



# SPOKANE VALLEY FIRE DEPARTMENT

Est. 1940

Bryan Collins, Fire Chief  
2120 N. Wilbur  
Spokane Valley, WA 99206  
Phone (509) 928-1700  
FAX (509) 892-4125  
www.spokanevalleyfire.com

## MEDICAL GAS SYSTEM ANNUAL INSPECTION FORM

Medical gas systems shall be inspected and maintained per the requirements of NFPA 99 and the manufacturer's specifications.

Business Name:				
Address:				
Contact Name/Number:				
Contact Signature:				
Type of System:				
		<b>Yes</b>	<b>No</b>	<b>N/A</b>
1.	Medical gas pipe and manifold labeled with the gas carried and direction of flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	All valves labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Cylinder manifold change-over signal functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Cylinder reserve/in-use signal functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Warning system components tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Audible visual alarm tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Shut off valve leak tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Connections checked for leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Med gas room clear of storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Med gas room appropriately labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Gauges (install date: _____)	Reads Correctly	<input type="checkbox"/>	Replaced <input type="checkbox"/>
12.	Hoses (install date: _____)	Checked for Leaks	<input type="checkbox"/>	Replaced <input type="checkbox"/>
(Follow manufacturer's recommended replacement schedule if no leaks found)				
13.	Explain any no answers:			
14.	List items corrected:			
15.	List any corrections required			
Inspector:				
Date:				



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Company:	
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Send copy of inspection form to Spokane Valley Fire Dept. Display copy in med gas room.