City of Tucson Building Department	MEDICAL GAS SYSTEM VERIFICATION
Project Name:	Date:
Project Address:	Permit No. (When Applicable)
PART A: OWNER'S ACKNOLEDGEMENT AND CERTIFICATION (To be filled in and signed by the owner or there legal agent before permit is issued.) In accordance with Article 5.1.12.3 of NFPA 99C which requires system verification of medical gas and vacuum systems by an independent party other than the installing contractor, I acknowledge and certify that the construction of the above described building project will receive such verification on my behalf.	
Name of Architect (if any):	Contractor:
Name of Plumbing Engineer:	Signature of Owner or Legal Agent:
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PART B: CERTIFICATION OF RESPONSIBILITY FOR SYSTEM VERIFICATION (To be filled in and signed by the medical gas certifier before building permit is issued.) I certify that I am technically competent and experienced in the field of medical gas and vacuum pipeline testing and meet the requirements of ASSE 6030, Professional Qualifications Standard for Medical Gas Systems Verifiers, and I have attached to this certification a copy of my credentials. Further, I certify that I am familiar with the plans and specifications of the above named project, and that I have been hired by the owner to carry out the required system verification for medical gas and/or vacuum pipeline testing and I hereby assume responsibility for such verification. System verification report(s) will be filed with the Building Official and shall include test results per NFPA 99C Article 5.1.12.3 for the following as applicable: standing pressure test, cross-connection test, valve test, alarm test, piping purge test, piping particulate test, piping purity test, final tie-in test, operational pressure test, medical gas concentration test, medical air purity test, labeling, source equipment verification, and medical-surgical vacuum system test. Signature of Medical Gas Certifier:	
SPECIAL INSPECTOR QUALIFICATIONS ARE APPROV	ED: Building Official Date
PART C: CERTIFICATE OF VERIFICATION (To be filled in and signed by the medical gas certifier after system verification but before certificate of occupancy is issued.) The construction of the medical gas system and/or vacuum systems for the above named project is substantially complete and request is hereby made for certificate of occupancy. I have attached to this certification a copy of the system verification report(s). I certify that I have verified the medical gas and vacuum systems for the above named project as required by NFPA 99C Article 5.1.12.3, and that the system has met all test requirements. A guarantee that the contractor has necessarily fulfilled the obligations of his contract is neither intended nor implied.	
	Signature of Medical Gas Certifier: