HAMILTON COUNTY
PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

1701 Patricia McCollum Way, Dept. 93
Cincinnati, OH 45237

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

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		

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**