

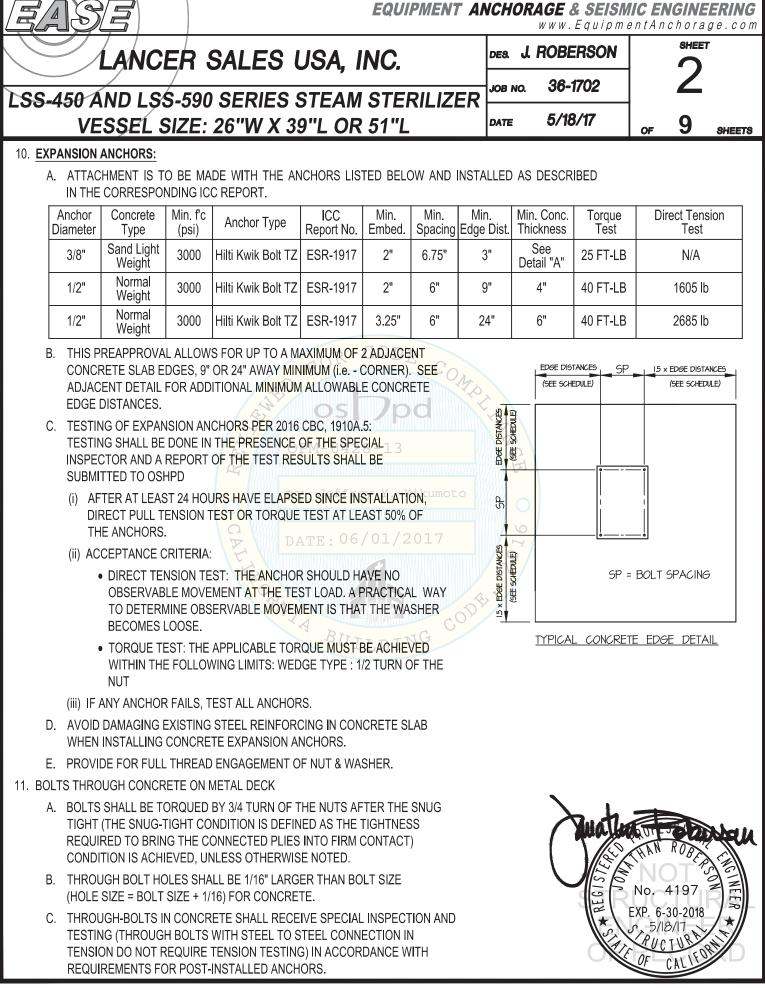
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

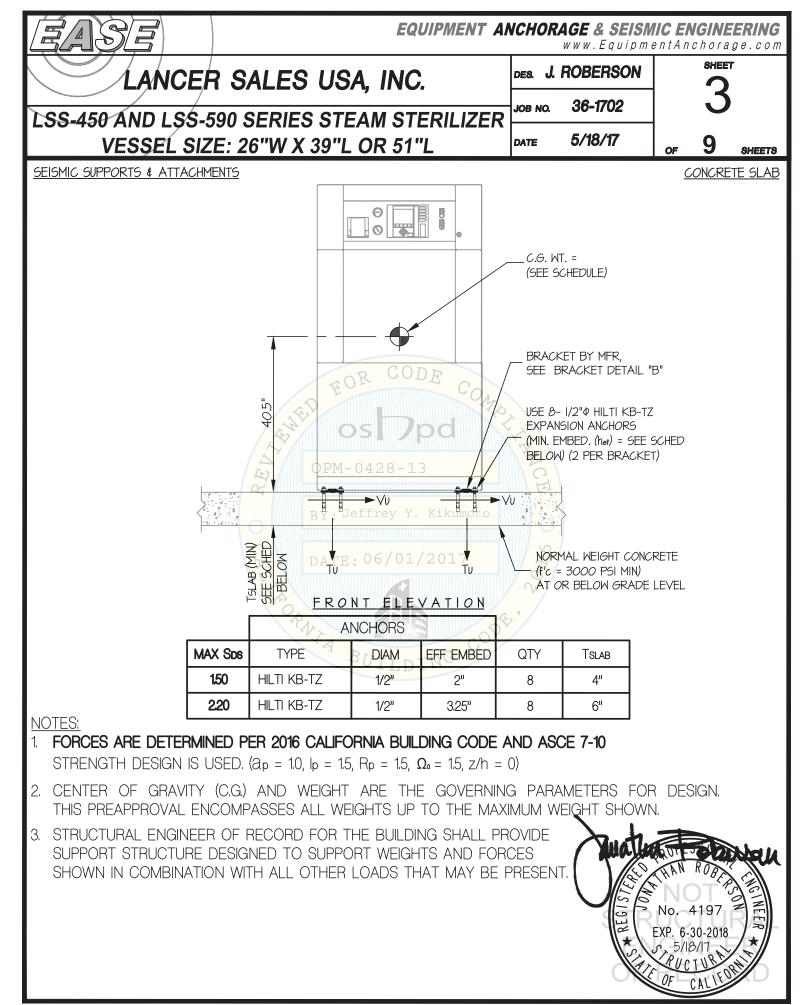
APPLICATION FOR OSHPD PREAPPROVAL OF	OFFICE USE ONLY				
MANUFACTURER'S CERTIFICATION (OPM)	APPLICATION #:	OPM-0428-13			
		01111042010			
OSHPD Preapproval of Manufacturer's Certification (OPM)					
Type: New Renewal Update to Pre-CBC 2013 OPA Number:					
Manufacturer Information					
Manufacturer: LANCER Sales USA, Inc.					
Manufacturer's Technical Representative: Lee Sharman					
Mailing Address: <u>1150 Emma Oaks Trl – Suite 140, Lake Mary, FL. 3</u>	2746-7120				
Telephone: On File Email: On File					
Product Information					
Product Name: LSS-450 and LSS-590 Steam Sterilizers					
Product Type: Other electrical and mechanical components					
Product Model Number: LSS-450 & LSS-590 Jeffrey Y. Kikumo	oto				
General Description: Steam Sterilizer used to sanitize medical instrume	ents, gowns, etc.				
DATE: 06/01/2017	~				
	~				
Applicant Information	DEP?				
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:	I	Date: 5/18/17			
Title: Principal Engineer Company Name: EASE	Co.				
	1	OCUDD			
"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs"	AMAMANAN ANA	USHPD			
STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY OSH-FD-700 (REV 12/16/15)	And & Ander Man	Page 1 of 2			

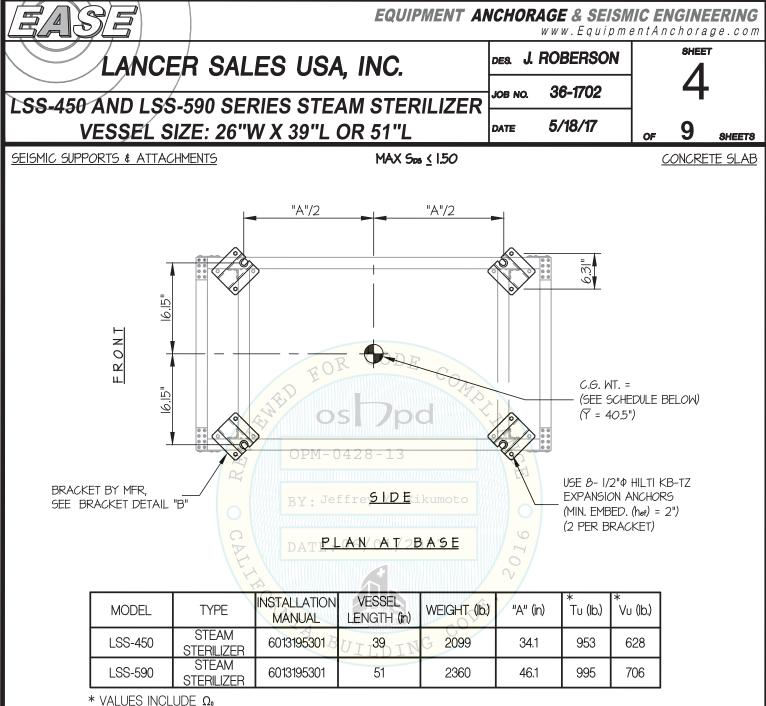


Registered Design Professional Preparing Engineering Recommendations					
Company Name: EASE Co.					
Name: Jonathan Roberson, S.E. California License Number: S4197					
Mailing Address:5877 Pine Ave. Suite 210, Chino Hills, CA. 91709					
Telephone: 909-606-7622 Email: <u>J.Roberson@EASECo.com</u>					
OSHPD Special Seismic Certification Preapproval (OSP)					
<ul> <li>Special Seismic Certification is preapproved under OSP- (Separate application for OSP is required)</li> <li>Special Seismic Certification is not preapproved</li> </ul>					
Certification Method(s)					
<ul> <li>Testing in accordance with:</li> <li>Other* (Please Specify):</li> </ul>					
OPM-0428-13					
<ul> <li>*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.</li> <li>Analysis</li> <li>DATE: 06/01/2017</li> <li>Experience Data</li> <li>Combination of Testing, Analysis, and/or Experience Data</li> <li>(Please Specify):</li> </ul>					
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:					
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					

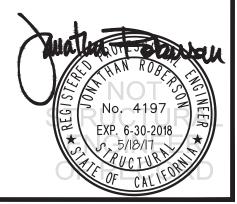
FOURMENT ANCHORAGE       5877 Pine Ave, Ste. 210         Chino Hills, CA. 91709       Phn: (909) 606-7622         Office of Statewide Health Planning and Development       PREAPPROVAL OF MANUFACTURER'S CERTIFICATION         OPM-0428-13       THIS PREAPPROVAL CONFORMS TO THE 2016 CALIFORNIA BUILDING CODE					
		FACTURER: LANCER SALES USA, INC.	Sheet: 1 of 9		
EC	UIP	MENT NAME: LSS-450 AND LSS-590 SERIES STEAM STERILIZER VESSEL SIZE: 26"W X 39"L OR 51"L	Date: 5/18/17		
GENERAL NOTES					
1.		IS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2016 CBC. THE DE ESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE 2016 CBC	MANDS		
2.	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.	3. THIS PREAPPROVAL CONFORMS TO THE 2016 CALIFORNIA BUILDING CODE WHERE SDS IS NOT GREATER THAN 1.25, 1.50 & 2.20.				
4	SEE DETAIL FOR APPLICABILITY				
4.	<ol> <li>FORCES PER ASCE 7-10 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 &amp; 13.3-3,</li> <li>WHERE SDS = 1.50, a<sub>p</sub> = 1.0, l<sub>p</sub> = 1.5, R<sub>p</sub> = 1.5, z/h = 0 AT CONCRETE SLAB. SEE FOLLOWING SHEETS FOR Ω₀</li> </ol>				
WHERE SDS = 2.20, $a_p = 1.0$ , $l_p = 1.5$ , $R_p = 1.5$ , $z/h = 0$ AT CONCRETE SLAB. SEE FOLLOWING SHEETS FOR $\Omega_0$					
WHERE SDS = 1.25, $a_p$ = 1.0, $I_p$ = 1.5, $z/h \leq 1$ AT CONCRETE SLAB ON METAL DECK.					
SEE FOLLOWING SHEETS FOR Ω					
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 ≤ 1)				
8.	8. CONCRETE SLAB ON GRADE DETAIL VALID FOR DEMANDS SHOWN AT ANY ELEVATION AT OR BELOW GRADE. (i.e. z/h = 0)				
9.	RE	SPONSIBILITIES OF THE STRUCTURAL ENGINEER OF RECORD OF THE BUILDING			
	A.	PROVIDE SUPPORTING STRUCTURE TO SUPPORT WEIGHTS AND FORCES SHOWN IN ADDITION TO ALL O	THER LOADS.		
	Β.	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 SH PREAPPROVAL DOCUMENTS.	OWN ON THE		
	C.	VERIFY THAT PROJECT SPECIFIC VALUES OF SDS & z/h RESULT IN SEISMIC FORCES (En, Ev ) 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.	HAN ROBERT		
	E.	VERIFY THAT THE ANCHORS ARE AN ADEQUATE DISTANCE FROM ANY SLAB EDGES OR OPENINGS (SEE TYPICAL DETAIL ON SHEET 2).	No. 4197		
	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.	EXP. 6-30-2018 S. 5/18/17 PUCTURE OF CALLEOR		

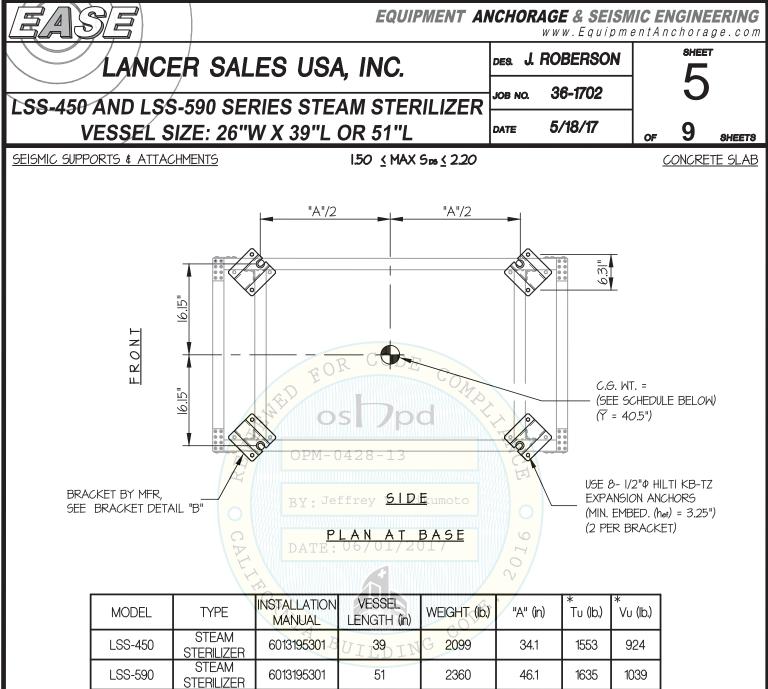






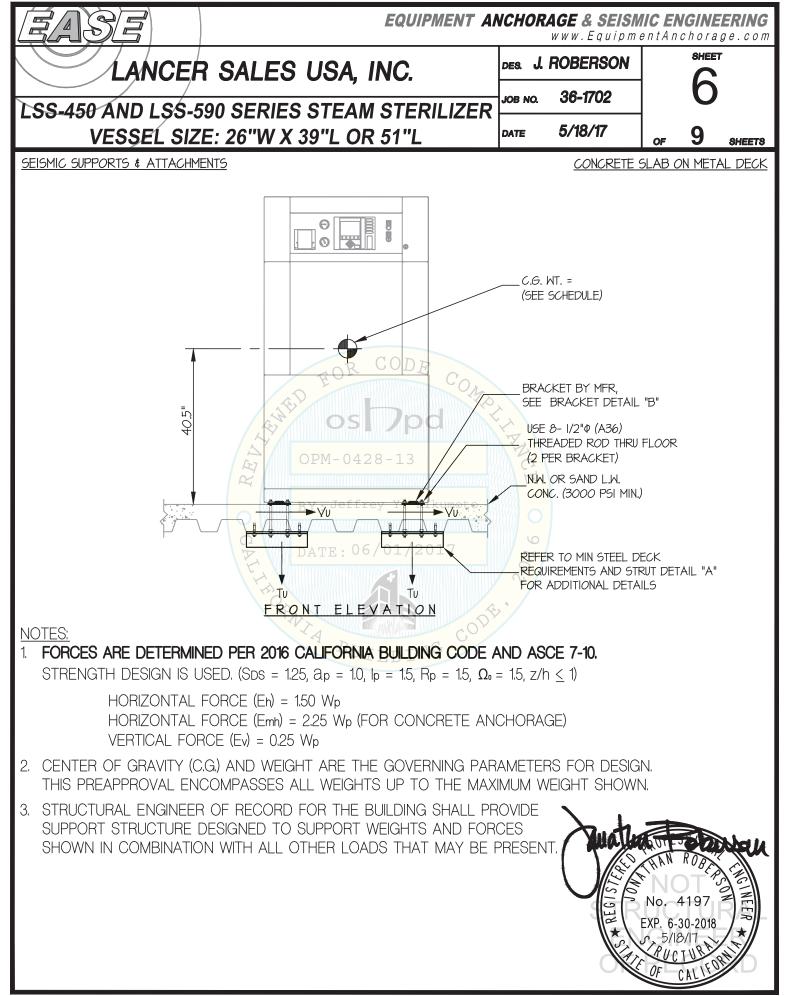
VALUES INCLUDE 120 VALUES ARE PER ROD

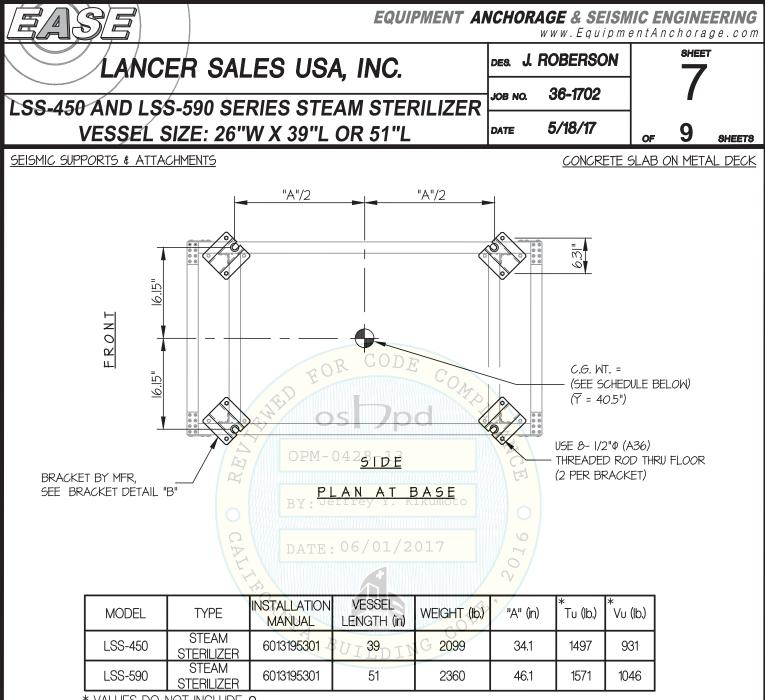




\* VALUES INCLUDE Ω. VALUES ARE PER ROD







<sup>\*</sup> VALUES DO NOT INCLUDE  $\Omega_{\circ}$  VALUES ARE PER ROD



