

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST	REQUEST NO. ATR22-060
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DEPARTMENT: PUBLIC WORKS	DATE: March 28, 2022
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1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

	CODES			AMOUNT	DESCRIPTION
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only		
FROM	88670	2731		\$50,000	Operating Transfer In
TO	88670	7211		\$50,000	Fixed Asset - Structure Improvements

Justification (Attach Memo if Necessary):
 The San Mateo Medical Center has acquired a new piece of laboratory equipment that requires an additional electrical power source. This request provides funding to allow the Capital Projects team to provide all plans and specifications required to obtain a Department of Health Care Access and Information (HCAI) permit for the installation of additional electrical supply for the upgrade of the existing Cobas 6000 series to a Cobas Pure series laboratory equipment as well as an estimated construction budget.

DEPARTMENT HEAD <small>6695DB3BF5144BB...</small>	DATE 3/31/2022
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2. Board Action Required Four-Fifths Vote Required Board Action Not Required

Remarks:

DocuSigned by:

311A76FBA8404C2...

COUNTY CONTROLLER <small>311A76FBA8404C2...</small>	DATE 4/8/2022
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3. Approve as Requested Approve as Revised Disapproved

Remarks:

DocuSigned by:

B2CAA10C3C9341B...

COUNTY MANAGER <small>B2CAA10C3C9341B...</small>	DATE 4/8/2022
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DO NOT WRITE BELOW THIS LINE – FOR BOARD OF SUPERVISORS USE ONLY

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA
 RESOLUTION TRANSFERRING FUNDS
 RESOLUTION NO. _____

RESOLVED, by the Board of Supervisors of the County of San Mateo, that

WHEREAS, the Department hereinabove named in the Request for Appropriation, Allotment or Transfer of Funds has requested the transfer of certain funds as described in said Request; and

WHEREAS, the County Controller has approved said Request as to accounting and available balances, and the County Manager has recommended the transfer of funds as set forth hereinabove:

NOW, THEREFORE, IT IS HEREBY ORDERED AND DETERMINED that the recommendations of the County Manager be approved and that the transfer of funds as set forth in said Request be effected.

Regularly passed and adopted this _____ day of _____ 20 ____

AYES and in favor of said resolution:

NOES and against said resolution:

Supervisors: _____

Supervisors: _____

 Absent
 Supervisors: _____

 PRESIDENT, BOARD OF SUPERVISORS
 COUNTY OF SAN MATEO

ATTEST: _____
 Clerk of Said Board

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO.	
DEPARTMENT: PUBLIC WORKS				DATE: March 15, 2022	
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:					
	CODES			AMOUNT	DESCRIPTION
	<small>FUND or ORG</small>	<small>ACCOUNT</small>	<small>JL ORG CODE Measure K only</small>		
FROM	88670	2731		\$50,000	Operating Transfer In
TO	88670	7211		\$50,000	Fixed Asset- Structure Improvements
Justification (Attach Memo if Necessary): The San Mateo Medical Center has acquired a new piece of laboratory equipment that requires an additional electrical power source. This request provides funding to allow the Capital Projects team to provide all plans and specifications required to obtain a Department of Health Care Access and Information (HCAI) permit for the installation of additional electrical supply for the upgrade of the existing Cobas 6000 series to a Cobas Pure series laboratory equipment as well as an estimated construction budget.					
DEPARTMENT HEAD				DATE	
2. <input type="checkbox"/> Board Action Required <input checked="" type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required Remarks:					
COUNTY CONTROLLER				DATE	
3. <input type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved Remarks:					
COUNTY MANAGER				DATE	
DO NOT WRITE BELOW THIS LINE – FOR BOARD OF SUPERVISORS USE ONLY					

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA
RESOLUTION TRANSFERRING FUNDS

RESOLUTION NO. _____

RESOLVED, by the Board of Supervisors of the County of San Mateo, that

WHEREAS, the Department hereinabove named in the Request for Appropriation, Allotment or Transfer of Funds has requested the transfer of certain funds as described in said Request; and

WHEREAS, the County Controller has approved said Request as to accounting and available balances, and the County Manager has recommended the transfer of funds as set forth hereinabove:

NOW, THEREFORE, IT IS HEREBY ORDERED AND DETERMINED that the recommendations of the County Manager be approved and that the transfer of funds as set forth in said Request be effected.

Regularly passed and adopted this _____ day of _____ 20 ____

AYES and in favor of said resolution:

NOES and against said resolution:

Supervisors: _____

Supervisors: _____

 Absent _____
 Supervisors: _____

 PRESIDENT, BOARD OF SUPERVISORS
 COUNTY OF SAN MATEO

ATTEST: _____
 Clerk of Said Board



**September Rev. REQUEST
FY 2021-22**

**COUNTY OF SAN MATEO
DEPARTMENT OF PUBLIC WORKS**

All projects that result in the alteration, renovation, or other changes in internal or external building space configurations including the cost of permanent building fixtures, such as generators, security systems or heating, ventilation, and air conditioning systems in any facility must be submitted as a capital project.

CAPITAL PROJECT - PROJECT REQUEST FORM

DATE: 8/5/2021

CONTACT INFORMATION:

Name: Robert Blake
Department: SMMC Administration
Phone Number: 650-454-6480
Email: rblake@smcgov.org

Process

Prepared by: Robert Blake
Approved by: Robert Blake

Date: 8/15/2021
Date: 2/3/2022

PROPOSED PROJECT INFORMATION:

Title: **Cobas Power Supply Upgrade**

Facility Name: **San Mateo Medical Center Labs**

Project Priority Information:

Provide all plans and specifications required to obtain HCAI permit for the installation of additional electrical supply for the upgrade of the existing Cobas 6000 series to a Cobas Pure series laboratory equipment.

Are there any *critical deadlines* that must be considered during review of this project?
The lab requires this equipment be installed as soon as possible.

PROBLEM DESCRIPTION:

What do you feel is the problem/project?

The new lab equipment requires an additional power source

PROJECT BACKGROUND:

Please explain why this project should be considered?

In order to install and utilize the new equipment, this project is required to provide the necessary electrical service.

What benefit will the County see in approving this project?

Improved laboratory services for the patients and clients of the San Mateo Medical Center.

FUNDING SOURCE:

1. What is your Funding Source – Choose

a.) General Funds –

b.) Grant Funds – N/A

c.) Departmental Funds (Please provide budget Org. and Account)

-Fully Funded \$ 50,000 Partially Funded \$ _____

ORG: 66705 ACCT: 7546

Additional Gen. Funds Needed \$ _____

d.) Other

2. If a grant is the funding source - When will the funds be secured by the sponsoring department? Estimated date: N/A

3. Does the grant require the County to have matching funds? If so, what are they?

FISCAL IMPACT

1. Are there any operational costs associated with this project? Yes **No**
2. If Yes, what is the estimated yearly operational cost? \$_____
3. Who will pay for operational costs? _____
3. If additional staff is required include number of positions to be added 0

Energy Cost

Are there any energy savings associated with this project? Yes

Explain – Minimal savings however the new equipment is more energy efficient than the old equipment.

ATTACHMENTS:

Please attach any relevant information.

Cobas Pro Integrated Solutions specifications detail attached.

In Process

cobas[®] pro integrated solutions

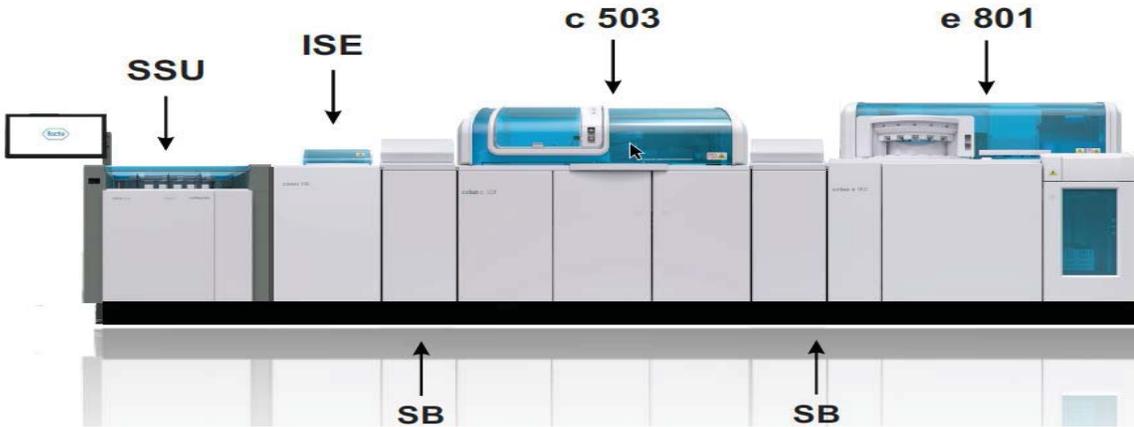
Sample Supply unit Up to 1000 samples per hour processing capacity Up to 300 samples direct loading Up to 300 samples direct unloading or bi-directional connectivity to lab automation	ISE Unit Up to 300 samples per hour Up to 900 tests per hour	cobas c 503 unit Up to 1000 tests per hour Reaction time : 3-10 minutes Up to 60 reagent positions RFID label	cobas e 801 unit Up to 300 tests per hour Up to 48 reagent positions Reaction time: 9/18/27
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Site Requirements

V2s1

In Process

Disclaimer



This Pre-Installation Site Checklist does not replace any user or service manual. The site requirement document can be used as a basis for the pre-installation discussion with the customer.

Dimensions:	SSU	ISE module	c 503	e801
<input type="checkbox"/> W x D x H	Including monitor 52 x 38 x 56 in.	18 x 46 x 46 in.	including sample buffer 61 x 46 x 53 in	Including sample buffer 61 x 46 x 53 in
<input type="checkbox"/> Weight	551 lbs.	337 lbs.	1336 lbs.	1448 lbs

- The floor should have a grade (rise or fall) less than 1/200 within the footprint of the system.

Electrical Power Requirements

- Source
 - Two 115 VAC +/- 10% / 60Hz -standard wall receptacle [5-15R connection]
 - 208 VAC 50 amp 1 connection required (**2 modules**)
 - 208 VAC 50 amp 2 connections required (**3-4 modules**)
- Two 15 Amp circuits will supply power to:
- Roche Service use.
 - HP LaserJet Printer



- 50 AMP (Load tested) - Two (2) options: **United States**
- Wall mounted Hubbell # 3771, 3-Wire 50 A, 250VDC - 600VAC
 - Cord mounted Hubbell# 3762C, 3 Wire 50 A, 250VDC - 600VAC
- Note:** All of the above are Locking Single Receptacles
- 50 AMP (Load tested) – Two (2) options: **Canada**
- Wall mounted Hubbell #6369CR, Outlet twist lock non-NEMA 50A
 - Cord mounted Hubbell # CS6364, 50A, 125/250VAC Female Power

Note: All of the above are Locking Single Receptacles

Electrical

One (single phase) **208V 50 Amp** receptacle
Must be located close to the 10 kVA UPS

<p>US & Puerto Rico</p> <p>Wall Receptacle Hubbell 3771 (Or In-line Hubbell 3762C)</p>	<p>Canada</p> <p>Wall Receptacle Hubbell CS6369 (Or In-line Hubbell CS6364C)</p>
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Install the Hubbell receptacle parallel to the wall and at least 24 inches from the floor.

- Power Consumption - Entire System 10 kVA (ISE, c503, and e801 plus sample supply unit and sample buffers)
- Power outlet (208V 50 amp) must be within 30 ft of the analyzer.
- Power outlet (115V 15 amp) must be within 8 ft of the printer/firewall/cobas link cart.
- It is recommended for the power to be fed from Emergency power (Generator backed up).
- A ground lead measuring less than 10 ohm with respect to earth ground is required. Safety ground must not be able to assume any potential above any grounded fixture located in the immediate vicinity of the analyzer (0.1 VAC maximum).

NOTE: Roche through an agreement with a power supply vendor provides an Uninterruptible Power Supply or Supplies (UPS) as part of the **cobas** pro analyzer series shipment. These UPS(s) provide power conditioning and short term AC power (5-10 minutes). If the site already has an Uninterruptible Supply built-into the facility, then it is not recommended that the Roche provided supplies be utilized (Uninterruptible supply should not be powered by another uninterruptible supply).

III Process

ISE module c 503 E 801

Liquid Waste Volume

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Concentrated liquid waste volume: <2.0 L/h | <ul style="list-style-type: none"> Concentrated liquid waste volume: < 2 L/h Normal liquid waste volume:<30 L/h | <ul style="list-style-type: none"> Concentrated liquid waste volume: ≤ 7 L/h Normal liquid waste volume: <22 L/h |
|--|---|---|
- Floor drain required ≥ 2 inches ID and within 4 inches of the floor
 - Floor drain must be located within 16 ft of the analyzer
 - Waste is by gravity discharge

Deionized Water Consumption

- Average in Operation: 2 L/h 32 L/h 30 L/h
- Clinical Laboratory Reagent Water (CLRW)
 - Bacteria <10 CFU/mL Resistivity >10 MΩ.cm Total Organic Carbon(TOC) 500 PPB Particles 0.2um filtration or better
- Pressure 7.3 to 49.3 psi. Customer supplies a gauge and regulator valve to monitor and adjust water pressure.
- Temperature 54 to 86 °F (10 – 30°C)

- Customer supplies an approved shutoff valve near the analyzer. 5/8 hose barb with an internal diameter of 1/2 inch supplied by customer. DI water components must be either PVC or Stainless steel.
- Any dead leg tubing **must** be < 10 feet.

Note: It has been found that systems utilizing a re-circulation/polishing loop, with a minimal velocity of 5 ft/sec. and a 0.2 micron output filter, have been extremely effective in minimizing bacterial growth and maintaining overall water quality.

Note: If an acceptable floor or wall drain cannot be provided, the facility may provide, at their own discretion, an automated waste pumping solution (ie. separate waste container and "sump pump") capable of safely and effectively eliminating analyzer waste at the specified discharge rate.

	SSU	ISE module	c 503	e 801
Environmental				
<input type="checkbox"/> Ambient Temperature		64 - 89° F in operation ≤ 3.6° F Δ/h		
<input type="checkbox"/> Relative Humidity		30 – 85% non-condensing		
<input type="checkbox"/> Noise emissions to Environment		<65 dbA in Operation/<56 dbA in STBY		
<input type="checkbox"/> Heat Dissipation				
(BTU/h)/w/SB	2730	1365	8190	6824
<input type="checkbox"/> Normal altitude above sea level			6562 ft	6562 ft
<input type="checkbox"/> Max. altitude above sea level with high altitude kit			9843 ft	9843 ft
<input type="checkbox"/> The environment should be relatively dust and vibration free.				
<input type="checkbox"/> The cobas pro integrated solutions should be located ample distance away from any equipment generating electromagnetic noise or electromagnetic wave interference (such as centrifuge, electric discharge machine, mobile telephone, transceiver, cordless telephone, etc				

Routing Considerations (Uncrated)

- Is there a loading dock or other suitable facility to allow the analyzer to be safely unloaded?
- Truck with lift gate or Forklift needed? Is a forklift available onsite?
- Is there any restriction to the length of truck that will be used to deliver the analyzer?
- Is there any restriction on delivery times/days?
- Is there an unpacking location available?

Additional Considerations

- Installation Clearance: Minimum door width (opening) – 36 in. Minimum door height – 69 in. Minimum turning radius – 60 in.
- Elevator Clearance (if necessary): Width - 36 in. Depth - 48 in.
- Clearance for proper circulation and accessibility: Right: 24 in. Front: 39 in. Back: 28 in.
- Adequate ventilation in the immediate area of operation should be provided without airflow directly onto or across the top of the analyzer.
- The **cobas** pro analyzer should be located ample distance away from any equipment generating electromagnetic noise or electromagnetic wave interference such as centrifuge, electric discharge machine.
- System should be protected from direct sunlight.
- Adequate refrigerated storage at 2 to 8 °C **must** be available.
- Access for Maintenance is as follows:
It is recommended to have **at least 16"** on the right side, 40" at the front and a necessary space of 28" at the back to ensure proper air circulation and accessibility for maintenance and operation.

Network Connections

- A wired 10/100/1000 RJ45 female connection (1 drop per system) to the customer's network
- Roche provides a Firewall. The use of the Firewall is mandatory and requires a static IP address. See separate Firewall pre-site document.
- The communication is outbound through port 443 (HTTPS) and port 80 (HTTP with secure payload). Secure payload means that the data is encrypted, signed, and zipped. Protocols used are HTTP, HTTPS, SSH, SOAP, and BITS.
- For outbound LIS communication the Firewall will require access to the customers LIS over specific ports.
- For inbound LIS communication, the LIS will require access to the Firewall's static IP address.
- If installing at a VA account please follow IPB for Axeda setup – Veterans Affairs VPN Procedure
- For Roche remote diagnostics, Axeda, the Firewall's static IP address will need access to:

IP Address	Outbound Port	Host name
196.3.50.39	80	teleservice.roche.com**
62.209.44.11	443	remoteservice.roche.com
209.202.167.21	443	remoteservice-dr.roche.com
62.209.44.21	443	remoteservice-gas1.roche.com
62.209.44.22	443	remoteservice-gas2.roche.com
209.202.167.19	443	remoteservice-gas3.roche.com
209.202.167.20	443	remoteservice-gas4.roche.com
120.136.45.231	443	remoteservice-gas5.roche.com
120.136.45.230	443	remoteservice-gas6.roche.com

Cart

- A cart will be **optional**. There are two options: 24 in wide standing cart and a 36 in wide sitting cart.
- Cart **must** be on the left side of the instrument under the monitor

Configurations	Total length Including Monitor (To stat port)
	in
<ISE c503>	129 (113)
<ISE c503 e801>	188 (172)
<ISE c503 ISE c503>	206 (190)
<ISE c503 ISE c503 e801>	265 (249)
<ISE c503 e801 e801>	247 (231)
<ISE c503 ISE c503 e801 e801>	324 (308)
<ISE c503 e801 e801 e801>	307 (291)

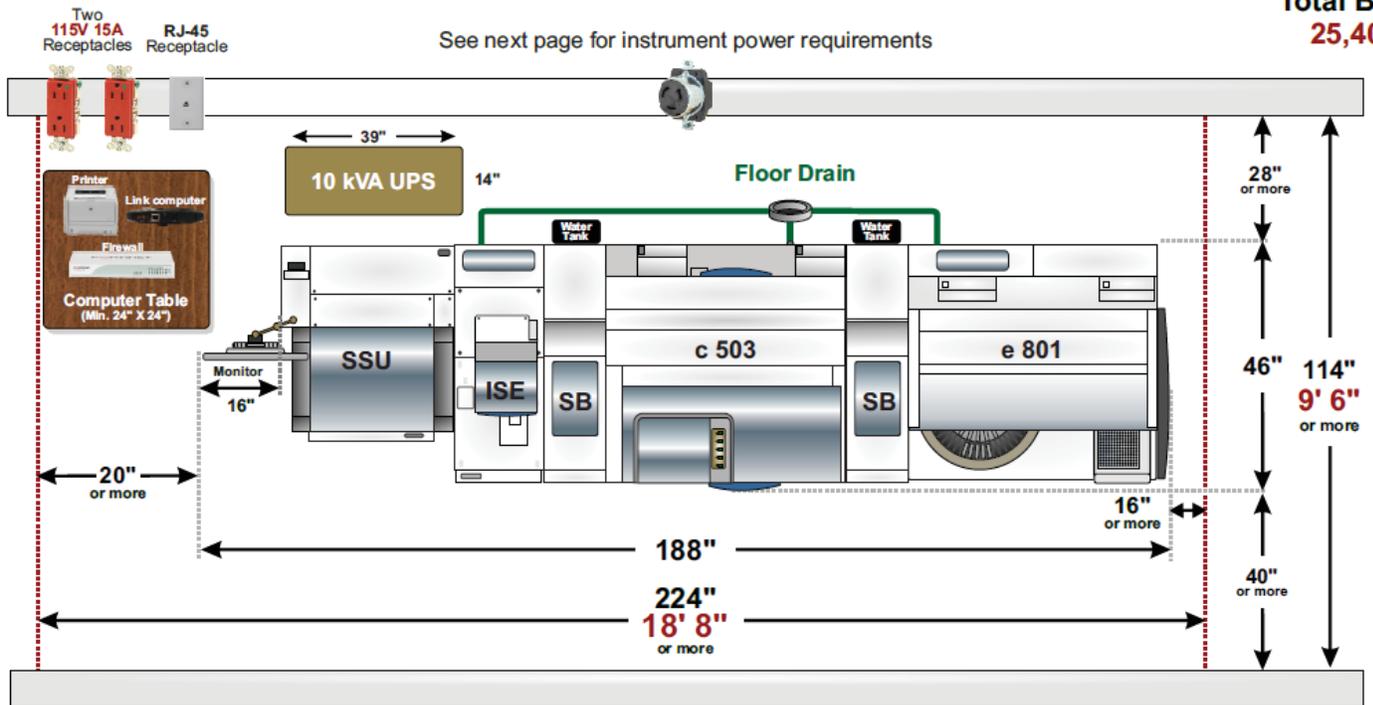
<e801>	111 (95)
<e801 e801>	171 (155)
<e801 e801 e801>	230 (214)
<e801 e801 e801 e801>	289 (273)

Visual Guide ISE / c 503 / e 801



- cobas pro 19,109 BTUs
- UPS 4,239 BTUs
- cobas Link 132 BTUs
- Firewall 51 BTUs
- Printer 1877 BTUs

**Total BTUs
25,408**



The cobas pro is approximately
(Not including UPS or computer table)
4,500 lbs

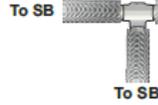
Visual Guide ISE / c 503 / e 801

Water

CLRW grade DI water @ 7.3 to 50 PSI

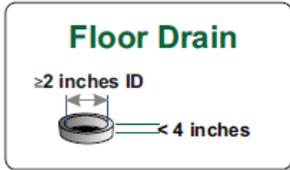
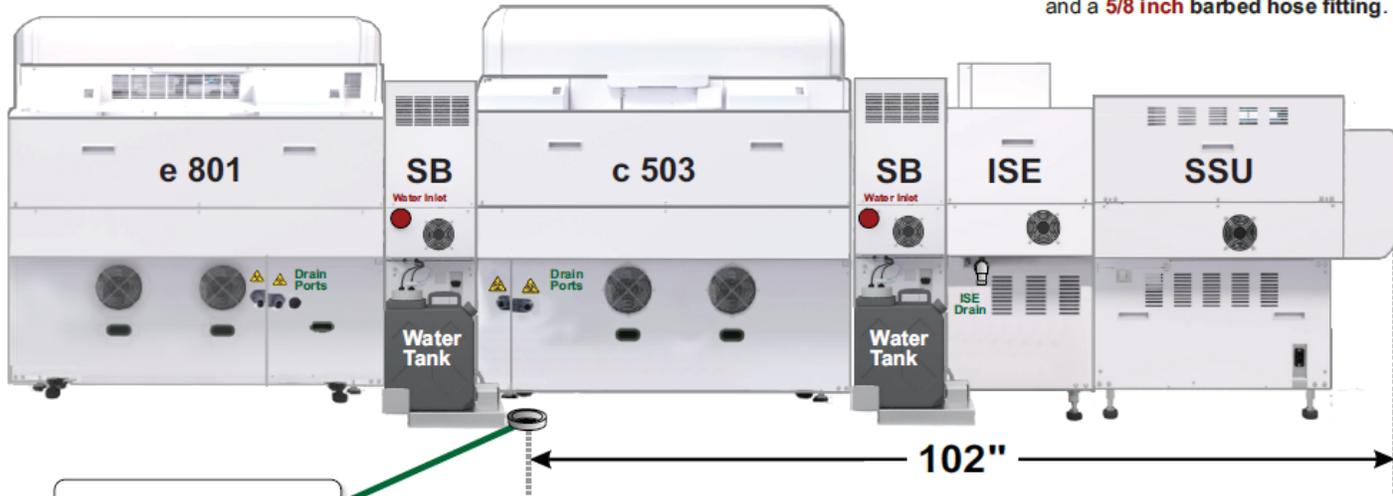
Operational Consumption = 61 L/Hr
Maximum Consumption = 64 L/Hr
Required Flow Rate = 70 L/Hr

Tubing on this side of the valve
will be supplied by Roche



To DI Water System
All components need to be
either PVC or Stainless Steel

Customer Supplied
Customer must supply a shut-off valve
and a 5/8 inch barbed hose fitting.



10 kVA UPS
208V - 50A
Single Phase

US & Puerto Rico
Wall Receptacle
Hubbell 3771
(Or Inline Hubbell 3762C)

or

Canada
Wall Receptacle
Hubbell CS6369
(Or Inline Hubbell CS6365C)

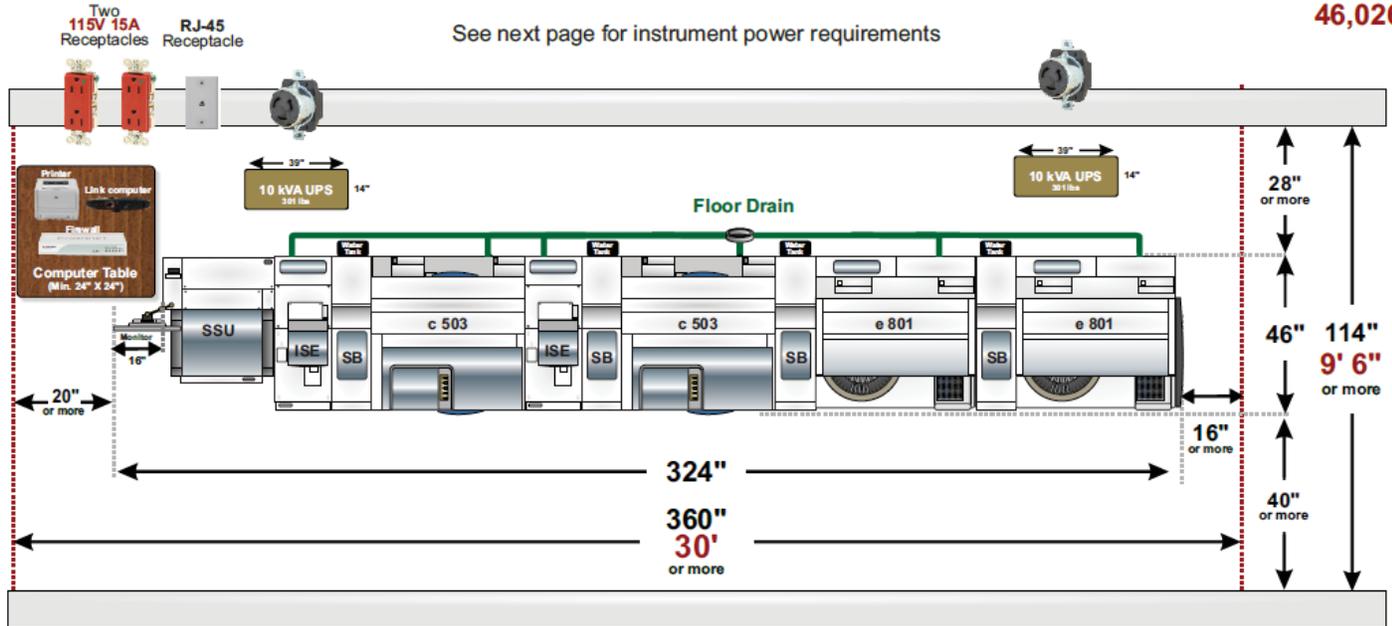
Visual Guide

ISE / c 503 / c 503 / e 801 / e 801



cobas pro
35,488 BTUs
2 UPS
8,478 BTUs
cobas Link
132 BTUs
Firewall
51 BTUs
Printer
1877 BTUs

Total BTUs
46,026



The cobas pro is approximately
(Not including UPSs or computer table)
8,300 lbs

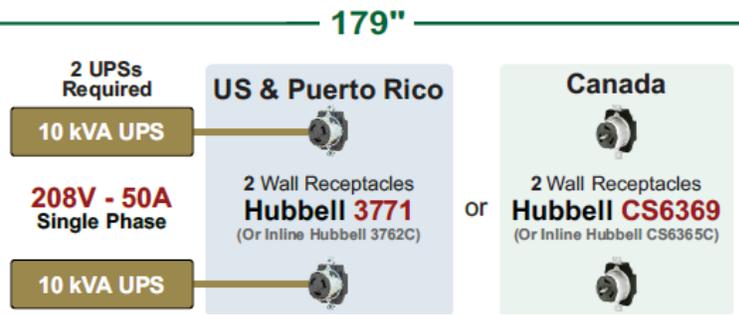
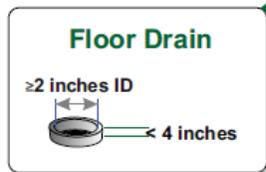
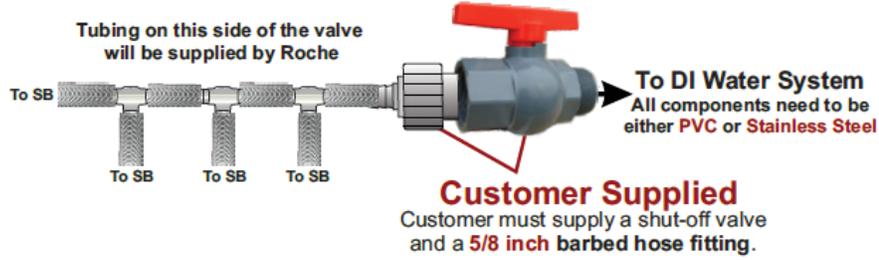
Visual Guide

ISE / c 503 / c 503 / e 801 / e 801

Water

CLRW grade DI water @ 7.3 to 50 PSI

Operational Consumption = 124 L/Hr
 Maximum Consumption = 132 L/Hr
 Required Flow Rate = 160 L/Hr



Important: The strict adherence to the site requirements contained in this document is an essential component in achieving a successful and compliant installation. Any delays in site requirement implementation over the jointly agreed dates can have a negative impact on and delay instrument shipment and/or installation. Deviations from these site specifications should be reported to the Roche Technical Support Center (1-800-428-2336).

Special Notice / Hearing: None
Vote Required: Majority

To: Honorable Board of Supervisors

From: Ann M. Stillman, Interim Director of Public Works

Subject: Appropriation Transfer Request (ATR) for the San Mateo Medical Center's (SMMC) Laboratory Cobas Power Supply Upgrade Project (Design Phase)

RECOMMENDATION:

Approve an ATR to transfer \$50,000 from the SMMC Capital Fund to the Department of Public Works for the funding of the SMMC's Laboratory Cobas Power Supply Upgrade Project (Design Phase).

BACKGROUND:

The SMMC's Laboratory has acquired a new piece of energy-efficient laboratory equipment that requires an additional electrical power source. To install and utilize the new equipment, the SMMC requests the Capital Projects team to provide the necessary electrical service.

DISCUSSION:

The proposed project will include all plans and specifications required to obtain an HCAI permit for the installation of additional electrical supply for the upgrade of the existing Cobas 6000 series to a Cobas Pure series laboratory equipment, as well as an estimated construction budget. Through this proposed project, the County will see improved laboratory services for the patients and clients of the SMMC.

County Counsel has approved this resolution as to form.

FISCAL IMPACT:

Funding for the \$50,000 ATR will allow the Department of Public Works to provide plans and specifications required to obtain an HCAI permit, as well as an estimated construction budget for the power supply upgrade. There is no additional impact to the General Fund as funding is provided by the SMMC Capital Fund.

Special Notice / Hearing: None
Vote Required: Majority

To: Honorable Board of Supervisors
From: Ann M. Stillman, Interim Director, Department of Public Works
Subject: Appropriation Transfer Request for the San Mateo Medical Center's Laboratory Cobas Power Supply Upgrade Project (Design Phase)

RECOMMENDATION:

Approve an Appropriation Transfer Request (ATR) transferring \$50,000 from the San Mateo Medical Center's Capital Fund to the Department of Public Works for the funding of San Mateo Medical Center's Laboratory Cobas Power Supply Upgrade Project (Design Phase).

BACKGROUND:

The San Mateo Medical Center's (SMMC) Laboratory has acquired a new, innovative, and energy-efficient piece of laboratory equipment that requires an additional electrical power source. SMMC has requested the Department of Public Works (Department) to assist with the necessary electrical power source design, permitting, and installation.

DISCUSSION:

The proposed Project will include the development of all plans and specifications required to obtain a Department of Health Care Access and Information (HCAI) permit for the additional electrical supply necessary to install the new Cobas Pure series laboratory equipment, as well as an estimated construction budget.

County Counsel has approved this ATR as to form.

FISCAL IMPACT:

Funding for the \$50,000 ATR will allow the Department to provide plans and specifications required to obtain an HCAI permit, as well as an estimated construction budget for the power supply upgrade. There is no additional impact to the General Fund as funding is provided by the SMMC Capital Fund.

Special Notice / Hearing: None
Vote Required: 4/5ths

To: Honorable Board of Supervisors
From: Ann M. Stillman, Interim Director, Department of Public Works
Subject: Appropriation Transfer Request for the San Mateo Medical Center's Laboratory Cobas Power Supply Upgrade Project (Design Phase)

RECOMMENDATION:

Approve an Appropriation Transfer Request (ATR) transferring \$50,000 from the San Mateo Medical Center's Capital Fund to the Department of Public Works for the funding of San Mateo Medical Center's Laboratory Cobas Power Supply Upgrade Project (Design Phase).

BACKGROUND:

The San Mateo Medical Center's (SMMC) Laboratory has acquired a new, innovative, and energy-efficient piece of laboratory equipment that requires an additional electrical power source. SMMC has requested the Department of Public Works (Department) to assist with the necessary electrical power source design, permitting, and installation.

DISCUSSION:

The proposed Project will include the development of all plans and specifications required to obtain a Department of Health Care Access and Information (HCAI) permit for the additional electrical supply necessary to install the new Cobas Pure series laboratory equipment, as well as an estimated construction budget.

County Counsel has approved this ATR as to form.

FISCAL IMPACT:

Funding for the \$50,000 ATR will allow the Department to provide plans and specifications required to obtain an HCAI permit, as well as an estimated construction budget for the power supply upgrade. There is no additional impact to the General Fund as funding is provided by the SMMC Capital Fund.