

Medical Gas and Vacuum Systems Statement of Special Inspections

Planning & Development Services | Building Safety Division

www.lawrenceks.org/pds/building-safety

Project Address: _____ Project Name: _____

In accordance with currently adopted plumbing code, NFPA 99 Code 2012 Edition, and all other applicable codes and referenced standards relevant to the project, the following information and requirements pertaining to medical gas systems shall be provided with the building permit application. In accordance with City of Lawrence Code Chapter V, Article 18, Section 5-1.200.1 a Certificate of Occupancy will not be issued until a statement in writing is received from the responsible facility authority stating he or she has reviewed all inspection and testing records required by NFPA 99 Code 2012 Edition, and that all inspection and testing have been successfully completed as required by NFPA 99 Code 2012 Edition.

Scope of work involves medical gas systems: Yes No

(Includes but not limited to: nonflammable medical gas systems, inhalation anesthetic systems, vacuum piping systems, and dental systems.)

Design Professional in Charge:

Prepared By: _____

Design Firm: _____

Kansas License #: _____ Telephone #: _____

Email Address: _____

Signature: _____ Date: _____

Seal:



Scope of Medical Gas systems by Medical Gas Verifier

- Observe work
- Inspection Report
- Report Non-conforming items
- Furnish Interim reports
- Furnish Final report

The medical gas verifier or inspection agency shall submit a final signed report to the Building Department stating that all items requiring special inspection and testing were fulfilled and reported and, to the best of his/her knowledge, in conformance with the approved design drawings, specifications, approved change orders and the applicable code and standards provisions. Items not in conformance, unresolved items or any discrepancies in inspection coverage (i.e., missed inspections, periodic inspections when continuous was required, etc.) shall be specifically itemized in this report.

Listing of agencies providing special inspections: (Each medical gas verifier shall be approved by the building department prior to performing any duties. Each medical gas verifier shall submit his/her qualifications to the building department)

Acknowledgements: The undersigned have read and agree to comply with the terms and conditions of this agreement.

Owner: _____ Date: _____

Design Professional in Charge: _____ Date: _____

Contractor: _____ Date: _____

Medical Gas Verifier: _____ Date: _____