frame	- E
Product Type: <u>Automated Medication Dispensing Cabinets</u>	C H
Product Model Number: One-cell, two-cell and three-cell cabinets	in
General Description:	
DATE: 08/08/2017	77
	N N
Applicant Information	CODÊ!
Applicant Company Name: Omnicell, Inc.	C ^C
Contact Person: Chris Muir	
Mailing Address: 590 E. Middlefield Road, Mountain View, CA 9404	3
Telephone: (650) 251-6329 Email: chrism	@omnicell.com
I hereby agree to reimburse the Office of Statewide Health Planning and the California Administrative Code, 2016.	Development review fees in accordance with
Signature of Applicant:	Date: 5/22/2017
Title: Engineer Company Name: Omnice	ell, Inc.
"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs"	MAM OSHPD
STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY OSH-FD-700 (REV 12/16/15)	Page 1 of 2
08/08/2017 OPM-0346-13: Reviewed for Code Compliance	by William Staehlin Page 1 of 10



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

Registered Design Professional Preparing Engineering Recommendations					
Company Name: Degenkolb Engineers					
Name: Adrian M. Nacamuli California License Number: S 4857					
Mailing Address: 1300 Clay Street, Suite 900, Oakland, CA 94612					
Telephone: (510) 250-1216 Email: <u>nacamuli@degenkolb.com</u>					
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)					
Image: Testing in accordance with: Image: ICC-ES AC156 FM 1950-15 Image: Other* (Please Specify): Image: ICC-ES AC156 FM 1950-15					
*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: 08/08/2017					
Experience Data					
Combination of Testing, Analysis, and/or Experience Data (Please Specify):					
List of Attachments Supporting the Manufacturer's Certification					
□ Test Report					
Other(s) (Please Specify):					
OFFICE USE ONLY – OSHPD APPROVAL VALID FOR CBC 2016 & ALL PRE-2016 CODE BASED PROJECTS					
Signature: Date: 08-08-2017					
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)

SHPD

Degenkolb	

OSHPD PRE-APPROVAL OF MANUFACTURER CERTIFICATION OPM-0346-13

OMNICELL ONE-, TWO- AND THREE-CELL CABINETS



	J- AND TH			EIS							www
CSM-FRM-107, CSM-FRM-110, NAC-FRM-104, NAC-FRM-105, NAC-FRM-109, NAC-FRM-110, CSM-FRM- NAC-FRM-111, MED-FRM-022, MED-FRM-023, MED-FRM-030, MED-FRM-040, MED-FRM-041, MED-FRM-	102, MED-AUX-102 108, CSM-FRM-111	1, NAC-FRM-106, N 1, MED-FRM-032,	UP-FRM-102, IAC-FRM-107,	CSM-FRM-10 NAC-FRM-10	08, MED-FRM-024	, CSM-FRN	И-109, CSN	D-AUX-103, SU 1-FRM-112, MI	JP-AUX-1 ED-FRM-	-026, MED	RM-10 -FRM-
	BE R 5. H 6. 7. 4 8.2 1	CBC A THAT LOCAT UNIT V SHOW THE MANUFA THE WORST ENGINEER-C FOR CONDIT CONTRACTOF EXISTING AD THIS OPM C TO THE STR EXPANSION ESR-1545) ACCORDANCI RECOMMENDA HOURS AFTE PRESENCE C TEST PER O A DIRECT MOVEN MOVEN	ND WITH T THE EQUIPI IONS, ANCH WHERE ATTA N IN THIS CTURER SU CASE LOAL F-RECORD IONS THAT CASE LOAL F-RECORD IONS THAT COVERS ONLINE OR WEDGE AND HILTI E WITH THE ATIONS. TES R INSTALLA F THE INS TS SHALL F NE OF THE INST IS OB	HE DETAIL MENT'S AC HOR DETAIL ACHMENTS PRE-APPR JPPLIED B JING PER (S.E.O.R.) VARY FRO R OF REC CHORS IS Y THE SU ANCHORS IS Y THE SU ANCHORS KB-TZ (IC ICC REPO ST AT LEAS TIONS. TES PECTOR OF SE SUBMIT FOLLOWIN ISION TEST SERVED A 3E DETERM	ASE BRACKETS THE 2016 CBC SHALL EVALU M THIS PRE-A ORD MUST VEI TO BE GREATE	THIS PRE- CG LOCAT ATERIAL AI REE WITH C HAVE BE C. STRUCTI ATE BRACI APPROVAL. RIFY ANCH ER THAN E ATTACHMEN TE: HILTI F INSTALL JFACTURER ICHORS NO CONDUCTI R) AND A D. ACCEPTABI DAD GIVEN	APPROVA ION, ANC ND GAGE THE INFO EN EVALUURAL KET ANCH OR SPAC 3". HTS OF T HSL-3 (II ANCHORS C SOONE ED IN TH REPORT	L. VERIFY HOR OF THE ORMATION UATED FOR HORAGE CING TO THE UNIT CC S IN R THAN 24 IE OF THE OF THE	10. 11. 1 <u>12.</u> a. b.	IF ANY A That NC A Manuf On The Shall N Design I For Bol A. Bol The Si The Si For Bol A. Bol The Si For Bol Firm C B. Thr INSPEC POST-I INSTALL MOUNT THROUG ROLL U INTO BA PIN UNI THE UN	D ANG FACTU UNIT IOT E IS 10 LTS T LTS S NUG GHTN CONTA COUGH TION INSTA ATION BASE GH BO JNIT (ACK 0
 4. THE STRUCTURAL ENGINEER-OF-RECORD (S.E.O.R.) IS RESPONSIBLE FOR T FOLLOWING: a. VERIFY THAT THE ANCHORS ARE AN ADEQUATE DISTANCE FROM ANY 	ΉE	LOAD			ST ANCHORS T DW WITHIN THE	LIMIT OF	ONE-HA	LF TURN			
SLAB OPENINGS OR EDGES.					ANCH	OR TEST L	OAD VAL	UES			
b. VERIFY THAT THE ANCHORS ARE AN ADEQUATE DISTANCE FROM ANY OR EXISTING ANCHORS.	NEW	ANCHOR TYPE	ANCHOR DIAMETER	EMBED hef	TENSION LOAD (LBS)	TORQUE LOAD (FT-LBS)	MIN	MINIMUM EDGE DIST REQ.	r SP/	NIMUM Acing Q. (1)	C
c. DESIGN ANY SUPPLEMENTARY MEMBERS AND THEIR ATTACHMENTS WH	СН	HILTI HSL-3	M10	2-3/4"	2,640	50	3,000	36"		5"	NC
C. DESIGN ANT SOFFLEMENTARI MEMBERS AND THEIR ATTACHMENTS WIT				<u>2</u> -J/T	2,040	50	7,000	50	-	J	

1. SEE GENERAL NOTES 6 AND 9 FOR ADDITIONAL REQUIREMENTS ON ANCHOR SPACING.

25

3,000

36"

4"

1,825

2"

HILTI KB-TZ 3/8"

OTHER LOADS AND FORCES.

THE UNIT IS ANCHORED TO. VERIFY THE ADEQUACY OF ANY EXISTING

MEMBERS AND THEIR ATTACHMENTS WHICH THE UNIT IS ANCHORED TO

FOR THE FORCES EXERTED ON THEM BY THE UNIT IN ADDITION TO ALL

DEGENKOLB ENGINEERS 175 Beale Street, Suite 500 San Francisco, CA 94105 15.392.6952 Phone 15.981.3157 Fax www.degenkolb.com	PROFESSIONAL SHGINEE
T MODELS M-103, CSM-FRM-103, CSM-FRM-106, RM-027, MED-FRM-028, MED-FRM-033, RM-048, MED-FRM-049, MED-FRM-050	Exp. 9-30-17

NCHOR FAILS DURING TESTING, UNIT MUST BE MOVED SO ANCHOR IS WITHIN 8" OF AN ABANDONED ANCHOR.

ACTURER PROVIDED PERMANENT PLAQUE MUST BE AFFIXED JNIT STATING THE FOLLOWING: "WEIGHT OF CONTENTS IT EXCEED 10 PCF". WEIGHT OF CONTENTS USED FOR 5 10 PCF. VERIFY IN FIELD BEFORE INSTALLATION.

S THROUGH CONCRETE ON METAL DECK S SHALL BE TORQUED BY 3/4 TURN OF THE NUTS AFTER JG TIGHT CONDITION (SNUG TIGHT CONDITION IS DEFINED AS HTNESS REQUIRED TO BRING THE CONNECTED PLIES INTO INTACT) IS ACHIEVED.

UGH BOLTS IN CONCRETE SHALL RECEIVE SPECIAL ION AND TESTING IN ACCORDANCE WITH REQUIREMENTS FOR ISTALLED ANCHORS.

TION PROCEDURE: BASE BRACKET PROVIDED BY OMNICELL TO FLOOR WITH H BOLTS OR EXPANSION ANCHORS RESPECTIVELY. WIT ONTO BASE BRACKET WITH DOWEL PIN INSERTING CK CASING OF UNIT. T AT FRONT WITH END PLATE, CONNECTING IT TO BOTH

CASING AND THE CASE BRACKET.

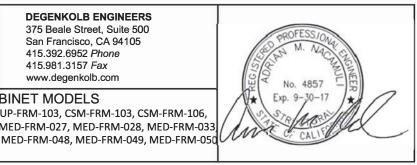
CONCRETE TYPE

NORMAL WEIGHT SAND LIGHT WEIGHT

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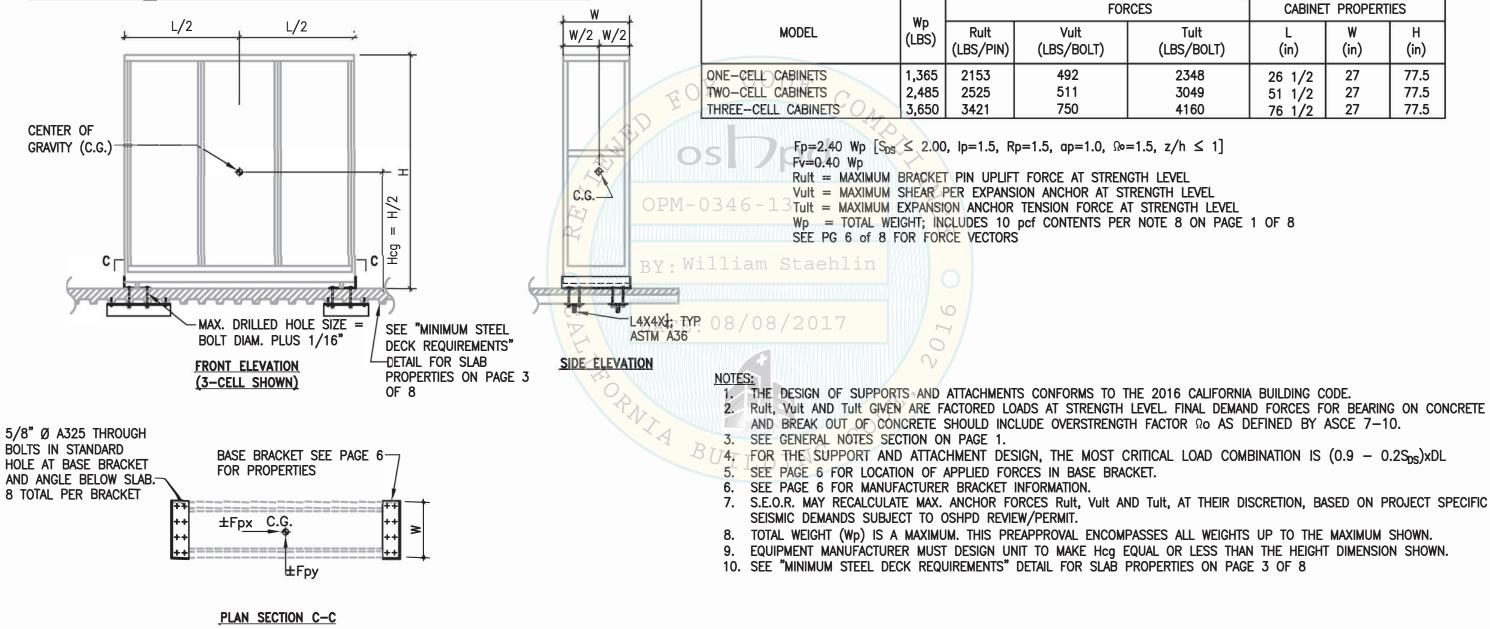
OSHPD PRE-APPROVAL OF MANUFACTURER CERTIFICATION OPM-0346-13

OMNICELL ONE-, TWO- AND THREE-CELL CABINETS



TWO-CELL CABINET MODELS THREE-CELL CABINET MODELS **ONE-CELL CABINET MODELS** MED-FRM-102, MED-AUX-102, SUP-AUX-102, SUP-FRM-102, CSM-FRM-102, CSM-FRM-105, MED-FRM-103. MED-AUX-103. SUP-AUX-103. SUP-FRM-103. CSM-FRM-103. CSM-FRM-106. MED-FRM-101, MED-AUX-101, SUP-AUX-101, SUP-FRM-101, CSM-FRM-101, CSM-FRM-104, CSM-FRM-108, CSM-FRM-111, NAC-FRM-106, NAC-FRM-107, NAC-FRM-108, MED-FRM-024, CSM-FRM-109, CSM-FRM-112, MED-FRM-026, MED-FRM-027, MED-FRM-028, MED-FRM-033 CSM-FRM-107, CSM-FRM-110, NAC-FRM-104, NAC-FRM-105, NAC-FRM-109, NAC-FRM-110, NAC-FRM-111, MED-FRM-022, MED-FRM-023, MED-FRM-030, MED-FRM-040, MED-FRM-041, MED-FRM-025, MED-FRM-031, MED-FRM-032, MED-FRM-036, MED-FRM-037, MED-FRM-043 MED-FRM-034, MED-FRM-035, MED-FRM-047, MED-FRM-048, MED-FRM-049, MED-FRM-050 MED-FRM-044, MED-FRM-045 MED-FRM-042

CASE 1 - ONE, TWO AND THREE CELL TALL CABINETS ABOVE GRADE



ES	CABINET PROPERTIES		
Tult	L	W	H
(LBS/BOLT)	(in)	(in)	(in)
2348	26 1/2	27	77.5
3049	51 1/2	27	77.5
4160	76 1/2	27	77.5

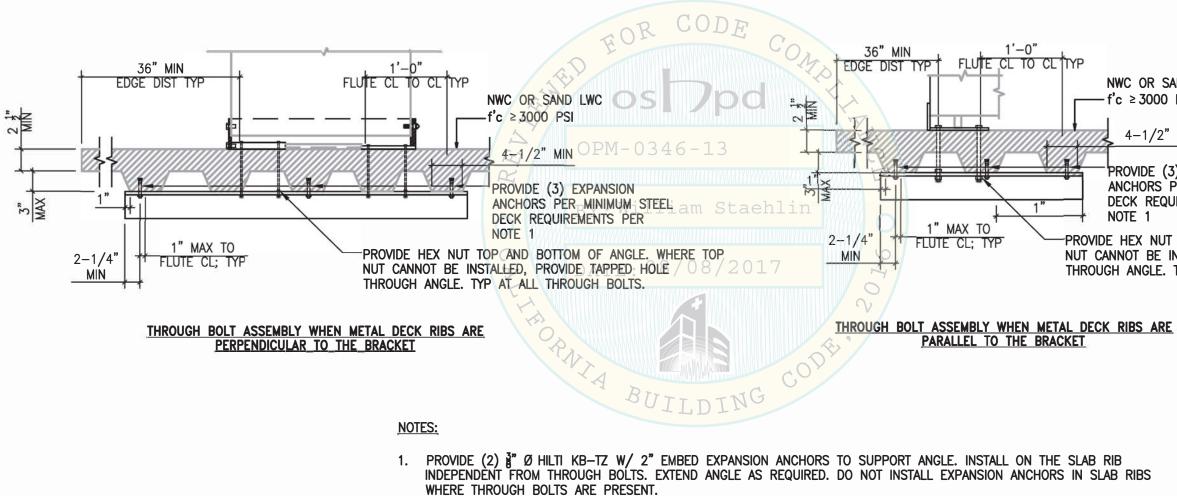
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OSHPD PRE-APPROVAL OF MANUFACTURER CERTIFICATION OPM-0346-13

OMNICELL ONE-, TWO- AND THREE-CELL CABINETS

			1
ONE-CELL CABINET MODELS	TWO-CELL CABINET MODELS	THREE-CELL CA	BINET
MED-FRM-101, MED-AUX-101, SUP-AUX-101, SUP-FRM-101, CSM-FRM-101, CSM-FRM-104,	MED-FRM-102, MED-AUX-102, SUP-AUX-102, SUP-FRM-102, CSM-FRM-102, CSM-FRM-105,	MED-FRM-103, MED-AUX-103, SUP-AUX-103, S	UP-FRM
		CSM-FRM-109, CSM-FRM-112, MED-FRM-026,	
NAC-FRM-111, MED-FRM-022, MED-FRM-023, MED-FRM-030, MED-FRM-040, MED-FRM-041,	MED-FRM-025, MED-FRM-031, MED-FRM-032, MED-FRM-036, MED-FRM-037, MED-FRM-043,	MED-FRM-034, MED-FRM-035, MED-FRM-047,	MED-FR
MED-FRM-042	MED-FRM-044, MED-FRM-045		

MINIMUM STEEL DECK REQUIREMENTS



2. W- STEEL DECK TO BE 20 GAGE MIN.

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T MODELS M-103, CSM-FRM-103, CSM-FRM-106, RM-027, MED-FRM-028, MED-FRM-033, FRM-048, MED-FRM-049, MED-FRM-050	Exp. 9-30-17

NWC OR SAND LWC -f'c ≥ 3000 PSI 4 - 1/2" MIN PROVIDE (3) EXPANSION ANCHORS PER MINIMUM STEEL DECK REQUIREMENTS PER NOTE 1

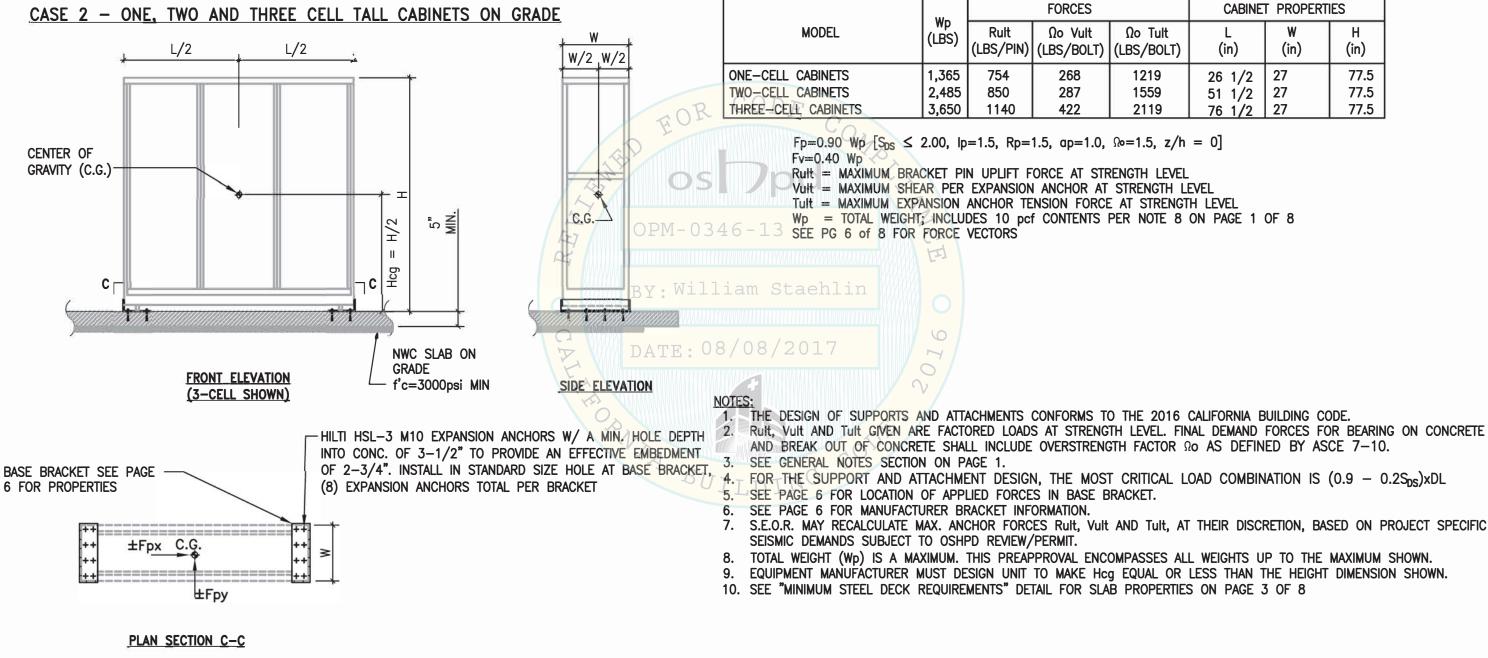
PROVIDE HEX NUT TOP AND BOTTOM OF ANGLE. WHERE TOP NUT CANNOT BE INSTALLED, PROVIDE TAPPED HOLE THROUGH ANGLE. TYP AT ALL THROUGH BOLTS.

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OMNICELL ONE-, TWO- AND THREE-CELL CABINETS

TWO-CELL CABINET MODELS THREE-CELL CABINET MODELS **ONE-CELL CABINET MODELS** MED-FRM-102, MED-AUX-102, SUP-AUX-102, SUP-FRM-102, CSM-FRM-102, CSM-FRM-105, MED-FRM-103. MED-AUX-103. SUP-AUX-103. SUP-FRM-103. CSM-FRM-103. CSM-FRM-106. MED-FRM-101, MED-AUX-101, SUP-AUX-101, SUP-FRM-101, CSM-FRM-101, CSM-FRM-104, CSM-FRM-109, CSM-FRM-112, MED-FRM-026, MED-FRM-027, MED-FRM-028, MED-FRM-033 CSM-FRM-107, CSM-FRM-110, NAC-FRM-104, NAC-FRM-105, NAC-FRM-109, NAC-FRM-110, CSM-FRM-108, CSM-FRM-111, NAC-FRM-106, NAC-FRM-107, NAC-FRM-108, MED-FRM-024, NAC-FRM-111. MED-FRM-022. MED-FRM-023. MED-FRM-030. MED-FRM-040. MED-FRM-041. MED-FRM-025, MED-FRM-031, MED-FRM-032, MED-FRM-036, MED-FRM-037, MED-FRM-043 MED-FRM-034, MED-FRM-035, MED-FRM-047, MED-FRM-048, MED-FRM-049, MED-FRM-050 MED-FRM-044, MED-FRM-045 MED-FRM-042



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	CABINET PROPERTIES				
o Tult S/BOLT)	L (in)	W (in)	H (in)		
1219	26 1/2	27	77.5		
1559	51 1/2	27	77.5		
2119	76 1/2	27	77.5		

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MED-FRM-042

OSHPD PRE-APPROVAL OF MANUFACTURER CERTIFICATION OPM-0346-13

OMNICELL ONE-, TWO- AND THREE-CELL CABINETS

MED-FRM-044, MED-FRM-045



ONE-CELL CABINET MODELS

MED-FRM-101, MED-AUX-101, SUP-AUX-101, SUP-FRM-101, CSM-FRM-101, CSM-FRM-104,

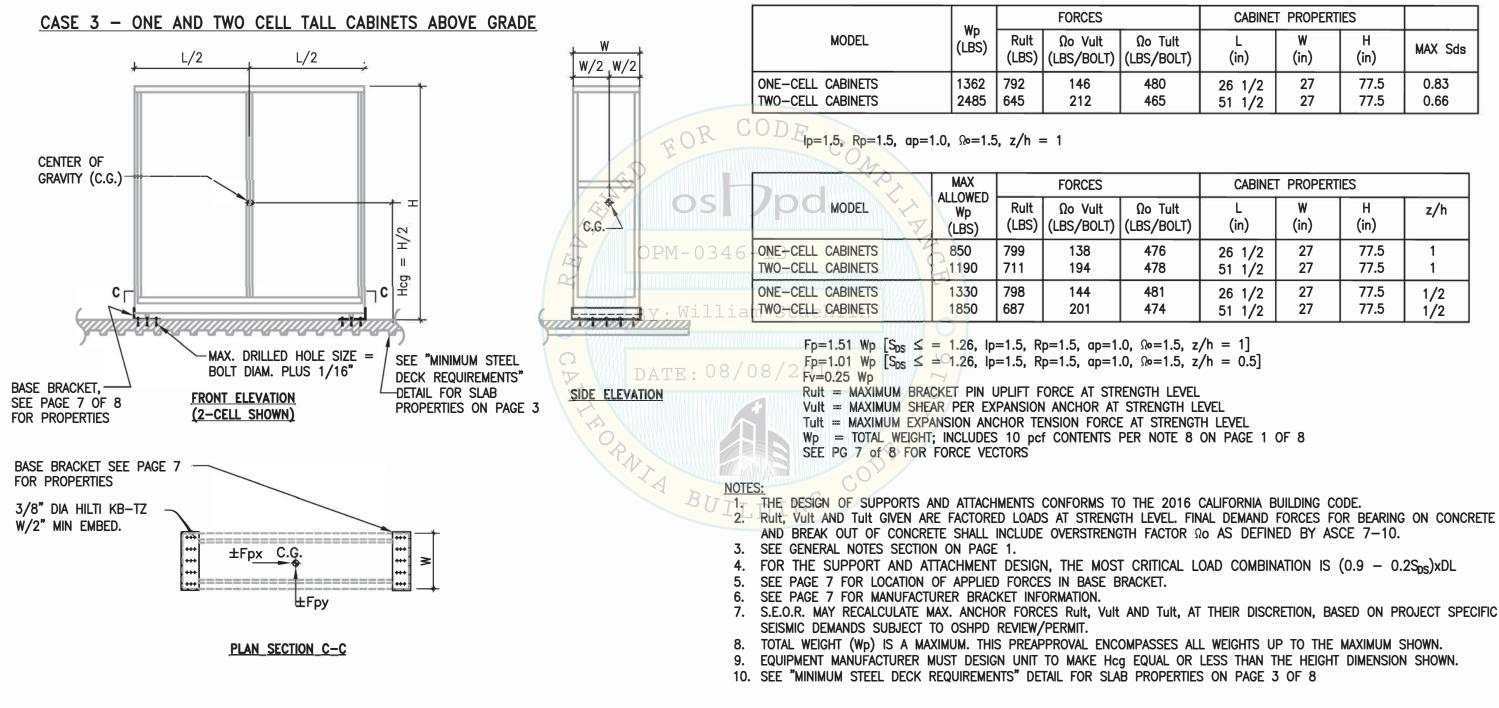
CSM-FRM-107, CSM-FRM-110, NAC-FRM-104, NAC-FRM-105, NAC-FRM-109, NAC-FRM-110, NAC-FRM-111, MED-FRM-022, MED-FRM-023, MED-FRM-030, MED-FRM-040, MED-FRM-041

TWO-CELL CABINET MODELS MED-FRM-102, MED-AUX-102, SUP-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-108, MED-FRM-024,

MED-FRM-025, MED-FRM-031, MED-FRM-032, MED-FRM-036, MED-FRM-037, MED-FRM-043

THREE-CELL CABINET MODELS MED-FRM-103, MED-AUX-103, SUP-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



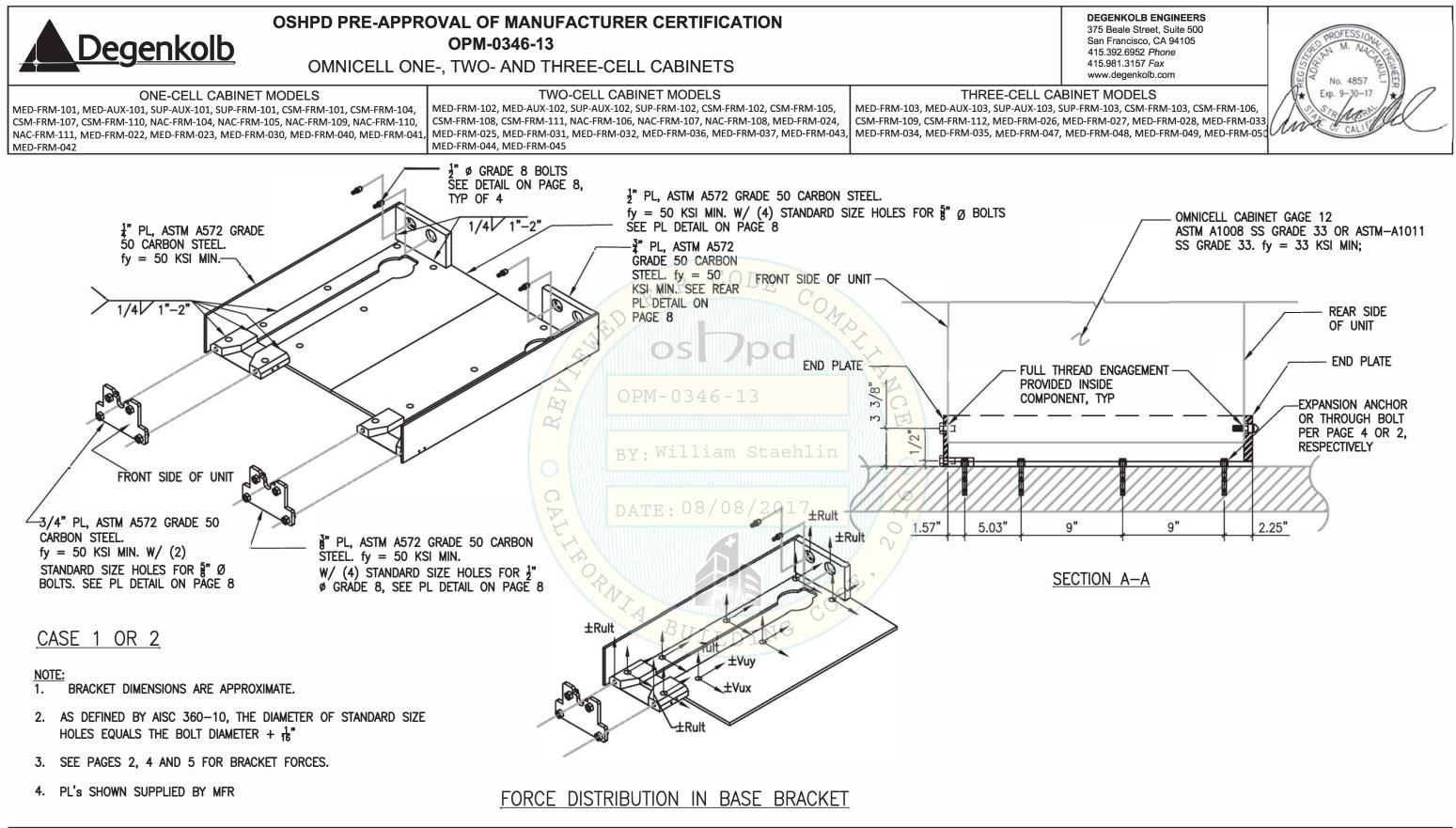
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	CABINE			
Ωo Tult	L	W	H	MAX Sds
BS/BOLT)	(in)	(in)	(in)	
480	26 1/2	27	77.5	0.83
465	51 1/2	27	77.5	0.66

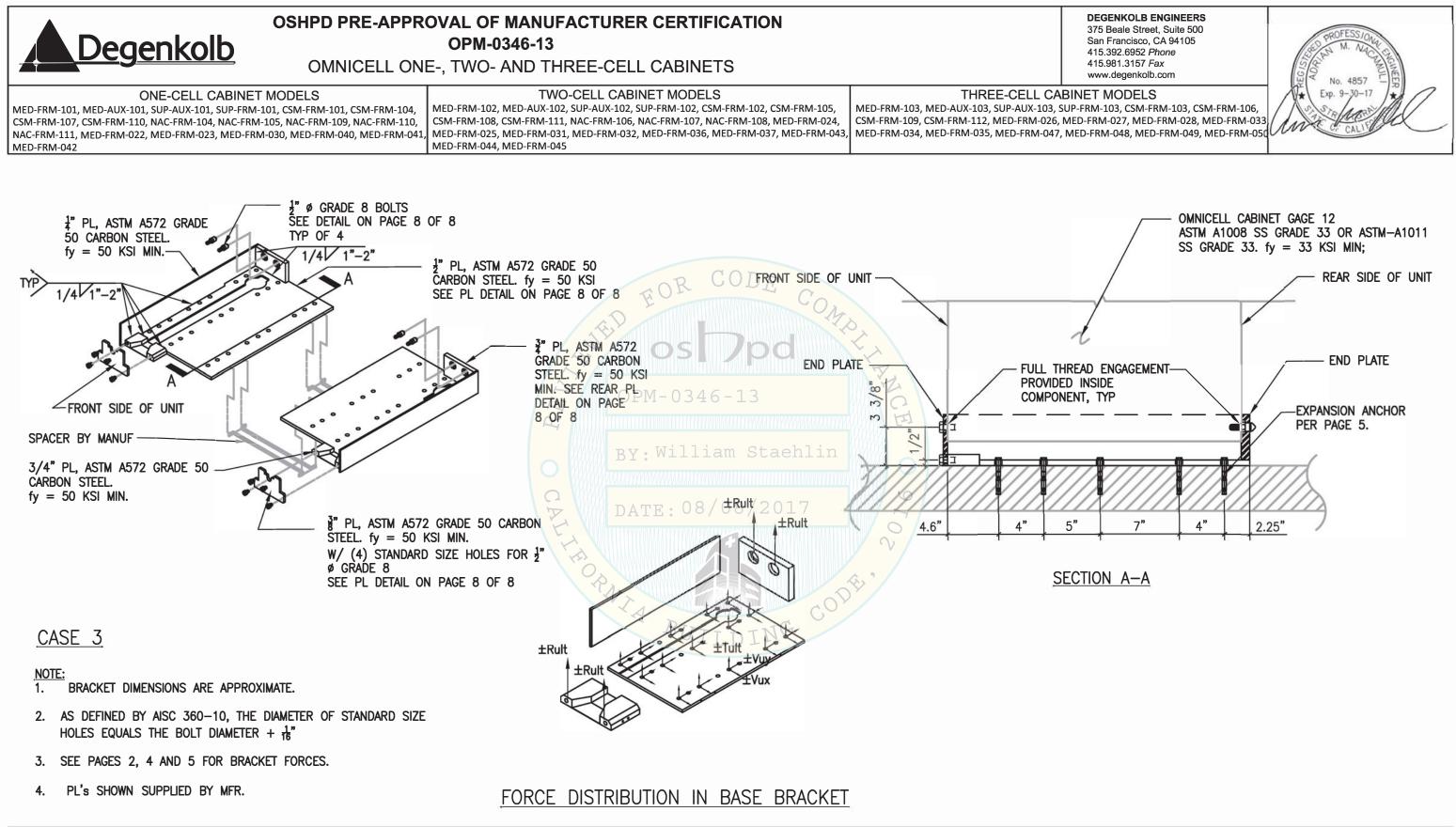
No. 4857

	CABINET PROPERTIES					
Ωo Tult	L	W	H	z/h		
BS/BOLT)	(in)	(in)	(in)			
476	26 1/2	27	77.5	1		
478	51 1/2	27	77.5	1		
481	26 1/2	27	77.5	1/2		
474	51 1/2	27	77.5	1/2		

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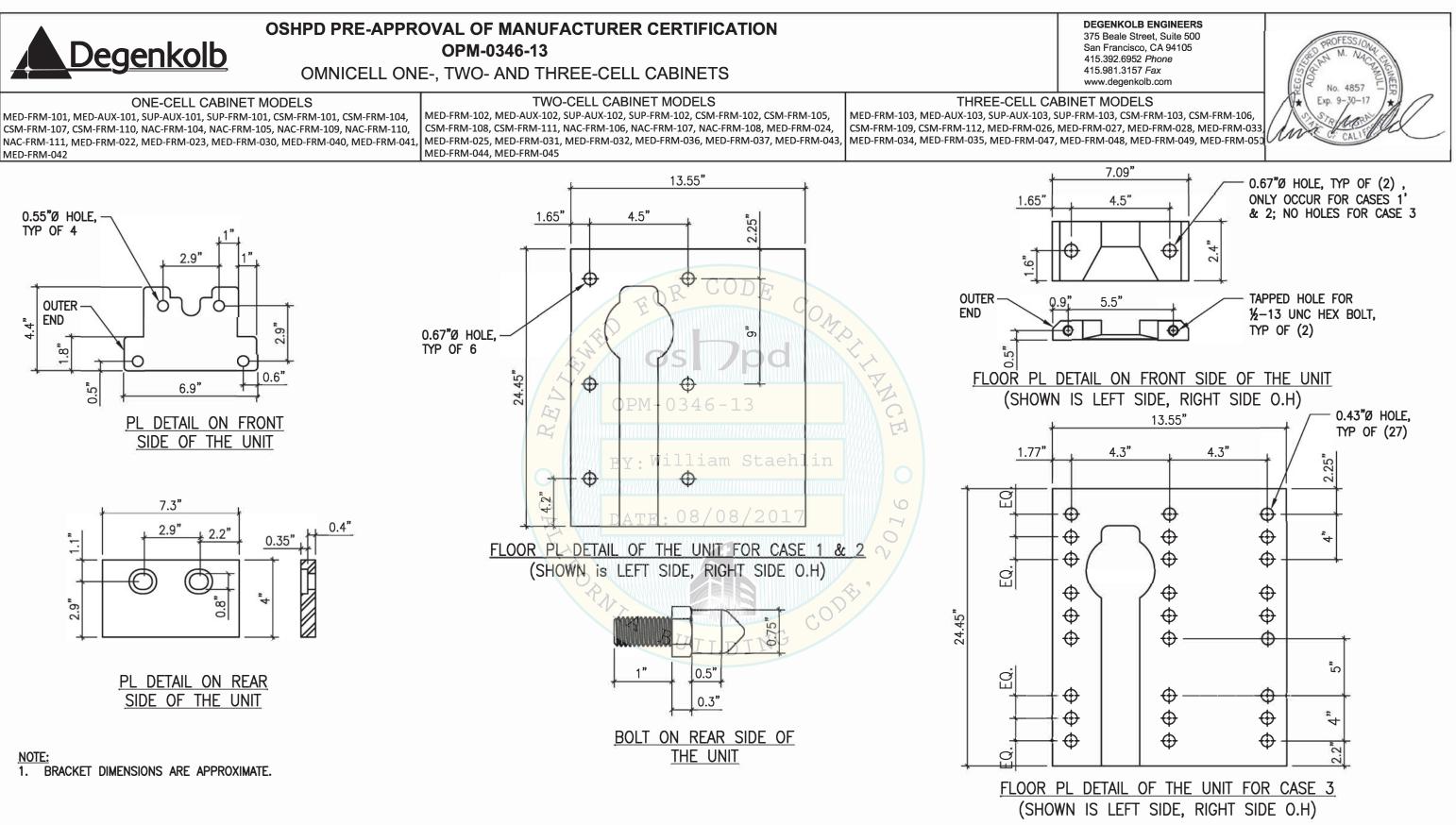


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