



Medical Gas Requirements

July 3, 2019

A. Permit Applications

Requirements for Medical Gas permits are as follows:

1. All applicants must have the following credentials from the Texas State Board of Plumbing Examiners:
 - a. The Responsible Master Plumber must have a current Master license and a current Medical Gas endorsement.
 - b. All installers must have a current Master or Journeyman license and a current Medical Gas endorsement.
2. All installers must be certified in accordance with ASSE 6010.

B. General Information

1. All work must be done in conformance with Texas State plumbing licensing requirements and NFPA 99.
2. All installers must be qualified per ASSE 6010.
3. The job must be verified by a third party verifier as outlined by NFPA 99. Verifiers must be qualified per ASSE 6030.
4. Installers must complete an installer affidavit and have the affidavit notarized.
5. Verifiers must complete a verifier affidavit and have the affidavit notarized.

C. Inspection Approval

1. Per Texas State Law, all Medical Gas systems must be inspected by a licensed plumbing inspector with a valid Medical Gas endorsement. This means that the past practice of using an ASSE 6030 verifier only, to inspect Medical Gas systems, no longer complies with Texas State law. Inspection must be done by both an ASSE 6030 verifier and a City of Rowlett plumbing inspector.
2. All inspections must be requested by calling (972) 412-6137 or scheduling via the contractor Internet portal. Inspections requested prior to 3:00 pm will be performed the following business day.
3. **Inspection Requirements**
State Law requires the plumbing inspector for the municipality to inspect the following per NFPA 99 and Texas State Law:
 - a. Proper support of any medical gas piping.
 - b. Proper installation of pipe hangers. Pipes must be supported per NFPA 99.
 - c. Proper labeling of the piping (every 20' and on each side of walls).
 - d. Proper preparation and installation of pipe and fittings per NFPA 99.
 - e. Proper purging of the medical gas system per NFPA 99.
 - f. Pressure testing of the medical gas system per NFPA 99 5.1.12.3.2 Standing Pressure Test. Piping must be pressurized with oil free, dry nitrogen NF to operating line pressure. The system must show no decrease in pressure after 10 minutes.
 - g. Verification that all installers are properly licensed and endorsed per Texas State Law.



MEDICAL GAS INSTALLER AFFIDAVIT

This form is to certify that the Medical Gas system installed at the address below was done in conformance with NFPA 99. Additionally, I certify, as the Responsible Master Plumber, that all workers who installed the medical gas system were in compliance with ASSE 6010 at the time of installation. I understand that any false or incorrect statements pertaining to this affidavit shall be grounds for the City of Rowlett to issue a citation to me and/or file a complaint with the Texas State Board of Plumbing Examiners against my plumbing license.

Address of Medical Gas Installation

By: (signature)

Printed Name

Company Name

Telephone

Email

The State of Texas

County of _____ §

BEFORE ME, the undersigned authority, on this day personally appeared

_____ known to me to be the person whose name is subscribed to the foregoing instrument and, being by me the first duly sworn, upon oath declared that the statements and capacity acted in are true and correct.

Signature Title

Subscribed and sworn to before me, this _____ day

of _____ 20 _____ A.D. to certify and witness my hand and seal of office.

Notary Public - Signature



MEDICAL GAS VERIFIER AFFIDAVIT

This form is to certify that I have verified the Medical Gas system, at the address below, and found it to be in conformance with the requirements of NFPA 99. Additionally, I certify that all verifiers that verified this system were in compliance with ASSE 6030 at the time of verification. I understand that any false or incorrect statements pertaining to this affidavit shall be grounds for the City of Rowlett to suspend or revoke my ability, as well as the ability of the company I represent, to certify any future Medical Gas System verifications.

Address of Medical Gas Installation

By: (signature)

Printed Name

Company Name

Telephone

Email

The State of Texas

County of _____ §

BEFORE ME, the undersigned authority, on this day personally appeared

_____ known to me to be the person whose name is subscribed to the foregoing instrument and, being by me the first duly sworn, upon oath declared that the statements and capacity acted in are true and correct.

Signature Title

Subscribed and sworn to before me, this _____ day

of _____ 20____ A.D. to certify and witness my hand and seal of office.

Notary Public - Signature