

APPLICATION FOR OSHPD PREAPPROVAL OF

| MANUFACTURER'S CERTIFICATION (OPM) APPLICATION #: OPM-0523-19 | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
| OSHPD Preapproval of Manufacturer's Certification (OPM) | | | | | | | | | | | |
| ype: ⊠ New □ Renewal □ Update to Pre-CBC 2013 OPA Number: | | | | | | | | | | | |
| Manufacturer Information | | | | | | | | | | | |
| Manufacturer: CornellCookson, LLC. | | | | | | | | | | | |
| Manufacturer's Technical Representative: David Dawdy | | | | | | | | | | | |
| Mailing Address: 24 Elmwood Ave., Mountain Top, PA. 18707 | | | | | | | | | | | |
| Telephone: On File Email: Don File | | | | | | | | | | | |
| Product Information | | | | | | | | | | | |
| Product Name: SmokeShield Elevator | | | | | | | | | | | |
| Product Type: Other Mechanical or Electrical Component 0523-19 | | | | | | | | | | | |
| Product Model Number: ERF-10 BY: Jeffrey Kikumoto | | | | | | | | | | | |
| General Description: Automated smoke screen over elevator opening | | | | | | | | | | | |
| DATE: 11/13/2019 | | | | | | | | | | | |
| 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: 2/14/19 | | | | | | | | | | | |
| Title: Principal Engineer Company Name: EASE Co. | | | | | | | | | | | |
| OCHDD. | | | | | | | | | | | |

Page 1 of 2

OSH-FD-700 (REV 12/16/15)

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

"Equitable Healthcare Accessibility for California"

OFFICE USE ONLY



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: ☐ Other* (Please Specify): ☐ ICC-ES AC156 ☐ FM 1950-16 ☐ FM 1950-16 | | | | | | | | | |
| *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: | | | | | | | | | |
| Title: Structural Engineer | | | | | | | | | |
| Condition of Approval (if applicable): | | | | | | | | | |
| | | | | | | | | | |

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





"Equitable Healthcare Accessibility for California"



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-0523-19

THIS PREAPPROVAL CONFORMS TO THE 2019 CALIFORNIA BUILDING CODE

MANUFACTURER: CORNELL/COOKSON

SmokeShield Elevator ERF-10

Sheet: 1 of 6 Date: 7/2/19

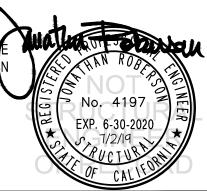
GENERAL NOTES

EQUIPMENT NAME:

- 1. THIS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2019 CBC. THE DEMANDS (DESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE 2019 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 2019 CALIFORNIA BUILDING CODE WHERE SDS IS NOT GREATER THAN 2.5.
- 4. FORCES PER ASCE 7-16 SECTION 13.3.1, EQUATIONS 13.3-1, 13.3-2 & 13.3-3, WHERE SDS = 2.20, \mathbf{a}_p = 1.0, I_p = 1.5, I_p = 1.5,
- 5. THIS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRUCTURE.
- 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. CONCRETE SLAB 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 2019 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 SDS & z/h RESULT IN SEISMIC FORCES (Eh, 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.
- 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.



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CORNELL/COOKSON

DES. J. ROBERSON

11-1832 JOB NO. 7/2/19 DATE

SHEET

SHEETS

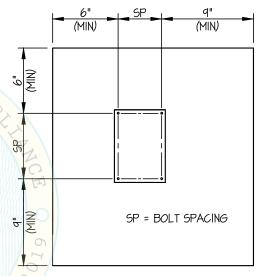
SmokeShield Elevator ERF-10

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 |
|-----------------|------------------|-------------------|------------------------|-------------------|----------------|-----------------|-------------------|-------------------------|----------------|----------------|
| 1/4" | Normal Weight | 3000 | Hilti Kwik Bolt Hus-EZ | ESR-3027 | 1.92" | 3" | 6" | 6" | N/A | 779 lb |

- B. THIS PREAPPROVAL ALLOWS FOR UP TO A MAXIMUM OF 2 ADJACENT CONCRETE SLAB EDGES, 6" AWAY MINIMUM (i.e. - CORNER). SEE ADJACENT DETAIL FOR ADDITIONAL MINIMUM ALLOWABLE CONCRETE EDGE DISTANCES.
- C. TESTING OF EXPANSION ANCHORS PER 2019 CBC. 1910A.5: TENSION 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 AT LEAST 50% OF THE ANCHORS.
 - (ii) ACCEPTANCE CRITERIA:
 - DIRECT TENSION TEST: THE ANCHOR SHOULD HAVE NO kumo to 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. BUILDING
- 11. BOLTS THROUGH CONCRETE ON METAL DECK
 - A. BOLTS SHALL BE TORQUED BY 3/4 TURN OF THE NUTS AFTER THE SNUG TIGHT (THE SNUG-TIGHT CONDITION IS DEFINED AS THE TIGHTNESS REQUIRED TO BRING THE CONNECTED PLIES INTO FIRM CONTACT) CONDITION IS ACHIEVED. UNLESS OTHERWISE NOTED.
 - B. THROUGH BOLT HOLES SHALL BE 1/16" LARGER THAN BOLT SIZE (HOLE SIZE = BOLT SIZE + 1/16) FOR CONCRETE.
 - C. THROUGH-BOLTS IN CONCRETE SHALL RECEIVE SPECIAL INSPECTION AND TESTING (THROUGH BOLTS WITH STEEL TO STEEL CONNECTION IN TENSION DO NOT REQUIRE TENSION TESTING) IN ACCORDANCE WITH REQUIREMENTS FOR POST-INSTALLED ANCHORS.



TYPICAL CONCRETE EDGE DETAIL



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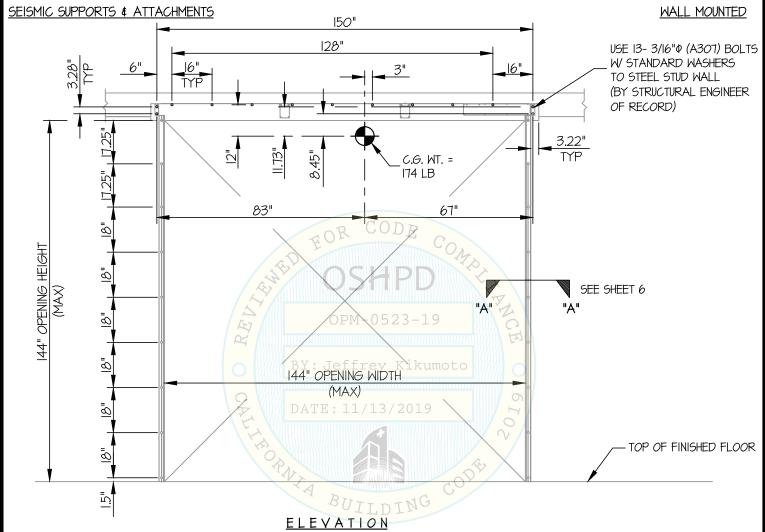
3

SHEET

SmokeShield Elevator ERF-10

DATE 7/2/19

of 6 sheets



NOTES:

1. FORCES ARE DETERMINED PER 2019 CALIFORNIA BUILDING CODE AND ASCE 7-16.

STRENGTH DESIGN IS USED. (SDS = 2.20, Δp = 1.0, |p| = 1.5, Rp = 1.5, Ω_0 = 1.5, z/h < 1)

HORIZONTAL FORCE (Eh) = 2.64 Wp

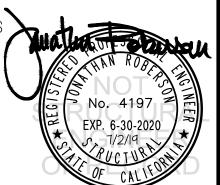
HORIZONTAL FORCE (Emh) = 3.96 Wp (FOR CONCRETE ANCHORAGE)

VERTICAL FORCE (Ev) = 0.44 Wp

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.



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SHEET

SmokeShield Elevator ERF-10

7/2/19 DATE

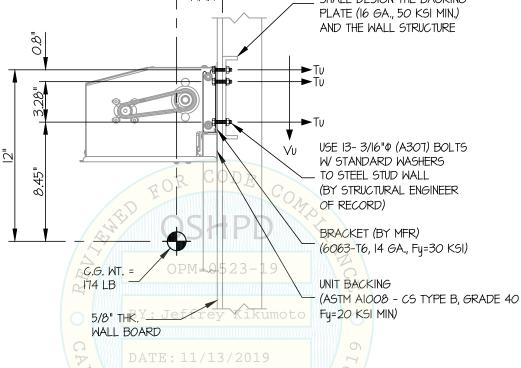
JOB NO.

SHEETS OF **WALL MOUNTED**

SEISMIC SUPPORTS & ATTACHMENTS

STRUCTURAL ENGINEER OF RECORD SHALL DESIGN THE BACKING

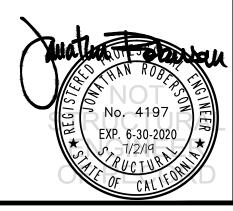
11-1832



STUD WALL

Tu = 89 LB/BOLT (MAX)

Vu = 48 LB/BOLT (MAX)



SECTION AT STEEL

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5

SHEET

SmokeShield Elevator ERF-10

DATE 7/2/19

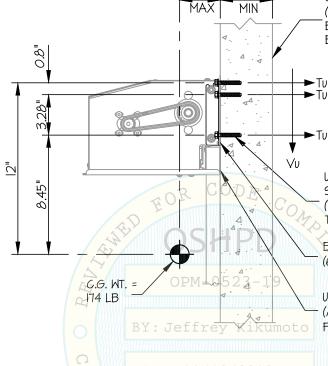
JOB NO.

о**г** 6 **SHEETS**

WALL MOUNTED

SEISMIC SUPPORTS & ATTACHMENTS

CONCRETE WALL (3000 PSI MIN) BY STRUCTURAL ENGINEER OF RECORD



USE 13- 1/4" HILTI HUS-EZ SCREW ANCHORS

(MIN. EMBED. (het) = 1.92") TO CONCRETE WALL

BRACKET (BY MFR) (6063-T6, 14 GA., Fy=30 KSI)

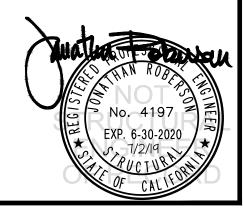
UNIT BACKING

(ASTM Aloo8 - CS TYPE B, GRADE 40

Fy=20 KSI MIN)

CONCRETE WALLS SECTION

Tu = 112 LB/SCREW (MAX) Vu = 62 LB/SCREW (MAX) (VALUES INCLUDE Ω)



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DATE

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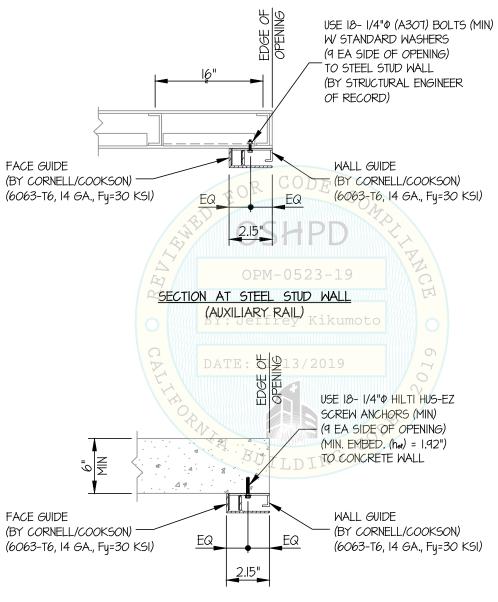
SHEET

7/2/19 of 6 SHEETS

SmokeShield Elevator ERF-10

SEISMIC SUPPORTS & ATTACHMENTS

WALL MOUNTED



<u>SECTION AT CONCRETE WALL</u> (AUXILIARY RAIL)

SECTION A-A

