

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

APPLICATION FOR OSHPD PREAPPROVAL OFFICE USE ONLY									
OF MANUFACTURER'S CERTIFICATION (OPM) APPLICATION #: OPM-0180-13									
OSHPD Preapproval of Manufacturer's Certification (OPM)									
Type: New Renewal Update to Pre-CBC 2013 OPA Number:									
Manufacturer Information									
Manufacturer: Milestone AV Technologies									
Manufacturer's Technical Representative: Michael Harrell									
Mailing Address:8401 Eagle Creek Parkway, Ste 700, Savage, MN. 55378									
Telephone: (952) 225-6313 Email: DMichael.harrell@milestone.com									
Product Information									
Product Name: LSMVU Monitor Wall Mount									
Product Type: Computer/TV OPM-0180-13									
BY: Jeffrey Y. Kikumoto									
General Description: Low Profile TV Monitor Wall Mount									
DATE: 10/12/2015									
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, 2013.									
Signature of Applicant: Date: 9/28/15									
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									



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: _909-606-7667 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 1950-10 Other* (Please Specify):								
OS DO E								
 *Use of test criteria other than those adopted by the California Building Standards Code, 2013 (CBSC 2013) 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 2013 may be used when approved by OSHPD prior to testing. Analysis Experience Data Combination of Testing, Analysis, and/or Experience Data 								
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 2013 ONLY Signature:								
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 1/24/13) Page 2 of 2								

	EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING Office of Statewide Health Planning and Development PREAPPROVAL OF MANUFACTURER'S CERTIFICATION OPM-0180-13 THIS PREAPPROVAL CONFORMS TO THE 2013 CALIFORNIA BUILDING CODE	5877 Pine Ave, Ste. 210 Chino Hills, CA. 91709 Phn: (909) 606-7622
	ANUFACTURER: MILESTONE AV QUIPMENT NAME: LSMVU WALL MOUNT	Sheet: <u>1 of 6</u> Date: 10/8/15
G	ENERAL NOTES	
1.	THIS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE 2013 CBC. THE (DESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE 2013 CBC	DEMANDS
2.	THIS DOCUMENT MAY ONLY BE USED WITH THE EXPRESS WRITTEN CONSENT OF THE MANUFACTURER LIS SPECIFIC PROJECT SITE AND INSTALLATION LOCATION. THIS DOCUMENT IS INVALID WITHOUT SUCH CONS	
3.	THIS PREAPPROVAL CONFORMS TO THE 2013 CALIFORNIA BUILDING CODE WHERE SDS IS NOT GREATER T	
4.	SEE DETAIL FOR APPLICABLE TY COPM-0180-13 FORCES PER ASCE 7-10 SECTION 13.31, EQUATIONS 13.3-1, 13.3-2 & 13.3-3, WHERE SDS = 1.25, $a_p = 2.5$, $I_p = 1.5$, $R_p = 2.5$, $z/h \le 1$ SEE FOLLOWING SHEETS FOR Ω.	
	WHERE SDS = 2.20, a_p = 2.5, I_p = 1.5, R_p = 2.5, z/h \leq 1 SEE FOLLOWING SHEETS FOR Ω_0 AT CONCRETE WALL	
5.	THIS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRU	CTURE.
6. 7.	ALL DESIGN FORCES SHOWN ON THE DRAWINGS ARE FACTORED LOADS THAT SHALL BE USED FOR STREN SHEET METAL SCREWS SHALL BE TEKS SCREWS BY ITW BUILDEX (ICC ESR-1976).	NGTH DESIGN.
8.	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 2013 CBC AND WITH THE DETAILS, MATERIAL AND GAGE OF THE UNIT WHERE ATTACHMENTS ARE MADE AGREE WITH THE INFORMATION PREAPPROVAL DOCUMENTS.	SHOWN ON THE
	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 WALL TO WHICH THE EQUIPMENT IS ANCHORED MEETS THE REQUIREMENTS OF THE APPLICABLE ICC ESR.	
	E. VERIFY THAT THE ANCHORS ARE AN ADEQUATE DISTANCE FROM ANY WALL EDGES OR OPENINGS (SEE TYPICAL DETAIL ON SHEET 2).	A THE CONTRACT
	 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. 	No. 4197 EXP. 6-30-2016 S. 10/8/15 PUCTURE OF CALLFORM

EQUIPMENT ANCHORAGE & SEISMIC ENGINEERING www.EquipmentAnchorage.com											
MILESTONE AV							J. ROBE	RSON	I SHEET		
k							јов	јов но. 11-1368			
	LSN	IVU	WALL N	MOUN	IT		DATE	10/8/	15	of 6	SHEETS
9. SCREW AN											
	CORRESPC		DE WITH THE AN CC REPORT.	ICHORS LIS	TED BELC	ow and i	NSTALLED	AS DESCRI	BED		
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 Tensi Test	ion
1/4"	Normal Weight	3000	Hilti Kwik HUS	ESR-3027	1.92"	2.5"	12"	6"	N/A	779	
CONC ADJAC	RETE WALL I ENT DETA <mark>I</mark> L	EDGES, 1 FOR ADI	vs for up to a 2" Away minimu Ditional minimu	JM (i.e COF	RNER). S	EE	Ŧ		SP SP	18" (MIN)	
ECGE DISTANCES. C. TESTING OF CONCRETE SCREW ANCHORS PER 2013 CBC; 1913A/C. INSPECTOR AND A REPORT OF THE TEST RESULTS SHALL BE SUBMITTED TO OSHPD (I) AFTER AT LEAST 24 HOURS HAVE ELAPSED SINCE INSTALLATION, DRECT PULL TENSION TEST: AT LEAST 50% OF THE ANCHORS. (II) ACCEPTANCE CRITERIA: • DIRECT TENSION TEST: THE ANCHOR SHOULD HAVE NO OBSERVABLE MOVEMENT IS THAT THE WASHER BECOMES LOOSE. (III) IF ANY ANCHOR FAILS, TEST ALL ANCHORS. • DIRECT PULL TENSION TEST: THE ANCHOR SHOULD HAVE NO OBSERVABLE MOVEMENT IS THAT THE WASHER BECOMES LOOSE. • DIRECT PULL TO THE TEST ALL ANCHORS. • AVOID DAMAGING EXISTING STEEL REINFORCING IN CONCRETE WALL WHEN INSTALLING CONCRETE SCREW ANCHORS • DIFLOT OF THE SCREW ANCHOR SCREW ANCHORS • DIFLOT OF THE SCREW ANCHOR SCREW ANCHORS • DIFLOT OF THE SCREW ANCHOR SCREW ANCHOR SCREW ANCHORS • DIFLOT OF THE SCREW A											







