09-411495 LT Date

PLAN REVIEW REVISION SUBMITTAL

This form should be completed and submitted with all building plan revisions. All changes from the previously approved drawings must be clearly shown by clouding, circling, etc.

Project address 1501 S. Potomac St.

Unit #

Project name MCA 4th Flr Revs.

Valuation $ $3,000 - ok KDR

Contractor Howell Construction

Contractor License

Contact Name Rebecca Terrazas

Phone # 303-899-4787

Fax

Email rterrazas@howellconst.com

Owner Medical Center of Aurora

Phone #

Address 1501 S. Potomac St.

Fax

Have there been any permits issued for this job? Yes X No

If yes, what is the permit number?

What type of work is being proposed in the attached plans being submitted?

Ceramic tile added back to project scope. Headwall design., miscellaneous cabinetry changes, plumbi changes & electrical changes.

- - - - - - - - THIS SPACE FOR OFFICE USE ONLY - - - - - - - -

Reviews	Review time		
Reviews	Total Review time	PE initials	
___ Mechanical			
X Plumbing	.5		
X Electrical	1 hr.	JC	
X Structural	1.5		
___ Life Safety			

Two hour minimum of $208.00 collected at Plan intake.

Plan Location Scanned

Parent RSN 481073

Permit Number

Permit Type Limited (LT)

Subtype Plan Revisions

Intake by R. Ritter (P.E.)

Total review time 3.0

- 2.0 (= $208.00) Minimum plan fee paid

$ 1 HR Balance due PM

RSN 499319

BOARD OF APPEALS

The City of Aurora has created a Building Code and Contractor's Appeals and Standards Board. Applicants have the right to have the board hear appeals of orders, decisions or determinations made by the building official relative to the application and interpretation of the building code. Any application for appeal to the board shall be based on a claim that the true intent of the code or the rules legally adopted thereunder have been incorrectly interpreted, the provisions of the building code do not fully apply or an equally good or better form of construction is proposed.

MEDICAL AIR TESTING & SERVICES, INC.

1370 Harlan Street
Lakewood, CO 80214
Phone: 303-279-2491
Fax: 303-279-7132
1-800-863-3247
www.medairtesting.com

2009-411495

MEDICAL GAS SYSTEMS NFPA 99, 2005 JOBSITE VISIT AND AFFIDAVIT FORM

Facility: MEDICAL CENTER OF AURORA SOUTH - 4TH floor West side

Address: AURORA, CO.

Job Description: NEW O2, VAC OUTLETS

Contractor: MIKE CARS MECH. Date: NOV. 11, 2009

DAN PARKER of Medical Air Testing & Services, Inc. has tested the following equipment for proper operation per NFPA 99, 2005 Editic

✓ Oxygen Outlets	____ Nitrous Oxide Outlets	____ Master Alarm Panels	____ Vacuum Pump Systems
✓ Vacuum Inlets	____ Carbon Dioxide Outlets	____ Zone Valves	____ Air Compressor Systems
____ Medical Air Outlets	____ WAGD Inlets	____ Manifolds	
____ Nitrogen Outlets	____ Area Alarm Panels	____ Bulk Gas Fields	Other: ____

Comments: ROOMS 401, 402, 403, 404, 405, 406, 418, 420, 421, 422 VERIFIED GOOD PER NFPA 99, OXYGEN AND VACUUM OUTLETS ARE READY FOR PATIENT USE.

NFPA 99 requires several items to be recognized prior to a medical gas system modification, replacement, remodel, addition to, or new installati that will be placed into service for patient use. Since a representative from our company was not present during the installation, it is necessary have the installer's authorized agent complete and sign the following affidavit:

The following standards have been completed to satisfy the minimum requirements set forth by NFPA 99, 2005 edition for medical gas syste pipeline installations, unless otherwise noted:

☑ The contractor / installer completed the initial systems blow down	NFPA 99, 5.1.12.2.2
☑ The contractor / installer completed the initial pressure test (150 PSI / press, 60 PSI / VAC)	NFPA 99, 5.1.12.2.3
☑ The contractor / installer completed the cross connection test	NFPA 99, 5.1.12.2.4
☑ The contractor / installer completed the piping purge	NFPA 99, 5.1.12.2.5
☑ The contractor / installer completed the 24 hour standing pressure test	NFPA 99, 5.1.12.2.6
☑ The contractor / installer completed the vacuum system testing	NFPA 99, 5.1.12.2.7

I, the undersigned, do hereby declare the following facts regarding the medical gas systems as installed, replaced, remodeled, or modified that a currently being verified at the above named facility have met or exceeded the minimum requirements as outlined in NFPA 99, 2005 edition outlined below:

☑ The contractor / installer used required materials and practiced compliant storage / handling techniques	NFPA 99, 5.1.10
☑ The contractor / installer maintains required brazer / installer qualification credentials	NFPA 99, 5.1.10.6.11
☑ The contractor / installer used required techniques for pipeline component preparation and installation	NFPA 99, 5.1.10.6.2
☑ The contractor / installer properly labeled all required components of the medical gas system	NFPA 99, 5.1.11

System was verified for compliance to NFPA 99, (2005) 5.1.12.3; **LEVEL 1** ✓ **LEVEL 2** ____ **LEVEL 3** ____ **OTHER** ____

3.3.90 LEVEL 1 Medical Piped Gas and Vacuum Systems. Systems serving occupancies where interruption of the piped medical gas and vacuum system would place patients in imminent danger of morbidity or mortality. (PIP)

3.3.92 LEVEL 2 Medical Piped Gas and Vacuum Systems. Systems serving occupancies where interruption of the piped medical gas and vacuum system would place patients at manageable risk of morbidity or mortality. (PIP)

3.3.94 LEVEL 3 Medical Piped Gas and Vacuum Systems. Systems serving occupancies where interruption of the piped medical gas would terminate procedures but would not place patients at risk of morbidity or mortality. (PIP)

✓ **Meets the minimum NFPA Healthcare Facilities Standard to which the facility was tested.**

____ **Does not meet the minimum NFPA Healthcare Facilities Standard to which the facility was tested, unless accepted by t Authority Having Jurisdiction (Note: NFPA 99 (2005) 5.1.1.4 states that "An existing system that is not in strict compliance w the provisions of the standard shall be permitted to be continued in use as long as the authority having jurisdiction h determined that such use does not constitute a distinct hazard to life.")**

Please contact us for retesting if required. The interruption of any medical gas shall be the sole responsibility of the Hospital. It is the responsibi of the hospital to inform all personnel of the status of the system. This system was installed in complete accordance to NFPA 99, 2005 by:

____ Installer	ASSE 6010 Installer # 00101743		Not Available
____ Facility Authorized Representative	Position / Job Title	____	Not Available
____ Medical Air Testing & Services, Inc.	ASSE 6030 Verifier #	14238	Not Available

MEDICAL AIR TESTING & SERVICES, INC.

1370 Harlan Street
Lakewood, Colorado 80214
Phone: 303-279-2491, 1-800-863-3247
Fax: 303-279-7132
www.medairtesting.com

NFPA 99, MEDICAL GAS SYSTEMS VERIFICATION

PERFORMED BY:	**MEDICAL AIR TESTING & SERVICES, INC.** **1370 HARLAN ST.** **LAKEWOOD, COLORADO 80214** **PHONE: (800) 863-3247** **FAX: (303) 279-7132**
VERIFICATION LOCATION:	**MEDICAL CENTER OF AURORA - SOUTH** **1501 S. POTOMAC ST.** **AURORA, CO 80012**
JOB DESCRIPTION:	**4TH FLOOR**
VERIFICATION DATE:	**OCTOBER 22, 2009**
MECHANICAL CONTRACTOR:	**MC MECHANICAL** **PO BOX 617** **STRAUSBURG, CO 80136**

VERIFICATION IS PER NFPA 99, 2005 EDITION. THE FINDINGS ARE ATTACHED.
REMARKS: *ANY MODIFICATIONS OR ALTERATIONS TO THE MEDICAL GAS SYSTEMS SHALL REQUIRE RE-VERIFICATION.

THIS DOCUMENT CONSISTS OF 12 PAGES.

TESTING CRITERIA FOR EVALUATION OF MEDICAL GAS SYSTEMS

IT IS THE INTENT OF THE MEDICAL GAS VERIFICATION IS TO TEST THE GENERAL OPERATING CONDITION OF ALL MEDICAL GAS SYSTEM COMPONENTS. THIS REPORT LISTS THEIR CONDITION AND ADDRESSES POTENTIAL HAZARDS. THE VERIFICATIONS ARE DESIGNED TO PROVIDE A "SYSTEM VERIFICATION" AS OUTLINED BY NPFA 99, 5.1.12.3 (2005), WHICH VERIFIES THE INSTALLATION AND PERFORMANCE STANDARDS TO WHICH THE SYSTEM'S) WAS CONSTRUCTED AND IS ONLY REQUIRED WHEN THE SYSTEM IS NEW, OR AN EXISTING SYSTEM HAS BEEN BREACHED AND/OR SYSTEM COMPONENTS HAVE BEEN REPLACED.

ALL MEDICAL GAS SYSTEMS WILL BE TESTED TO THE MINIMUM STANDARDS SET FORTH BY NFPA 99, 2005 EDITION. IF THERE IS ANY QUESTION AS TO WHETHER THE FACILITY QUALIFIES AS A LEVEL 1, 2, OR 3 HEALTHCARE FACILITY, THE AUTHORITY HAVING JURISDICTION IS RESPONSIBLE FOR DETERMINING ITS STATUS. THE MEDICAL GAS SYSTEMS WILL THEREFORE BE TESTED TO THOSE REQUIREMENTS.

ALL CRITICAL CARE AREAS WILL BE ASSUMED TO INCLUDE THOSE DEFINED BY NFPA 99, 2005 EDITION AND THEREFORE TESTED FOR THE REQUIRED CRITERIA UNLESS OTHERWISE NOTIFIED BY THE AUTHORITY HAVING JURISDICTION FOR THE FACILITY.

WE UNDERSTAND THAT SOME EXISTING SYSTEMS WERE INSTALLED AND TESTED TO PREVIOUS STANDARDS AND MAY NOT MEET PRESENT CODE REQUIREMENTS. NFPA 99, 5.1.1.4 ADDRESSES THESE SITUATIONS AND REFERS THEIR CONTINUANCE TO THE AUTHORITY HAVING JURISDICTION TO DETERMINE WHETHER THEY CONSTITUTE A DISTINCT HAZARD TO LIFE AND ARE OR ARE NOT USEABLE.

MEDICAL GAS ZONES (E.R., P.A.C.U., PATIENT ROOMS, ETC.) ARE LISTED IN ORDER BY FLOOR AND IN SOME CASES BY BUILDING. UPON ENTERING A ROOM, OUTLETS/INLETS ARE LISTED STARTING WITH THE FIRST TO THE LEFT, PROCEEDING CLOCKWISE AROUND THE ROOM. IT IS ALWAYS OUR INTENT TO TEST ALL OUTLETS IN THE SYSTEM, HOWEVER IT IS RECOGNIZED THAT IT MAY NOT BE POSSIBLE TO TEST EVERY ONE. SOME OUTLETS/INLETS MAY BE INACCESSIBLE OR IN USE. OUTLETS/INLETS THAT WERE NOT TESTED ARE LISTED BUT HAVE NO PERFORMANCE DATA. POTENTIAL PROBLEMS ARE NOTED ON THE COMMENT SECTION AND ARE DESCRIBED IN MORE DETAIL ON THE SUMMARY PAGES.

IT IS NOT PRACTICAL TO LIST EACH SPECIFIC PROBLEM FOUND (LEAKAGE, BENT FACE PLATE, DEFECTIVE OUTLET/INLET, ETC.). THE INTENT IS TO PROVIDE GUIDANCE FOR HOSPITAL PERSONNEL TO BE ABLE TO QUICKLY LOCATE SPECIFIC PROBLEM AREAS IN ORDER TO REPAIR AND RETEST THE SPECIFIC PROBLEM'S) NOTED.

ALL CHAPTER AND PARAGRAPH REFERENCES IN THIS DOCUMENT ARE TAKEN FROM NPFA 99, STANDARD ON GAS AND VACUUM SYSTEMS, 2005 EDITION.

TESTING QUALITY ASSURANCE

ANY OR ALL OF THE FOLLOWING HAVE BEEN USED IN THE TESTING AND ANALYSIS OF THE MEDICAL GAS SYSTEMS:

- NST MODEL G2000, MEDICAL GAS ANALYZER, S/N: 059
- FOXBORO MODEL MIB, PORTABLE AMBIENT AIR ANALYZER, S/N: 274405
- AINSWORTH MODEL A-200 DS AA, SERIES BALANCE, READABILITY OF .01MG
- 25 MM MEMBRANE PTFE FILTERS
- NYAD MODEL MA-160B, TRACE DEW POINT MONITOR, S/N: 1993
- MINIOX 1, OXYGEN ANALYZER
- MIRAN SAPPHIRE I-R ANALYZER MODEL 205BML1A3N, S/N: 205B-79520-408
- BACHARACH N2O ANALYZER MODEL 19-3314, S/N: 9475
- BACHARACH CO2 ANALYZER MODEL , S/N:
- MERIAM 0-30" HG VACUUM GAUGE MODEL 31111500, S/N: 505562
- MERIAM 0-100 PSI PRESSURE GAUGE MODEL 31110100, S/N: 505561
- MERIAM 0-300 PSI PRESSURE GAUGE MODEL 3111200, S/N: 505560

THE TESTING EQUIPMENT LISTED ABOVE USED FOR ANNUAL MEDICAL GAS EVALUATIONS AND FOR MEDICAL GAS SYSTEM VERIFICATIONS HAS ITSELF BEEN TESTED AND CALIBRATED TO MEET THE NECESSARY REQUIREMENTS AND THEREFORE ACCURATELY REPRESENTS THE RESULTING DATA INFORMATION IN THE FOLLOWING SECTIONS OF THE DOCUMENT.

ZONE VALVE TESTING PROCEDURES PER NFPA 99, 2005

1) VERIFY PROPER LOCATION / CONDITION PER 5.1.4.8
2) VERIFY PROPER LABELING PER 5.1.11.2
3) VERIFY THAT THERE IS NO LEAKAGE IN ZONE VALVE BOX ASSEMBLY
4) PERFORM VALVE TEST PER 5.1.12.3.4

AREA ALARM PANEL TESTING PROCEDURES PER NFPA 99, 2005

1) VERIFY PROPER LOCATION / CONDITION PER 5.1.9.3
2) VERIFY EMERGENCY ELECTRICAL POWER PER 5.1.9.1
3) VERIFY "POWER ON" INDICATION
4) VERIFY FUNCTIONAL PERFORMANCE OF VISUAL AND AUDIBLE SIGNALS PER 5.1.9.1, 5.1.9.3 AND 5.1.12.3.5
5) VERIFY PROPER LABELING PER 5.1.9.1
6) VERIFY CURRENT PRESSURE / VACUUM INDICATIONS FOR EACH GAS MONITORED
7) VERIFY CURRENT HIGH / LOW SET POINTS FOR EACH GAS MONITORED
8) VERIFY CURRENT PRESSURE / VACUUM INDICATIONS FOR EACH GAS WITH CALIBRATED GAUGES
9) CALIBRATE PRESSURE / VACUUM ALARM SENSORS PER MANUFACTURER'S RECOMMENDATIONS

MASTER ALARM PANEL TESTING PROCEDURES PER NFPA 99, 2005

1) VERIFY PROPER LOCATION / CONDITION PER 5.1.9.2
2) VERIFY EMERGENCY ELECTRICAL POWER PER 5.1.9.1
3) VERIFY "POWER ON" INDICATION
4) VERIFY FUNCTIONAL PERFORMANCE OF VISUAL AND AUDIBLE SIGNALS PER 5.1.9.1, 5.1.9.2 AND 5.1.12.3.5
5) VERIFY PROPER LABELING PER 5.1.9.1
6) VERIFY PROPER OPERATION OF ALL REQUIRED ALARMS PER 5.1.9.2
7) VERIFY ALL SET POINTS FOR EACH GAS MONITORED

OUTLET / INLET TESTING PROCEDURES PER NFPA 99, 2005

1) VERIFY PROPER OPERATION AND CONDITION PER 5.1.5 AND 5.1.12.3.10

2) VERIFY PROPER LABELING PER 5.1.11.3

3) VERIFY PROPER OPERATION OF VALVES AND THAT THERE IS NO LEAKAGE PER 5.1.5

4) VERIFY PROPER OPERATION AND CONDITION OF LATCHING MECHANISM

5) VERIFY PROPER OPERATIONAL PRESSURES PER 5.1.12.3.10

6) VERIFY PROPER STATIC PRESSURES PER 5.1.12.3.10

7) FOR SYSTEM VERIFICATIONS, ALSO PERFORM STANDING PRESSURE TESTS PER 5.1.12.3.2

8) FOR SYSTEM VERIFICATIONS, ALSO PERFORM CROSS-CONNECTION TESTS PER 5.1.12.3.3

9) FOR SYSTEM VERIFICATIONS, ALSO PERFORM VALVE TESTS PER 5.1.12.3.4

10) FOR SYSTEM VERIFICATIONS, ALSO PERFORM PIPING PURGE TESTS PER 5.1.12.3.6

11) FOR SYSTEM VERIFICATIONS, ALSO PERFORM PIPING PARTICULATE TESTS PER 5.1.12.3.7

12) FOR SYSTEM VERIFICATIONS, ALSO PERFORM PIPING PURITY TESTS PER 5.1.12.3.8

13) FOR SYSTEM VERIFICATIONS, ALSO PERFORM MEDICAL GAS CONCENTRATION TESTS PER 5.1.12.3.11

14) FOR SYSTEM VERIFICATIONS, ALSO PERFORM MEDICAL AIR PURITY TESTS PER 5.1.12.3.12 (FOR SYSTEM START-UP ONLY)

15) FOR SYSTEM VERIFICATIONS, ALSO PERFORM MEDICAL AIR QUALITY TESTS PER 5.1.12.3.14

16) FOR SYSTEM VERIFICATIONS, ALSO PERFORM FLOW RATE AND TRANSIENT FLOW RATE TESTS PER 5.1.12.3.10.2 AND 5.1.12.3.10.5

MEDICAL AIR TESTING & SERVICES, INC. HAS INSPECTED THIS SYSTEM FOR ADHERENCE TO THE NFP 99, MEDICAL GAS AND VACUUM SYSTEMS, 2005 EDITION.

THE FOLLOWING IS A LIST OF DEFICIENCIES, AREAS OF CONCERN AND/OR NOTABLE ISSUES THAT YOUR FACILITY NEEDS TO AT LEAST BE MADE AWARE OF WHICH MAY HAVE BEEN FORMALLY PERMITTABLE AT THE TIME OF DESIGN, HOWEVER DO NOT MEET THE STANDARDS REQUIRED BY THE NFPA 99, 2005 EDITION. IF THESE CIRCUMSTANCES EXIST, PLEASE NOTE THAT PER NFPA 99, 2005 EDITION (5.1.1.4) "AN EXISTING SYSTEM THAT IS NOT IN STRICT COMPLIANCE WITH THE PROVISIONS OF THIS STANDARD SHALL BE PERMITTED TO BE CONTINUED IN USE AS LONG AS THE AUTHORITY HAVING JURISDICTION HAS DETERMINED THAT SUCH USE DOES NOT CONSTITUTE A DISTINCT HAZARD TO LIFE." ALSO NOTE THAT ALL NON-TESTED ITEMS WERE INACCESSIBLE AT THE TIME OF THIS EVALUATION. ALL NOTATIONS ARE MADE IN REFERENCE TO THE NFPA 99, 2005 EDITION.

NFPA 99, 2005 EDITION DEFFICIENCIES:

OTHER AREAS OF CONCERN AND/OR NOTABLE ISSUES:

NO DEFICIENCIES OR OTHER COMMENTS NOTED AT THIS TIME

THIS REPORT WAS APPROVED BY:

THANK YOU FOR YOUR SUPPORT FOR OUR SERVICES. IN CASE OF EMERGENCY OR FOR FURTHER ASSISTANCE, CONTACT MEDICAL AIR TESTING & SERVICES, INC. VIA PHONE AT (800) 863-3247 OR (303) 279-2491. YOU MAY ALSO REACH US VIA E MAIL AT info@medicalairsystems.com.

ZONE VALVE BOX FOR: 4 WEST

ASSEMBLY LOCATION: OUTSIDE ROOM 416

SEE PAGE #3 FOR EXPLANATION OF TESTING PROCEDURES

TEST #	TEST PROC.	GAS	AREA SERVED	ZONE LABELED PROPERLY	GAS LABELED PROPERLY	EMERG. LABEL PRESENT	INTERVENING WALL PRESENT	ZVB LOCATED PROPERLY	ZVB NOT BEHIND DOOR	PRESS/VAC INDICATOR PRESENT	ZV VISIBI OPER/
1	1-4	O2	ROOMS 405-422	YES	YES	YES	YES	YES	YES	YES	YE
2	1-4	VAC	ROOMS 405-422	YES	YES	YES	YES	YES	YES	YES	YE
3											
4											
5											
6											
7											

TEST #'S	COMMENTS	DATE REPAIRED	REPAIRED BY

ALARM PANEL LOCATION: NURSES STATION

MANUFACTURER: AMICO **STYLE:** ALERT 2

SEE PAGE #3 FOR EXPLANATION OF TESTING PROCEDURES

TEST #	TEST PROC.	GAS	INDICATED PRESSURE	INDICATED LOW ALARM	INDICATED HIGH ALARM	ZONE LABELED PROPERLY	GAS LABELED PROPERLY	IN AREA OF STAFF SURVEILLANCE	SENSORS LOCATED PROPERLY	VISUAL SIGNAL	AUDIBL SIGNAL
1	1-9	O2	54 PSIG	44 PSIG	66 PSIG	YES	YES	YES	YES	YES	YES
2	1-9	VAC	19 " Hg	12 " Hg	- " Hg	YES	YES	YES	YES	YES	YES
3											
4											
5											
6											
7											

TEST #'S	COMMENTS	DATE REPAIRED	REPAIRED BY

INSPECTED BY: DAN PARKER #00014238 10/22/09

MEDICAL AIR TESTING AND SERVICES, INC: MEDICAL GAS SYSTEMS VERIFICATION

OUTLET/INLET ZONE: 4 WEST

MANUFACTURER: AMICO **STYLE:** OHIO

SEE PAGE #4 FOR EXPLANATION OF TESTING PROCEDURES

TEST #	TEST PROC.	ROOM NAME/NUMBER	GAS	GAS TESTED	STATIC PRESSURE/VACUUM	FLOW / TRANSIENT FLOW RATE	FLOW PRESSURE/ VACUUM @ 3.5 SCFM	FUNCTIONAL LATCH	CORRECT INDICIA	OUTLET/INLET LEAKS
1	1-16	405	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
2	1-16	405	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
3	1-16	406	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
4	1-16	406	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
5	1-16	407	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
6	1-16	407	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
7	1-16	407	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
8	1-16	407	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
9	1-16	408	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
10	1-16	408	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
11	1-16	408	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
12	1-16	408	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
13	1-16	409	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
14	1-16	409	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
15	1-16	409	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
16	1-16	409	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
17	1-16	410	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
18	1-16	410	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
19	1-16	410	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
20	1-16	410	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
21	1-16	412	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
22	1-16	412	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
23	1-16	412	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
24	1-16	412	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
25	1-16	414	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
26	1-16	414	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
27	1-16	414	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
28	1-16	414	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
29	1-16	415	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
30	1-16	415	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO

TEST # S	COMMENTS	DATE REPAIRED	REPAIRED BY

INSPECTED BY: DAN PARKER #00014238 10/22/09

MEDICAL AIR TESTING AND SERVICES, INC: MEDICAL GAS SYSTEMS VERIFICATION

OUTLET/INLET ZONE: 4 WEST

MANUFACTURER: AMICO **STYLE:** OHIO

SEE PAGE #4 FOR EXPLANATION OF TESTING PROCEDURES

TEST #	TEST PROC.	ROOM NAME/NUMBER	GAS	GAS TESTED	STATIC PRESSURE/VACUUM	FLOW / TRANSIENT FLOW RATE	FLOW PRESSURE/ VACUUM @ 3.5 SCFM	FUNCTIONAL LATCH	CORRECT INDICIA	OUTLET/I T LEAI
31	1-16	415	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
32	1-16	415	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
33	1-16	416	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
34	1-16	416	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
35	1-16	416	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
36	1-16	416	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
37	1-16	418	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
38	1-16	418	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
39	1-16	418	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
40	1-16	418	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
41	1-16	418	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
42	1-16	418	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
43	1-16	418	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
44	1-16	418	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
45	1-16	420	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
46	1-16	420	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
47	1-16	421	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
48	1-16	421	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
49	1-16	421	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
50	1-16	422	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
51	1-16	422	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
52										
53										
54										
55										
56										
57										
58										
59										
60										

TEST #'S	COMMENTS	DATE REPAIRED	REPAIRED BY

INSPECTED BY: DAN PARKER #00014238 10/22/09

ZONE VALVE BOX FOR: 4 WEST

ASSEMBLY LOCATION: OUTSIDE ROOM 428

SEE PAGE #3 FOR EXPLANATION OF TESTING PROCEDURES

TEST #	TEST PROC.	GAS	AREA SERVED	ZONE LABELED PROPERLY	GAS LABELED PROPERLY	EMERG. LABEL PRESENT	INTERVENING WALL PRESENT	ZVB LOCATED PROPERLY	ZVB NOT BEHIND DOOR	PRESS/VAC INDICATOR PRESENT	ZVB VISIBLE OPERAB
1	1-4	O2	DIALYSIS, ROOMS 401-404, 426-435	YES	YES	YES	YES	YES	YES	YES	YES
2	1-4	VAC	DIALYSIS, ROOMS 401-404, 426-435	YES	YES	YES	YES	YES	YES	YES	YES
3											
4											
5											
6											
7											

TEST #'S	COMMENTS	DATE REPAIRED	REPAIRED BY

ALARM PANEL LOCATION: NURSES STATION

MANUFACTURER: AMICO **STYLE:** ALERT 2

SEE PAGE #3 FOR EXPLANATION OF TESTING PROCEDURES

TEST #	TEST PROC.	GAS	INDICATED PRESSURE	INDICATED LOW ALARM	INDICATED HIGH ALARM	ZONE LABELED PROPERLY	GAS LABELED PROPERLY	IN AREA OF STAFF SURVEILLANCE	SENSORS LOCATED PROPERLY	VISUAL SIGNAL	AUDIBLI SIGNAL
1	1-9	O2	54 PSIG	44 PSIG	66 PSIG	YES	YES	YES	YES	YES	YES
2	1-9	VAC	19 " Hg	12 " Hg	- " Hg	YES	YES	YES	YES	YES	YES
3											
4											
5											
6											
7											

TEST #'S	COMMENTS	DATE REPAIRED	REPAIRED BY

INSPECTED BY: DAN PARKER #00014238 10/22/09

MEDICAL AIR TESTING AND SERVICES, INC: MEDICAL GAS SYSTEMS VERIFICATION

OUTLET/INLET ZONE: 4 WEST

MANUFACTURER: AMICO **STYLE:** OHIO

SEE PAGE #4 FOR EXPLANATION OF TESTING PROCEDURES

TEST #	TEST PROC.	ROOM NAME/NUMBER	GAS	GAS TESTED	STATIC PRESSURE/VACUUM	FLOW / TRANSIENT FLOW RATE	FLOW PRESSURE/ VACUUM @ 3.5 SCFM	FUNCTIONAL LATCH	CORRECT INDICIA	OUTLET/ T LEA
1	1-16	DIALYSIS	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
2	1-16	DIALYSIS	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
3	1-16	DIALYSIS	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
4	1-16	DIALYSIS	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
5	1-16	DIALYSIS	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
6	1-16	DIALYSIS	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
7	1-16	DIALYSIS	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
8	1-16	DIALYSIS	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
9	1-16	DIALYSIS	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
10	1-16	DIALYSIS	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
11	1-16	401	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
12	1-16	401	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
13	1-16	402	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
14	1-16	402	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
15	1-16	403	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
16	1-16	403	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
17	1-16	404	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
18	1-16	404	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
19	1-16	426	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
20	1-16	426	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
21	1-16	426	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
22	1-16	426	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
23	1-16	427	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
24	1-16	427	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
25	1-16	427	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
26	1-16	427	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
27	1-16	428	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
28	1-16	428	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
29	1-16	428	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
30	1-16	428	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO

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OUTLET/INLET ZONE: 4 WEST

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SEE PAGE #4 FOR EXPLANATION OF TESTING PROCEDURES

TEST #	TEST PROC.	ROOM NAME/NUMBER	GAS	GAS TESTED	STATIC PRESSURE/VACUUM	FLOW / TRANSIENT FLOW RATE	FLOW PRESSURE/ VACUUM @ 3.5 SCFM	FUNCTIONAL LATCH	CORRECT INDICIA	OUTLET/IN T LEAK
31	1-16	429	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
32	1-16	429	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
33	1-16	429	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
34	1-16	429	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
35	1-16	430	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
36	1-16	430	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
37	1-16	430	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
38	1-16	430	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
39	1-16	432	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
40	1-16	432	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
41	1-16	432	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
42	1-16	432	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
43	1-16	433	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
44	1-16	433	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
45	1-16	433	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
46	1-16	433	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
47	1-16	434	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
48	1-16	434	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
49	1-16	434	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
50	1-16	434	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
51	1-16	435	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
52	1-16	435	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
53	1-16	435	VAC	VAC	20 " Hg	3.4 SCFM	19 " Hg	YES	YES	NO
54	1-16	435	O2	O2	55 PSIG	3.5 SCFM	54 PSIG	YES	YES	NO
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56										
57										
58										
59										
60										

TEST # S	COMMENTS	DATE REPAIRED	REPAIRED BY

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