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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.

Form with fields for Business Name, Address, Contact Name/Number, Contact Signature, Type of System, and a checklist of 12 items with Yes/No/N/A columns. Includes sections for gauges, hoses, and explanations of no answers.

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