



**TECHNICAL BULLETIN**  
**Planning & Development Services**  
**Building Inspections Division**

**TOPIC: Medical Gas**

This Technical Bulletin provides contractors and plumbers the information needed to apply for and secure permits and inspections for all new medical gas piping installations and/or repairs to existing medical gas piping systems. All references to “plumbers” and “endorsements” are with reference to the requirements of the Texas State Board of Plumbing Examiners.

**For Med Gas Piping performed in conjunction with a Building Permit:**

All plans for medical gas piping systems must be included with the application for the building permit. The piping system must be included on a scaled and dimensioned floor plan and the following *minimal* information must be indicated:

- a. Manifolds
- b. Valves
- c. Location of tanks
- d. Ventilation of tank storage room with method of ventilation

After the building permit is issued, a Responsible Master Plumber with a Medical Gas Piping Endorsement that is a registered plumbing contractor with the City of Arlington must apply for a “Work with a building permit” Plumbing Permit. This permit is in addition to any other plumbing permits for DWV system, water distribution system and fuel gas piping.

**For Med Gas Piping performed not in conjunction with a Building Permit:**

A “Work without a building permit” Plumbing Permit must be secured by a Responsible Master Plumber with a Medical Gas Piping Endorsement that is a registered plumbing contractor with the City of Arlington. The application for the plumbing permit must be accompanied by plans that will contain the same information listed above.

**Final Inspections and Med Gas Piping Certification:**

The installation and/or repair of all Med Gas Piping systems may only be performed by licensed plumbers that also hold a Medical Gas Endorsement.

At or prior to the request of a “final plumbing inspection” performed by the City of Arlington plumbing inspector, the Responsible Master Plumber must provide the executed **Medical Gas Piping System Installation Compliance Certificate**.

The verification of the installation and/or repairs of all Med Gas Piping systems must be performed by individuals certified to ASSE Standards. The system verifier must provide the executed **Medical Gas Piping System Verification Certificate of Compliance**.

All testing and certification shall be done in accordance with NFPA 99C, 2018 Edition.



# Medical Gas Piping System Installation Compliance Certificate

Job Address: \_\_\_\_\_ Suite: \_\_\_\_\_

Name of Medical Business: \_\_\_\_\_

Type of Work: \_\_\_\_Repair\_\_\_\_New Construction\_\_\_\_Remodel \_\_\_\_Addition

Responsible Master Plumbing License Number: \_\_\_\_\_

Plumbing Permit Number: \_\_\_\_\_

**As the Responsible Master Plumber I certify that I hold a Medical Gas Installation endorsement and that I have secured the necessary plumbing permits and have supervised or generally supervised all of the individuals involved in the installation of pipe used solely to transport gases for medical purposes and I have ensured that all medical gas pipe assembly, brazing, and installation of required pipe markings was performed only by a Licensed Plumber holding a current Medical Gas Installation endorsement and that the installation complies with NFPA 99, 2015 Edition.**

\_\_\_\_\_  
Signature of Responsible Master Plumber

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Responsible Master Plumber



# Medical Gas Piping System Verification Certificate of Compliance

Job Address: \_\_\_\_\_ Suite: \_\_\_\_\_

Name of Medical Business: \_\_\_\_\_

Type of Work: \_\_\_\_Repair\_\_\_\_New Construction\_\_\_\_Remodel \_\_\_\_Addition

Plumbing Permit Number: \_\_\_\_\_

**I certify that I am technically competent and experienced in the field of medical gas and vacuum pipeline testing and meet the requirements of ANSI/ASSE Standard 6030, Medical Gas Verifiers Professional Qualifications Standard.**

**I further certify and verify that the Medical Gas piping system at this premise listed above has been installed in accordance with NFPA 99, 2015 Edition.**

\_\_\_\_\_  
Signature of Medical Gas Verifier

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Medical Gas Verifier

Attach a copy of ANSI/ASSE Standard 6030, Medical Gas Verifiers Professional Qualifications Standard certification.