



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION

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

OFFICE USE ONLY

APPLICATION #: OPM-0369-13

OSHPD Preapproval of Manufacturer's Certification (OPM)

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

Manufacturer Information

Manufacturer: Omnicell, Inc.

Manufacturer's Technical Representative: Chris Muir

Mailing Address: 590 E. Middlefield Road, Mountain View, CA 94043

Telephone: (650) 251-6329 Email: chrism@omnicell.com

Product Information

Product Name: Half Height Cabinet

Product Type: Automated Medication Dispensing Cabinets

Product Model Number: MED-FRM-102, -103, -104, -020, -021, -029, -039

General Description: Medication storage and dispensing cabinets.

Applicant Information

Applicant Company Name: Omnicell, Inc.

Contact Person: Chris Muir

Mailing Address: 590 E. Middlefield Road, Mountain View, CA 94043

Telephone: (650) 251-6329 Email: chrism@omnicell.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: 06/02/2017

Title: Engineer Company Name: Omnicell, Inc.

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



## 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: [nacamuli@degenkolb.com](mailto:nacamuli@degenkolb.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 1950-15
- ☐ 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 bracing, 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: 01-19-2018

Print Name: Jeffrey Kikumoto

Title: SSE

Condition of Approval (if applicable): \_\_\_\_\_

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



OSHPD PRE-APPROVAL OF MANUFACTURER CERTIFICATION  
OPM 0369-13  
OMNICELL HALF-HEIGHT CABINET

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510.272.9040 Phone  
www.degenkolb.com



MODEL NUMBERS

MED-FRM-102, MED-FRM-103, MED-FRM-104, MED-FRM-020, MED-FRM-021, MED-FRM-029, MED-FRM-039

GENERAL NOTES:

- THIS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2016 CALIFORNIA BUILDING CODE (CBC). THE DEMAND (DESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE CBC 2016.
- PRE-APPROVED DESIGN AND MATERIALS CONFORM WITH THE 2016 EDITION OF THE CALIFORNIA BUILDING CODE. DETAILS WITHIN THIS APPROVAL MAY BE USED ANYWHERE IN THE STATE OF CALIFORNIA WHERE  $S_{DS} \leq 2.2$  FOR CASE 1 & 2,  $S_{DS} \leq 1.35$  FOR CASE 3.
- SEISMIC FORCES ON EQUIPMENT DETERMINED PER THE 2016 CBC & ASCE 7-10 SECTION 13.3. ALL LOADS IN THIS PRE-APPROVAL ARE AT STRENGTH LEVEL AND SHALL BE USED FOR STRENGTH DESIGN.
  - CASE 1 (EQUIPMENT ABOVE GRADE TO ROOF):  
 $S_{DS}=2.20$ ,  $a_p=1.0$ ,  $R_p=1.5$ ,  $I_p=1.5$ ,  $\Omega_o=1.5$ ,  $z/h \leq 1.0$   
i.  $F_p=2.64W_p$ ,  $F_v=0.44W_p$
  - CASE 2 (EQUIPMENT AT OR BELOW GRADE, EXPANSION ANCHOR OPTION):  
 $S_{DS}=2.2$ ,  $a_p=1.0$ ,  $R_p=1.5$ ,  $I_p=1.5$ ,  $\Omega_o=1.5$ ,  $z/h = 0.0$   
i.  $F_p=0.99W_p$ ,  $F_v=0.44W_p$
  - CASE 3 (EQUIPMENT ABOVE GRADE TO ROOF, EXPANSION ANCHOR OPTION):  
 $S_{DS} \leq 1.35$ ,  $a_p=1.0$ ,  $R_p=1.5$ ,  $I_p=1.5$ ,  $\Omega_o=1.5$ ,  $z/h \leq 1.0$   
 $W_p \leq 850$  lbs FOR 1-CELL, and  $\leq 1190$  lbs FOR 2-CELL  
i.  $F_p=1.62W_p$ ,  $F_v=0.27W_p$
- THE STRUCTURAL ENGINEER-OF-RECORD (S.E.O.R.) IS RESPONSIBLE FOR THE FOLLOWING:
  - VERIFY THAT THE ANCHORS ARE AN ADEQUATE DISTANCE FROM ANY SLAB OPENINGS OR EDGES.
  - VERIFY THAT THE ANCHORS ARE AN ADEQUATE DISTANCE FROM ANY NEW OR EXISTING ANCHORS.
  - DESIGN ANY SUPPLEMENTARY MEMBERS AND THEIR ATTACHMENTS WHICH 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 OTHER LOADS AND FORCES.
  - VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH THE 2016 CBC AND WITH THE DETAILS SHOWN IN THIS PRE-APPROVAL. VERIFY THAT THE EQUIPMENT'S ACTUAL WEIGHT, CG LOCATION, ANCHOR LOCATIONS, ANCHOR DETAILS AND THE MATERIAL AND GAGE OF THE UNIT WHERE ATTACHMENTS ARE MADE AGREE WITH THE FORMATION SHOWN IN THIS PRE-APPROVAL.
- STRUCTURAL ENGINEER-OF-RECORD (S.E.O.R.) SHALL EVALUATE BRACKET ATTACHMENTS FOR CONDITIONS THAT VARY FROM THIS PRE-APPROVAL.
- CONTRACTOR/INSPECTOR OF RECORD MUST VERIFY ANCHOR SPACING TO ADJACENT ANCHORS IS TO BE GREATER THAN 8".
- THIS OPM COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE UNIT TO THE STRUCTURE
- EXPANSION OR WEDGE ANCHORS INTO CONCRETE: HILTI KB-TZ (ICC ESR-1917). INSTALL ANCHORS IN ACCORDANCE WITH THE ICC REPORT AND MANUFACTURER'S RECOMMENDATIONS. TEST AT LEAST 50% OF ANCHORS NO SOONER THAN 24 HOURS AFTER INSTALLATIONS. TESTS SHALL BE CONDUCTED IN THE PRESENCE OF THE INSPECTOR OF RECORD (IOR) AND A REPORT OF THE TEST RESULTS SHALL BE SUBMITTED TO OSHPD.

TEST PER ONE OF THE FOLLOWING METHODS:

  - DIRECT PULL TENSION TEST. ANCHOR IS ACCEPTABLE IF NO MOVEMENT IS OBSERVED AT THE TEST LOAD GIVEN IN TABLE BELOW. MOVEMENT MAY BE DETERMINED WHEN THE WASHER UNDER THE NUT BECOMES LOOSE.
  - TORQUE WRENCH TEST: TEST ANCHORS TO THE REQUIRED TORQUE LOAD GIVEN IN TABLE BELOW WITHIN THE LIMIT OF ONE-HALF TURN OF THE NUT.
- A MANUFACTURER PROVIDED PERMANENT PLAQUE MUST BE AFFIXED ON THE UNIT STATING THE FOLLOWING: "WEIGHT OF CONTENTS SHALL NOT EXCEED 10 PCF". DESIGNED WEIGHT OF CONTENTS IS 10 PCF. VERIFY IN FIELD BEFORE INSTALLATION.
- FOR BOLTS THROUGH CONCRETE ON METAL DECK
  - BOLTS SHALL BE TORQUED BY 3/4 TURN OF THE NUTS AFTER THE SNUG TIGHT CONDITION (SNUG TIGHT CONDITION IS DEFINED AS THE TIGHTNESS REQUIRED TO BRING THE CONNECTED PLIES INTO FIRM CONTACT) IS ACHIEVED.
  - THROUGH BOLTS IN CONCRETE SHALL RECEIVE SPECIAL INSPECTION AND TESTING IN ACCORDANCE WITH REQUIREMENTS FOR POST-INSTALLED ANCHORS.
- INSTALLATION PROCEDURE:
  - MOUNT BASE ANGLE PROVIDED BY OMNICELL TO FLOOR WITH AS SHOWN IN THIS OPM.
  - POSITION UNIT WITH RESPECT TO BASE ANGLES. DOWEL INTO UNIT AS SHOWN.

ANCHOR TEST LOAD VALUES									
ANCHOR TYPE <sup>b</sup>	ANCHOR DIAMETER	EMBED <sub>hef</sub>	TENSION LOAD (LBS)	TORQUE LOAD (FT-LBS)	CONCRETE TYPE	f' <sub>c</sub> MIN (PSI)	MINIMUM SPACING	MINIMUM EDGE DIST. REQ.	ICC-ES ESR no
HILTI KB-TZ	5/8"	3-1/8"	810	60	NORMAL WEIGHT	3,000	5"	36"	1917
HILTI KB-TZ	3/8"	2"	SEE NOTE <sup>a</sup>	25	SAND LIGHT WEIGHT	3,000	5"	36"	1917

- a. TEST 3/8" EXPANSION ANCHORS USING THE TORQUE WRENCH TEST METHOD AS DESCRIBED ABOVE  
b. PROVIDE FOR FULL ENGAGEMENT OF NUT & WASHER

9. IF ANY ANCHOR FAILS DURING TESTING, UNIT MUST BE MOVED SO THAT NO ANCHOR IS WITHIN 8" OF AN ABANDONED ANCHOR.





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OMNICELL HALF-HEIGHT CABINET

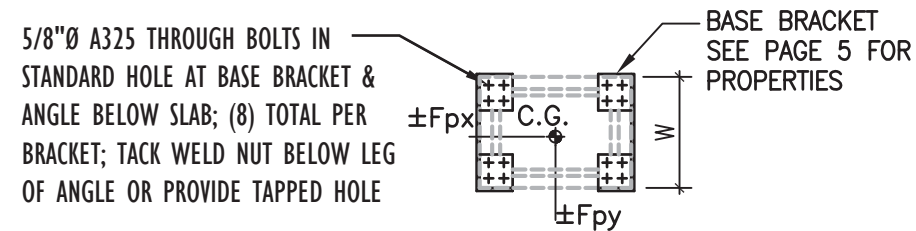
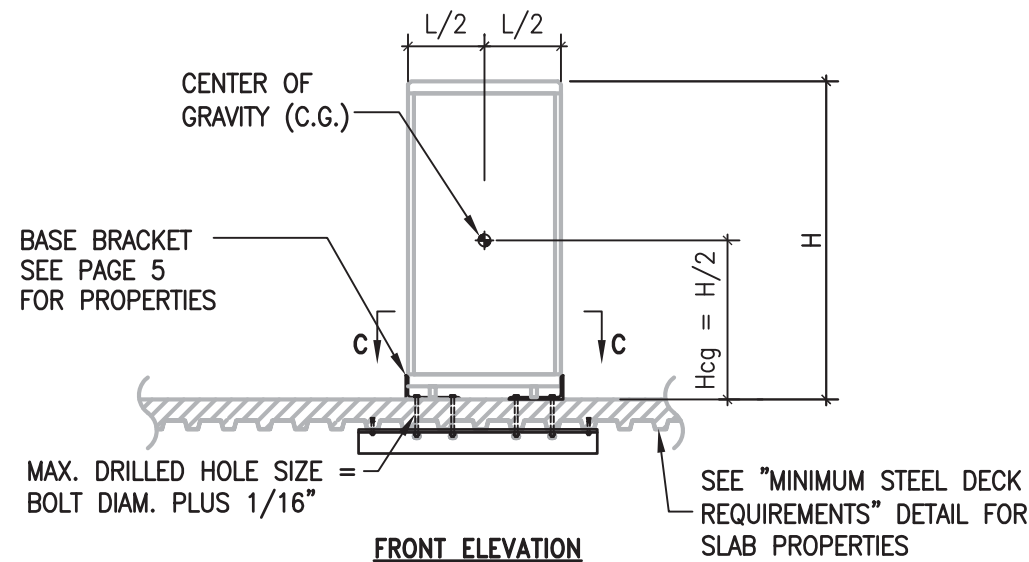
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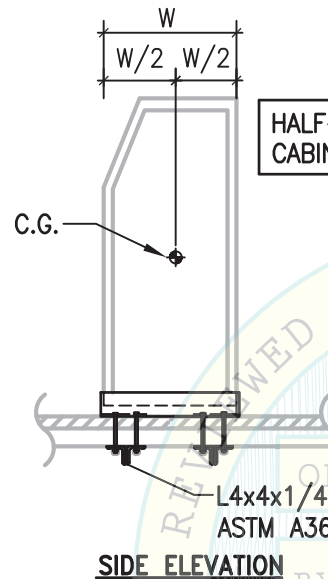
MODEL NUMBERS

MED-FRM-102, MED-FRM-103, MED-FRM-104, MED-FRM-020, MED-FRM-021, MED-FRM-029, MED-FRM-039

CASE 1 - HALF-HEIGHT CABINETS ABOVE GRADE



PLAN SECTION C-C



SIDE ELEVATION

	FORCES										CABINET PROPERTIES		
	SWc (LBS)	Wp (LBS)	Rult 1 (LBS)	Vu PIN 1 (LBS)	Rult 2 (LBS)	Rult 3 (LBS)	Vult (LBS/BOLT)	Tult (LBS/BOLT)	Ωo Vult (LBS/BOLT)	Ωo Tult (LBS/BOLT)	L (in)	W (in)	H (in)
HALF-HEIGHT CABINETS	800	1,012	1,650	1,340	1,120	920	394	1,300	591	1,940	26 1/2	26 1/8	53

$F_p = 2.64 W_p [S_{ps} \leq 2.20, I_p = 1.5, R_p = 1.5, a_p = 1.0, \Omega_o = 1.5, z/h \leq 1.0]$

$F_v = 0.44 W_p$

SWc = SELF-WEIGHT OF THE CABINET

Wp = TOTAL WEIGHT; INCLUDES SWc AND 10 pcf CONTENTS PER NOTE 10 ON PAGE 1

Rult = MAXIMUM BRACKET PIN UPLIFT FORCE AT STRENGTH LEVEL

Vu PIN 1 = MAXIMUM SHEAR ON PIN 1

Vult = MAXIMUM SHEAR PER EXPANSION ANCHOR OR THROUGH BOLT AT STRENGTH LEVEL

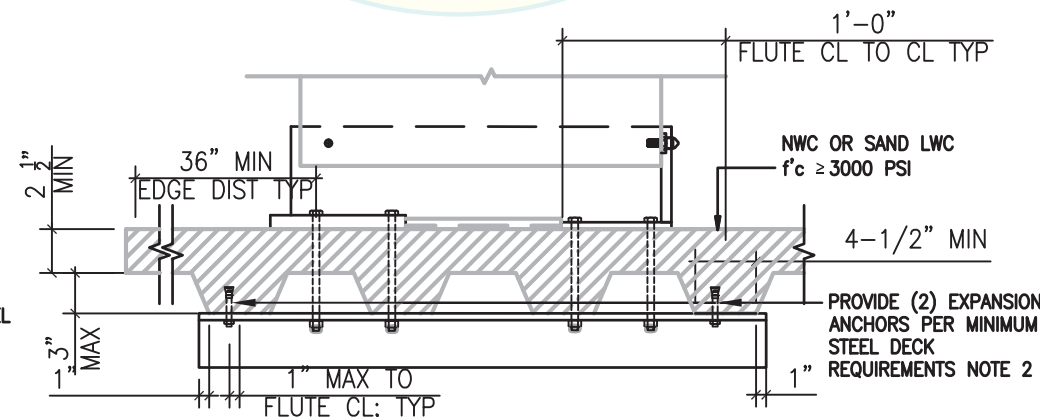
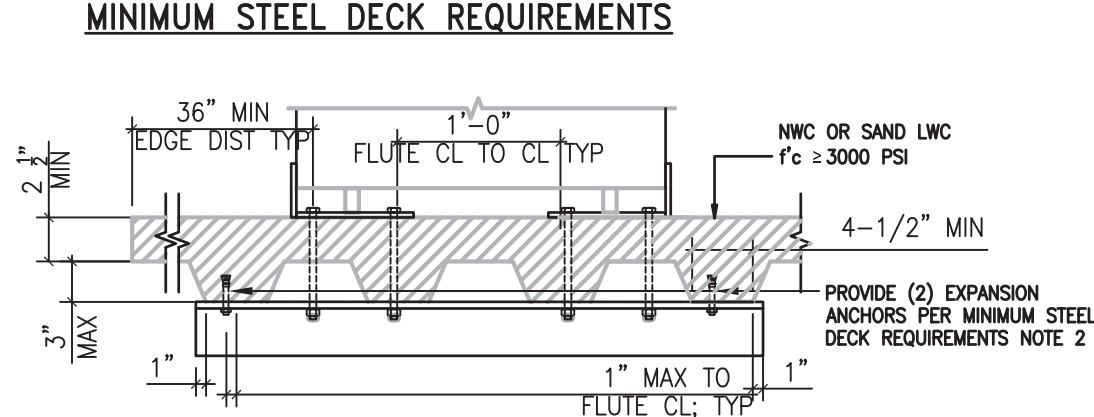
Tult = MAXIMUM TENSION FORCE PER EXPANSION ANCHOR OR THROUGH BOLT AT STRENGTH LEVEL

SEE PAGE 5 OF 8 FOR FORCE VECTORS

NOTES:

1. THE DESIGN OF SUPPORTS AND ATTACHMENTS CONFORMS TO THE 2016 CALIFORNIA BUILDING CODE.
2. Rult, Vult AND Tult GIVEN ARE FACTORED LOADS AT STRENGTH LEVEL. FINAL DEMAND FORCES FOR ANCHORAGE TO CONCRETE SHALL INCLUDE OVERSTRENGTH FACTOR  $\Omega_o$  AS DEFINED BY ASCE 7-10.
3. SEE GENERAL NOTES SECTION ON PAGE 1.
4. FOR THE SUPPORT AND ATTACHMENT DESIGN, THE MOST CRITICAL LOAD COMBINATION IS  $(0.9 - 0.2S_{ps}) \times DL$
5. SEE PAGE 5 FOR LOCATION OF APPLIED FORCES IN BASE BRACKET.
6. SEE PAGE 5 FOR MANUFACTURER BRACKET INFORMATION.
7. S.E.O.R. MAY RECALCULATE MAX. ANCHOR FORCES Rult, Vult AND Tult, AT THEIR DISCRETION, BASED ON PROJECT SPECIFIC SEISMIC DEMANDS SUBJECT TO OSHPD REVIEW AND APPROVAL.
8. TOTAL WEIGHT (Wp) IS A MAXIMUM. THIS PREAPPROVAL ENCOMPASSES ALL WEIGHTS UP TO THE MAXIMUM SHOWN.
9. EQUIPMENT MANUFACTURER MUST DESIGN UNIT TO MAKE Hcg EQUAL OR LESS THAN THE HEIGHT DIMENSION SHOWN.

MINIMUM STEEL DECK REQUIREMENTS



MINIMUM STEEL DECK REQUIREMENTS NOTES:

1. PROVIDE 36" MINIMUM DISTANCE TO EDGE OF SLAB OR OPENINGS.
2. PROVIDE (2)  $\frac{3}{8}$ "  $\emptyset$  HILTI KB-TZ W/ 2" EMBED EXPANSION ANCHORS TO SUPPORT ANGLE. INSTALL ON THE SLAB RIB INDEPENDENT FROM THROUGH BOLTS. EXTEND ANGLE AS REQUIRED. DO NOT INSTALL EXPANSION ANCHORS IN SLAB RIBS WHERE THROUGH BOLTS ARE PRESENT.
3. W- STEEL DECK TO BE 20 GAGE MIN.



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OMNICELL HALF-HEIGHT CABINET

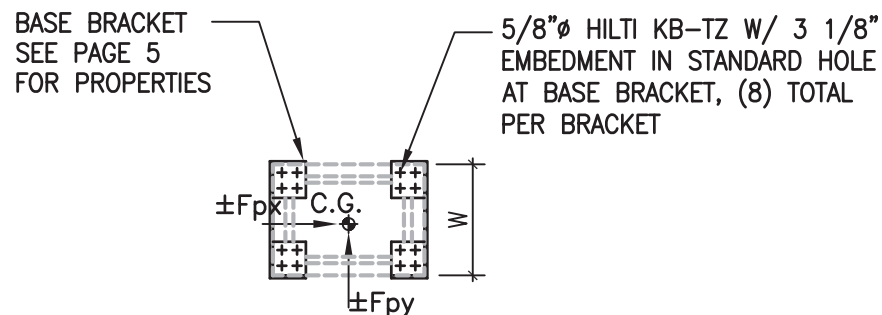
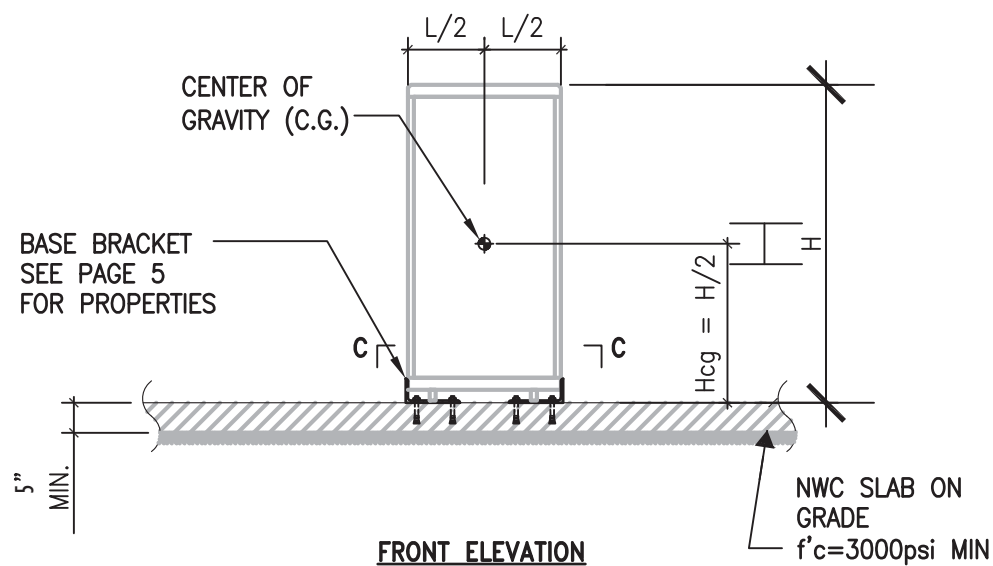
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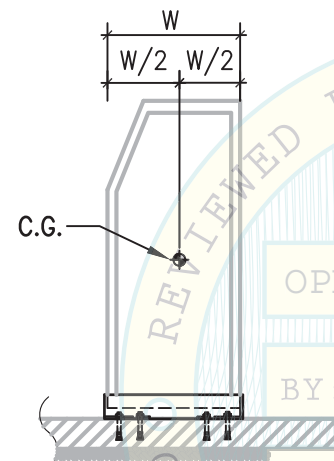
MODEL NUMBERS  
MED-FRM-102, MED-FRM-103, MED-FRM-104, MED-FRM-020, MED-FRM-021, MED-FRM-029, MED-FRM-039

CASE 2 – HALF-HEIGHT CABINETS ON GRADE

	FORCES										CABINET PROPERTIES		
	SWc (LBS)	Wp (LBS)	R <sub>ult 1</sub> (LBS)	V <sub>u PIN 1</sub> (LBS)	R <sub>ult 2</sub> (LBS)	R <sub>ult 3</sub> (LBS)	V <sub>ult</sub> (LBS/BOLT)	T <sub>ult</sub> (LBS/BOLT)	Ω <sub>o</sub> V <sub>ult</sub> (LBS/BOLT)	Ω <sub>o</sub> T <sub>ult</sub> (LBS/BOLT)	L (in)	W (in)	H (in)
HALF-HEIGHT CABINETS	800	1,012	472	501	346	271	150	430	225	645	26 1/2	26 1/8	53



PLAN SECTION C-C



SIDE ELEVATION

$$F_p = 0.99 W_p [S_{DS} \leq 2.20, I_p = 1.5, R_p = 1.5, a_p = 1.0, \Omega_o = 1.5, z/h = 0]$$
$$F_v = 0.44 W_p$$

SWc = SELF-WEIGHT OF THE CABINET  
Wp = TOTAL WEIGHT; INCLUDES SWc AND 10 pcf CONTENTS PER NOTE 10 ON PAGE 1  
R<sub>ult</sub> = MAXIMUM BRACKET PIN UPLIFT FORCE AT STRENGTH LEVEL  
V<sub>u PIN 1</sub> = MAXIMUM SHEAR ON PIN 1  
V<sub>ult</sub> = MAXIMUM SHEAR PER EXPANSION ANCHOR AT STRENGTH LEVEL  
T<sub>ult</sub> = MAXIMUM TENSION FORCE PER EXPANSION ANCHOR AT STRENGTH LEVEL  
SEE PG 5 of 7 FOR FORCE VECTORS

NOTES:

1. THE DESIGN OF SUPPORTS AND ATTACHMENTS CONFORMS TO THE 2016 CALIFORNIA BUILDING CODE.
2. R<sub>ult</sub>, V<sub>ult</sub> AND T<sub>ult</sub> GIVEN ARE FACTORED LOADS AT STRENGTH LEVEL. FINAL DEMAND FORCES FOR ANCHORAGE TO CONCRETE SHALL INCLUDE OVERSTRENGTH FACTOR Ω<sub>o</sub> AS DEFINED BY ASCE 7-10.
3. FOR THE SUPPORT AND ATTACHMENT DESIGN, THE MOST CRITICAL LOAD COMBINATION IS (0.9 – 0.2S<sub>DS</sub>)xDL
4. SEE GENERAL NOTES SECTION ON PAGE 1.
5. SEE PAGE 5 FOR LOCATION OF APPLIED FORCES IN BASE BRACKET.
6. SEE PAGE 5 FOR MANUFACTURER BRACKET INFORMATION.
7. S.E.O.R. MAY RECALCULATE MAX. ANCHOR FORCES R<sub>ult</sub>, V<sub>ult</sub> AND T<sub>ult</sub>, AT THEIR DISCRETION, BASED ON PROJECT SPECIFIC SEISMIC DEMANDS SUBJECT TO OSHPD REVIEW AND APPROVAL.
8. TOTAL WEIGHT (W<sub>p</sub>) IS A MAXIMUM. THIS PREAPPROVAL ENCOMPASSES ALL WEIGHTS UP TO THE MAXIMUM SHOWN.
9. EQUIPMENT MANUFACTURER MUST DESIGN UNIT TO MAKE H<sub>cg</sub> EQUAL OR LESS THAN THE HEIGHT DIMENSION SHOWN.



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OMNICELL HALF-HEIGHT CABINET

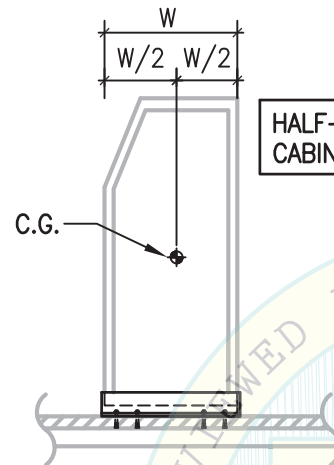
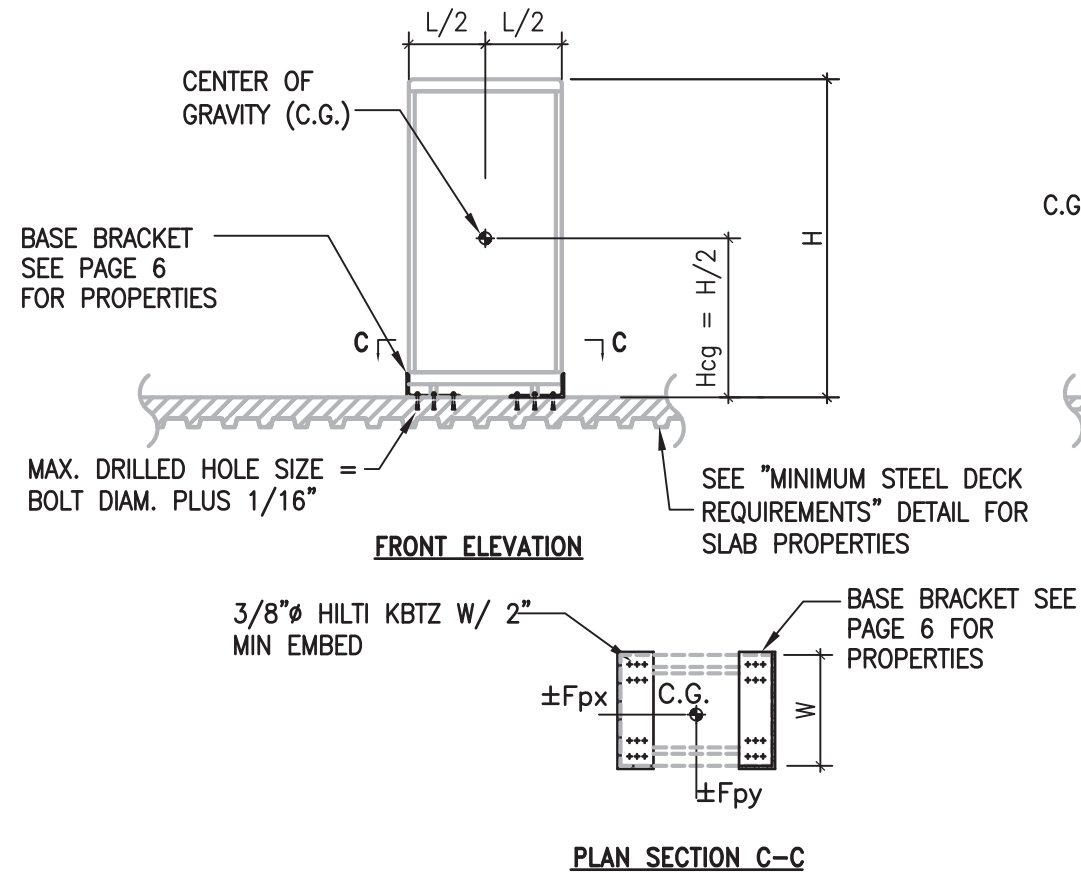
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MODEL NUMBERS

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CASE 3 – HALF-HEIGHT CABINETS ABOVE GRADE



	FORCES										CABINET PROPERTIES		
	SWc (LBS)	Wp (LBS)	R <sub>ult 1</sub> (LBS)	V <sub>u PIN 1</sub> (LBS)	R <sub>ult 2</sub> (LBS)	R <sub>ult 3</sub> (LBS)	Vult (LBS/BOLT)	Tult (LBS/BOLT)	Ω <sub>o</sub> Vult (LBS/BOLT)	Ω <sub>o</sub> Tult (LBS/BOLT)	L (in)	W (in)	H (in)
HALF-HEIGHT CABINETS	800	1,012	1546	820	1114	850	141	381	211	571	26 1/2	26 1/8	53

$$F_p = 1.62 W_p [S_{DS} \leq 1.35, I_p = 1.5, R_p = 1.5, a_p = 1.0, \Omega_o = 1.5, z/h \leq 1.0]$$

$$F_v = 0.27 W_p$$

SWc = SELF-WEIGHT OF THE CABINET

Wp = TOTAL WEIGHT; INCLUDES SWc AND 10 pcf CONTENTS PER NOTE 10 ON PAGE 1

Rult = MAXIMUM BRACKET PIN UPLIFT FORCE AT STRENGTH LEVEL

Vu PIN1 = MAXIMUM SHEAR ON PIN 1

Vult = MAXIMUM SHEAR PER EXPANSION ANCHOR OR THROUGH BOLT AT STRENGTH LEVEL

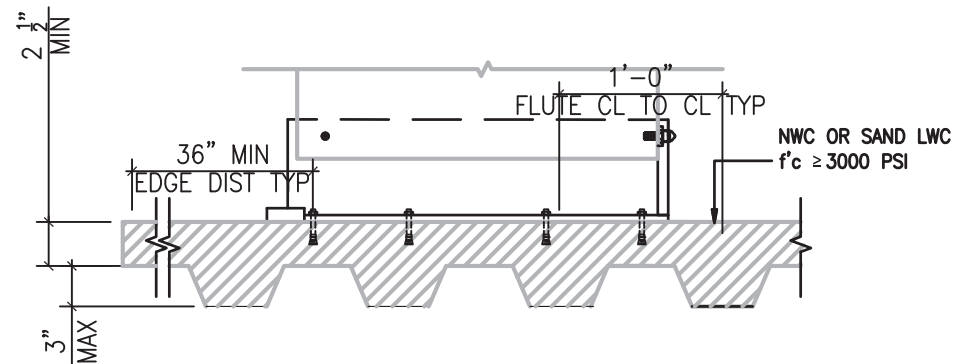
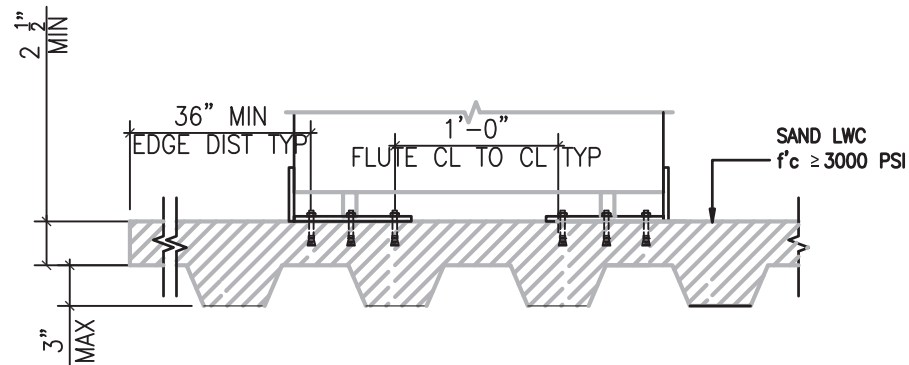
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SEE PG 6 OF 7 FOR FORCE VECTORS

NOTES:

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5. SEE PAGE 6 FOR LOCATION OF APPLIED FORCES IN BASE BRACKET.
6. SEE PAGE 6 FOR MANUFACTURER BRACKET INFORMATION.
7. S.E.O.R. MAY RECALCULATE MAX. ANCHOR FORCES Rult, Vult AND Tult, AT THEIR DISCRETION, BASED ON PROJECT SPECIFIC SEISMIC DEMANDS SUBJECT TO OSHPD REVIEW AND APPROVAL.
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MINIMUM STEEL DECK REQUIREMENTS



MINIMUM STEEL DECK REQUIREMENTS NOTES:

1. PROVIDE 36" MINIMUM DISTANCE TO EDGE OF SLAB, OPENINGS OR OTHER ATTACHMENTS
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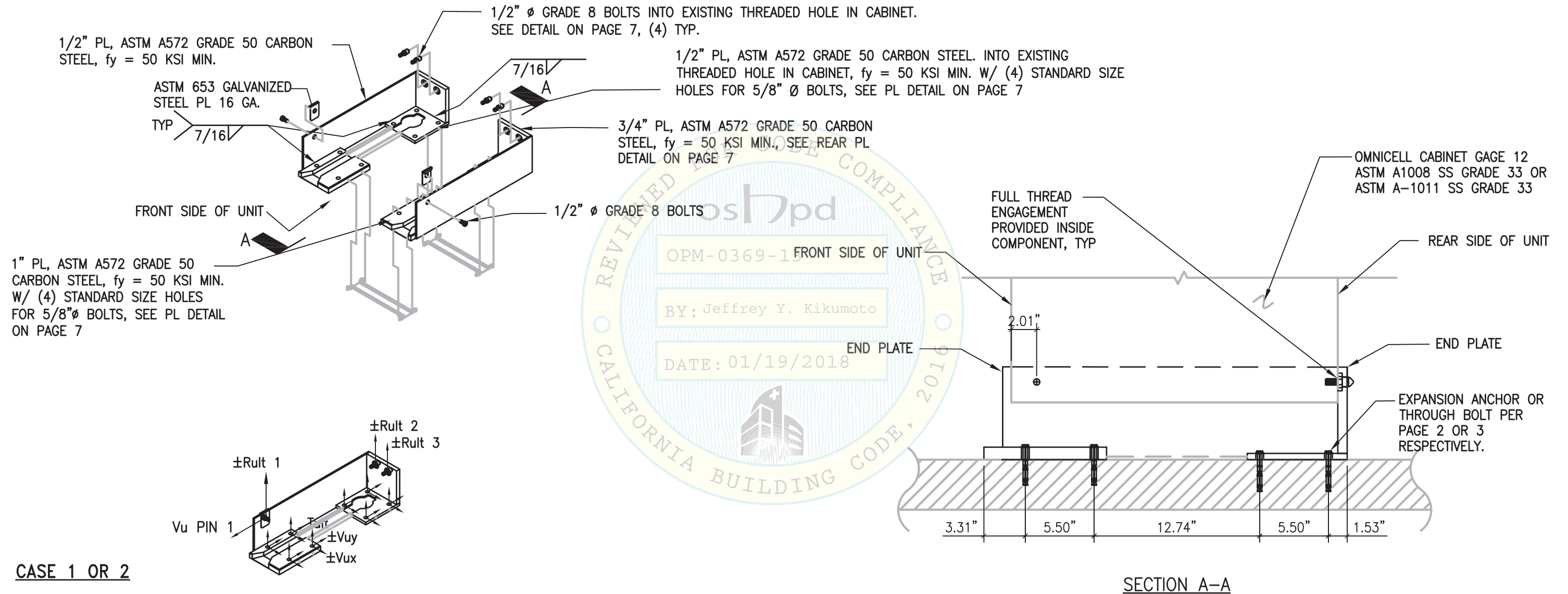
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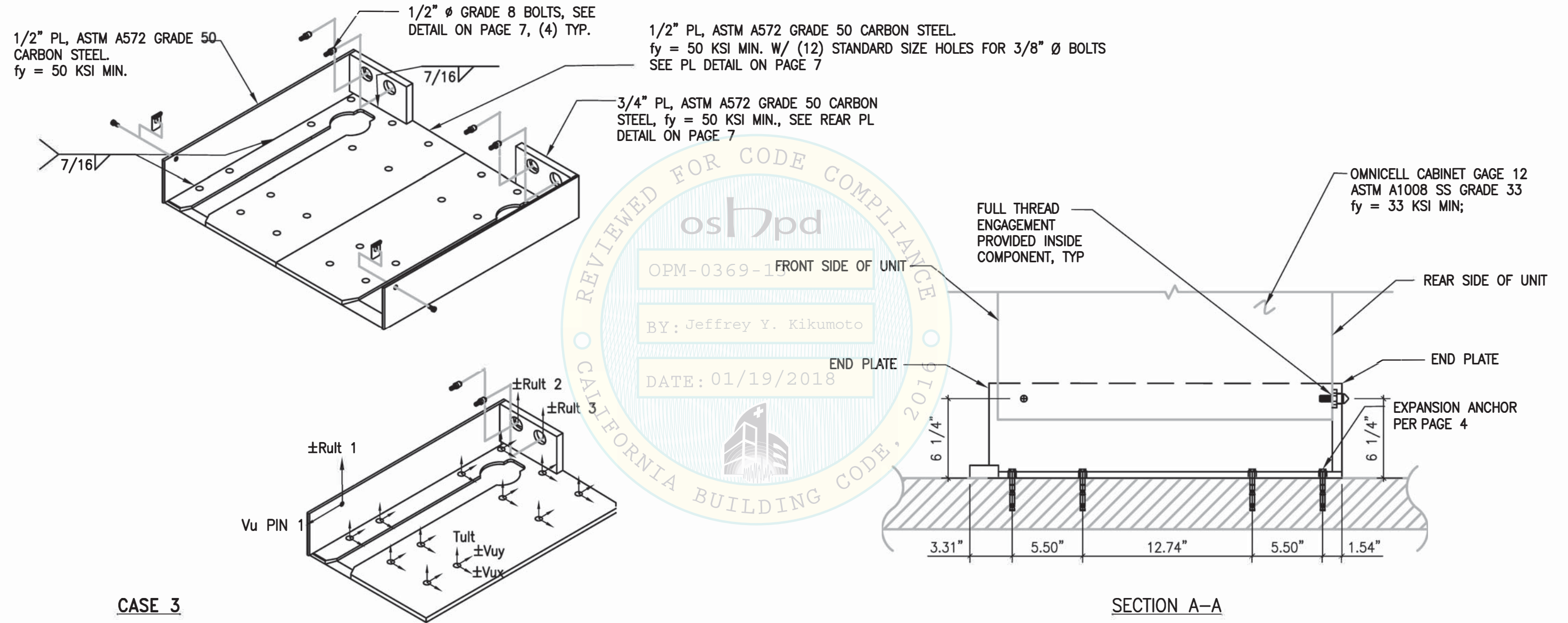
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**CASE 3**

**NOTE:**

1. SEE PAGES 4 FOR FORCE DESIGNATION
2. FOR ITEMS NOT NOTED SEE PAGE 5

**FORCE DISTRIBUTION IN BASE BRACKET**





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