

**Environmental Health Services Division**

401 Fifth Avenue, Suite 1100  
Seattle, WA 98104-1818

**206-263-9566** Fax 206-296-0189

TTY Relay: 711

www.kingcounty.gov/health

**Public Health**  
Seattle & King County

**MEDICAL GAS PIPING INSTALLER TEST FORM**

Medical Gas Permit Number: SR \_\_\_\_\_

**LEVEL 1 & 2 Medical Gas Systems** *(See reverse side for Level 3 systems.)*

*The following information is to be filled out and signed by the medical gas installer.*

1. Initial blow down test \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Date of test)
2. Initial pressure test (piped gas systems) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(This test is to be on at the time of rough-in inspection) (Date of test)
3. Initial pressure test (vacuum systems) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(This test is to be on at the time of rough-in inspection) (Date of test)
4. Cross-connection test \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Date of test)
5. Piping purge test \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Date of test)
6. Standing pressure test for positive pressure medical gas piping  
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ @ \_\_\_\_ : \_\_\_\_ am / pm (circle one)  
(Date and time the test was applied)  
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ @ \_\_\_\_ : \_\_\_\_ am / pm (circle one)  
(Date and time the test was removed)
7. Standing vacuum test for vacuum systems  
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ @ \_\_\_\_ : \_\_\_\_ am / pm (circle one)  
(Date and time the test was applied)  
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ @ \_\_\_\_ : \_\_\_\_ am / pm (circle one)  
(Date and time the test was removed)

Installer name: \_\_\_\_\_  
(Print) (Signature)

WA State Medical Gas Certification Number: \_\_\_\_\_

A completed and signed copy of this form shall be provided to the Public Health – Seattle & King County inspector at the time of rough-in inspection. A copy of the verifiers report shall be provided at the time of final inspection. Installation, installer tests and verification tests of the medical gas system, as well as verifier qualifications, shall be in accordance with the 2005 NFPA 99C and the 2012 UPC.

# MEDICAL GAS PIPING INSTALLER TEST FORM

Medical Gas Permit Number: SR \_\_\_\_\_

## LEVEL 3 Medical Gas Systems *(See reverse side for Level 1 & 2 systems.)*

The following information is to be filled out and signed by the person performing the test(s).

1. Initial blow down test \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date of test)

2. Initial pressure test  
(positive pressure gas systems) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(This test is to be on at the time of rough-in inspection) (Date of test)

3. Initial pressure test  
(copper vacuum piping) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(This test is to be on at the time of rough-in inspection) (Date of test)

4. Initial leak test  
(PVC vacuum piping) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(This test is to be on at the time of rough-in inspection) (Date of test)

3. Initial cross-connection test \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date of test)

4. Initial piping purge test \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date of test)

5. Initial standing pressure test for positive-pressure gas piping  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_ : \_\_\_\_\_ am / pm (circle one)  
(Date and time the test was applied)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_ : \_\_\_\_\_ am / pm (circle one)  
(Date and time the test was removed)

6. Initial standing vacuum test for vacuum systems  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_ : \_\_\_\_\_ am / pm (circle one)  
(Date and time the test was applied)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_ : \_\_\_\_\_ am / pm (circle one)  
(Date and time the test was removed)

Installer name: \_\_\_\_\_  
(Print) (Signature)

WA State Medical Gas Certification Number: \_\_\_\_\_

A completed and signed copy of this form shall be provided to the Public Health – Seattle & King County inspector at the time of rough-in inspection. A copy of the verifiers report shall be provided at the time of final inspection. Installation, installer tests and verification tests of the medical gas system, as well as verifier qualifications, shall be in accordance with the 2005 NFPA 99C and the 2012 UPC.