



PREVENT. PROMOTE. PROTECT.

250 William Howard Taft 2<sup>nd</sup> 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 five to ten working days for completion of plan review.

**Application Submitted By:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Certified Persons Name: \_\_\_\_\_

Certification Number: \_\_\_\_\_

**APPLICATION & PLAN REVIEW FEE**

**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 \_\_\_\_\_

TYPE OF SYSTEM	Number of Systems	Number of Outlets
Carbon Dioxide		
Helium		
Instrument Air		
Medical Air		
Medical/Surgical Vacuum		
Nitrogen		
Nitrous Oxide		
Oxygen		
WAGD		
Level 3 Compressed Air		
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		