

Directions for Completing Hamilton County Medical Gas Application

1. Submit two sets of blueprints for plan review.
2. List exact title of jobsite project name of business. For inspection purposes provide **specific address and location including tenant space, building floor, suite numbers**, crossroads, landmarks or other directional guidelines.
3. Plan prepared by an Architect or Engineer.
4. Provide name of Architect/Engineer company.
5. Provide jobsite name, contact person at job site, cell phone number of contact person at job site.
6. Provide total number of rooms in this project containing medical gas (on blueprint submitted).
7. Provide the total number of zone valve assemblies for medical gas in the building (on blueprint submitted).
8. Provide the total number of medical gas tie-ins in the building (on blueprint submitted).
9. Complete total number of systems on application X \$100.00
10. Complete total number of outlets on application X \$10.00
11. There will be a \$250.00 plan review fee and \$250.00 permit processing fee.

Once a permit is issued a copy will be sent to the plumber along with an inspection log and Medical Gas Check list. This **must** remain on the job site and readily available for the inspector.



HAMILTON COUNTY PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

250 William Howard Taft 2nd floor
Cincinnati, Ohio 45219

MEDICAL GAS APPLICATION

Must read before proceeding:

Only brazers who have been qualified under the requirements of ASSE 6010 and certified with the Ohio Department of Commerce shall be permitted to braze joints in medical gas and vacuum pipeline systems (ASSE Series 6000/ 10-4.9.2). Any medical gas and vacuum pipeline system installed not meeting these requirements may be required to be removed. Submit two sets of drawings for plan review, allow 5-10 working days for completion of plan review.

Application Submitted By:

Name: _____

Address: _____

Phone # _____

Certified Persons Name: _____

Certification Number: _____

APPLICATION & PLAN REVIEW FEE

TYPE OF SYSTEM	Number of Systems	Number of Outlets
Carbon Dioxide		
Helium		
Instrument Air		
Medical Air		
Medical/Surgical Vacuum		
Nitrogen		
Nitrous Oxide		
Oxygen		
WAGD		
Other		
Total		
Total of systems ____ X \$100.00		
Total Outlets ____ X \$10.00		
TOTAL (systems & outlets)		
PLAN REVIEW FEE	\$250.00	
PERMIT PROCESSING FEE	\$250.00	
GRAND TOTAL		

Job Site Name:

Name: _____

Address: _____

Suite/Floor _____

Plan prepared by: _____ Architect _____ Engineer

Company Name: _____

Address: _____

Contact Person: _____

Phone # _____

Cell # _____

Type of Building _____
(nursing home, urgent care, hospital etc.)

LEVEL 1 _____ 2 _____ 3 _____

Applicant's Signature _____

Date _____

Plan Examiner's Signature _____

Date _____