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

MEDICAL GAS SYSTEMS JOBSITE VISIT & INSTALLER AFFIDAVIT FORM PER NFPA: ☒ 2012 ☐ 2015

Facility: MED CNTR OF AURORA

Address: SOUTH CAMPUS

Job Description: NEW INSTALL O/A/V/N2/L IN I.R. 3

Contractor: U/S ENGINEERING **Date:** 05-20-21

TOM VONFELDT of Medical Air Testing & Services, Inc. has tested the following equipment for proper operation per NFPA 99

3	Oxygen Outlets	1	WAGD Inlets		Vacuum Pump System
5	Vacuum Inlets		Area Alarm Panels		Air Compressor System
2	Medical Air Outlets		Master Alarm Panels		Proportioning System
2	Nitrogen Outlets	4	Zone Valves		Dental Vacuum Pump
0	Nitrous Oxide Outlets		Manifolds		Dental Air Compressor
0	Carbon Dioxide Outlets		Bulk Gas Systems	Other:	

Comments: VERIFICATION COMPLETED, TO INCLUDE AREA ALARM PRESSURE TRANSDUCERS FOR IR 1,2,3 AND RECOVERY ZONES, READY FOR PATIENT USE.

NFPA 99 requires several criteria be met on behalf of the installer prior to a 3rd party verification for any medical gas system modification, replacement, remodel, addition, or new installation that will be placed into service for patient use. Since a representative from our company was not present throughout the entire course of the installation, it is necessary to have the installer's authorized agent complete and sign this affidavit. I, the undersigned, do hereby declare the he following procedures and requirements have been successfully completed by the contractor/installer to satisfy the minimum requirements set forth by NFPA 99 for medical gas system pipeline installations (unless otherwise noted):

- The contractor / installer used required materials and practiced compliant storage/handling techniques
- The contractor / installer maintains required brazer / installer qualification credentials
- The contractor / installer used required techniques for pipeline component preparation and installation
- The contractor / installer properly labeled all required components of the medical gas system
- The contractor/installer successfully completed the Initial Piping Blow Down using oil-free, dry nitrogen NF
- The contractor/installer successfully completed Initial Pressure Test using oil-free, dry nitrogen NF at 1.5 times the system working pressure, but not less than 150 psi (1035 kPa) for Positive Pressure Medical Gas Piping and 60 psi for Vacuum Piping (415 kpa)
- The contractor/installer successfully completed Initial Cross-Connection Test using oil-free, dry nitrogen NF at 50 psi (345 kPa)
- The contractor/installer successfully completed Initial Piping Purge Test using oil-free, dry nitrogen NF
- The contractor/installer successfully completed 24-hr Standing Pressure Test for Positive Pressure Medical Gas Piping using oil-free, dry nitrogen NF at 20% above normal system operating line pressure
- The contractor/installer successfully completed 24-hr Standing Vacuum Test for Vacuum Piping using oil-free, dry nitrogen NF between 12 in. (300 mm) and full vacuum

System(s) were verified for compliance with NFPA 99 as a Level/Category 1 X **2** _____ **3** _____ **4** _____ **Other:** _____

X **System(s) meet 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 the Authority Having Jurisdiction (Note: NFPA 99 states that "An existing system that is not in strict compliance with the provisions of the 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.")**

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

Eddie Jaime	Installer	ASSE 6010 Installer #	1243002	Not Available
	Facility Authorized Representative	Position / Job Title		Not Available
	Medical Air Testing & Services, Inc.	ASSE 6030 Verifier #	27131	Not Available

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NFPA 99 MEDICAL GAS SYSTEMS VERIFICATION

VERIFICATION LOCATION: MEDICAL CENTER OF AURORA - SOUTH
1501 SOUTH POTOMAC ST.
AURORA, CO 80011

JOB DESCRIPTION: NEW MEDICAL GAS IN I.R. 3

VERIFICATION DATE: May 20, 2021

MECHANICAL CONTRACTOR: U.S. ENGINEERING
11OO W. 120TH AVE. STE 900
WESTMINSTER, CO 80234

THIS VERIFICATION CONSISTS OF THE FOLLOWING MEDICAL GAS EQUIPMENT QUANTITIES:

	ZONE VALVES	ALARM PANELS	OUTLETS / INLETS
O2	1	0	3
VAC	1	0	5
MA	1	0	2
N2O	0	0	0
WAGD	0	0	1
N2	1	0	2
CO2	0	0	0

(PLEASE CONTACT MEDICAL AIR SYSTEMS, INC. REGARDING VACUUM & MEDICAL AIR DEMAND / SIZING)

VERIFICATION IS PER NFPA 99, 2012 EDITION. THE FINDINGS ARE ATTACHED

REMARKS: **ANY MODIFICATIONS OR ALTERATIONS TO THE MEDICAL GAS SYSTEMS SHALL REQUIRE RE-VERIFICATION.**

RECEIVED
JUN 10 2021
By

THIS DOCUMENT CONSISTS OF 11 PAGES.

MEDICAL AIR TESTING & SERVICES, INC. HAS INSPECTED THIS SYSTEM FOR ADHERENCE TO THE NFPA 99, MEDICAL GAS AND VACUUM SYSTEMS, 2012 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. IF THESE CIRCUMSTANCES EXIST, PLEASE NOTE THAT PER NFPA 99, 2012 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.

NFPA 99, 2012 DEFFICIENCIES:

(PLEASE REVIEW THE NEXT 2 PAGES FOR REMAINDER OF POTENTIAL NFPA 99 DEFFICIENCIES LIST)

(PLEASE REVIEW THE NEXT PAGE FOR REMAINDER OF POTENTIAL NFPA 99 DEFFICIENCIES LIST)

VERIFICATION COMPLETED TO INCLUDE AREA ALARM PRESSURE TRANSDUCERS FOR I.R. 1, 2, 3 AND RECOVERY ZONES. READY FOR PATIENT USE.

THIS REPORT WAS APPROVED BY: _____

THANK YOU FOR YOUR SUPPORT OF 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.

TESTING CRITERIA FOR VERIFICATION OF MEDICAL GAS SYSTEMS

IT IS THE INTENT OF THE MEDICAL GAS VERIFICATION 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 (2012), 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.

PLEASE BE ADVISED THAT THIS DOCUMENT IS ONLY A REPORT OF OUR FINDINGS AND THAT WE ARE NOT CONSIDERED TO BE THE AUTHORITY HAVING JURISDICTION. THE COMMENTS NOTED IN THE PREVIOUS PAGES OF OUR DOCUMENT REFER TO ANY NOTABLE CONCERNS AND/OR DEFICIENCIES THAT WERE DISCOVERED AT THE TIME OF OUR VERIFICATION.

ALL MEDICAL GAS SYSTEMS WILL BE TESTED TO THE MINIMUM STANDARDS SET FORTH BY NFPA 99, 2012 EDITION UNLESS OTHERWISE NOTIFIED BY THE AUTHORITY HAVING JURISDICTION FOR THE FACILITY. IF THERE IS ANY QUESTION AS TO WHICH CATEGORY THE FACILITY IS CATEGORIZED AS, THE AUTHORITY HAVING JURISDICTION IS RESPONSIBLE FOR DETERMINING THE FACILITY'S 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, 2012 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 (2012) ADDRESSES THESE SITUATIONS AND REFERS THEIR CONTINUANCE TO THE AUTHORITY HAVING JURISDICTION TO DETERMINE WHETHER THEY CONSTITUTE A DISTINCT HAZARD TO LIFE 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 SINGLE 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 (UNDECTABLE 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, 2012 EDITION.****

TESTING QUALITY ASSURANCE

MEDICAL AIR TESTING & SERVICES' TECHNICAL SERVICE STAFF IS EXPERIENCED AND CONSISTS OF FACTORY TRAINED PERSONNEL WHO HAVE ALSO OBTAINED THE FOLLOWING INDUSTRY REQUIRED CREDENTIALS:

- ASME IX BRAZER
- ASSE 6010 MEDICAL GAS SYSTEMS INSTALLER
- ASSE 6020 MEDICAL GAS SYSTEMS INSPECTOR
- ASSE 6030 MEDICAL GAS SYSTEMS VERIFIER
- ASSE 6040 MEDICAL GAS SYSTEMS MAINTENANCE PERSONNEL
- ASSE 6050 MEDICAL GAS SYSTEMS INSTRUCTOR
- CMGV - MGPHO CREDENTIALED MEDICAL GAS SYSTEMS VERIFIER

ANY OR ALL OF THE FOLLOWING EQUIPMENT HAVE BEEN USED IN THE TESTING AND ANYLYSIS 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
- DWYER 0-10 SCFM FLOW METER MODEL RMB-57-SSV

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.

VERIFICATION TESTING PROCEDURES PER NFPA 99, 2012 - 5.1.12.3

ZONE VALVE BOX ASSEMBLIES:

1) VERIFY PROPER LOCATION / CONDITION

2) VERIFY PROPER LABELING

3) VERIFY THAT THERE IS NO LEAKAGE IN ASSEMBLY

4) PERFORM VALVE TEST

AREA ALARM PANELS:

1) VERIFY PROPER LOCATION / CONDITION

2) VERIFY EMERGENCY ELECTRICAL POWER

3) VERIFY "POWER ON" INDICATION

4) VERIFY FUNCTIONAL PERFORMANCE OF VISUAL AND AUDIBLE SIGNALS

5) VERIFY PROPER LABELING

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 PANELS:

1) VERIFY PROPER LOCATION / CONDITION

2) VERIFY EMERGENCY ELECTRICAL POWER

3) VERIFY "POWER ON" INDICATION

4) VERIFY FUNCTIONAL PERFORMANCE OF VISUAL AND AUDIBLE SIGNALS

5) VERIFY PROPER LABELING

6) VERIFY PROPER OPERATION OF ALL REQUIRED ALARM SIGNALS

7) VERIFY ALL SET POINTS FOR EACH GAS MONITORED

OUTLET / INLET STATIONS:

1) VERIFY PROPER OPERATION AND CONDITION

2) VERIFY PROPER LABELING

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

4) VERIFY PROPER OPERATION AND CONDITION OF LATCHING MECHANISM

5) VERIFY PROPER OPERATIONAL PRESSURES

6) VERIFY PROPER STATIC PRESSURES

7) PERFORM STANDING PRESSURE TESTS

8) PERFORM CROSS-CONNECTION TESTS

9) PERFORM VALVE TESTS

10) PERFORM PIPING PURGE TESTS

11) PERFORM PIPING PARTICULATE TESTS

12) PERFORM PIPING PURITY TESTS

13) PERFORM MEDICAL GAS CONCENTRATION TESTS ON ALL POSITIVE-PRESSURE GASES

14) PERFORM MEDICAL AIR PURITY TESTS (FOR SYSTEM START-UP ONLY)

15) PERFORM MEDICAL AIR QUALITY TESTS

16) PERFORM FLOW RATE AND TRANSIENT FLOW RATE TESTS

ZONE VALVE BOX FOR: I.R. 3

ASSEMBLY LOCATION: OUTSIDE I.R. 3

SEE PAGE #8 FOR EXPLANATION OF TESTING PROCEDURES

TEST #	TEST PROC.	GAS	AREA SERVED	ZVB LABELED PROPERLY	ZVB LOCATED PROPERLY	PRESS/VAC INDICATOR PRESENT	ZVB VISIBLE & OPERABLE
1	1-4	N2	I.R. 3	YES	YES	YES	YES
2	1-4	MA	I.R. 3	YES	YES	YES	YES
3	1-4	O2	I.R. 3	YES	YES	YES	YES
4	1-4	VAC	I.R. 3	YES	YES	YES	YES
5							
6							
7							

TEST #'S	COMMENTS	DATE REPAIRED	REPAIRED BY

NOTES:

AREA ALARM PANEL LOCATION: N/A

MANUFACTURER: **MODEL:**

SEE PAGE #8 FOR EXPLANATION OF TESTING PROCEDURES

TEST #	TEST PROC.	GAS	INDICATED PRESSURE	INDICATED LOW ALARM	INDICATED HIGH ALARM	ALARM LABELED PROPERLY	ALARM LOCATED PROPERLY	SENSORS LOCATED PROPERLY	VISUAL SIGNAL	AUDIBLE SIGNAL
1										
2										
3										
4										
5										
6										
7										

TEST #'S	COMMENTS	DATE REPAIRED	REPAIRED BY

NOTES: AREA ALARM -ONGOING CONSTRUCTION

OUTLET/INLET ZONE: I.R. 3

MANUFACTURER: AMICO **MODEL:** OHIO Q.C.

SEE PAGE #9 FOR EXPLANATION OF TESTING PROCEDURES

TEST #	TEST PROC.	ROOM NAME/NUMBER	GAS	GAS TESTED	STATIC PRESS/VAC	TRANSIENT/ FLOW RATE	PRESS/VAC FLOW @ 3.5 SCFM	PROPER LATCH	CORRECT INDICIA	LEAK PRESENT
1	1-16	I.R. 3	VAC	VAC	19 " HG	4.0 SCFM	18 " HG	YES	YES	NO
2	1-16	I.R. 3	VAC	VAC	19 " HG	4.0 SCFM	18 " HG	YES	YES	NO
3	1-16	I.R. 3	WAGD	WAGD	19 " HG	4.0 SCFM	18 " HG	YES	YES	NO
4	1-16	I.R. 3	O2	O2	53 PSIG	3.5/6.0 SCFM	51 PSIG	YES	YES	NO
5	1-16	I.R. 3	O2	O2	53 PSIG	3.5/6.0 SCFM	51 PSIG	YES	YES	NO
6	1-16	I.R. 3	MA	MA	54 PSIG	3.5/6.0 SCFM	52 PSIG	YES	YES	NO
7	1-16	I.R. 3	VAC	VAC	19 " HG	4.0 SCFM	18 " HG	YES	YES	NO
8	1-16	I.R. 3	N2	N2	175 PSIG	5.0 SCFM	170 PSIG	YES	YES	NO
9	1-16	I.R. 3	N2	N2	175 PSIG	5.0 SCFM	170 PSIG	YES	YES	NO
10	1-16	I.R. 3	O2	O2	53 PSIG	3.5/6.0 SCFM	51 PSIG	YES	YES	NO
11	1-16	I.R. 3	MA	MA	54 PSIG	3.5/6.0 SCFM	52 PSIG	YES	YES	NO
12	1-16	I.R. 3	VAC	VAC	19 " HG	3.5 SCFM	18 " HG	YES	YES	NO
13	1-16	I.R. 3	VAC	VAC	19 " HG	3.5 SCFM	18 " HG	YES	YES	NO
14										
15										
16										
17										
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25										
26										
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30										

TEST #'S	COMMENTS	DATE REPAIRED	REPAIRED BY

NOTES:

PO# - 137214

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MEDICAL GAS SYSTEMS JOBSITE VISIT & INSTALLER AFFIDAVIT FORM PER NFPA:

☑ 2012 ☐ 2015

Facility: Aurora South

Address: 1501 S. Potomac St. Aurora, CO 80011

Job Description: Certify MRI #2 + Install AAP for IR #3

Contractor: US Date: 6-28-21

Ryan Florquist of Medical Air Testing & Services, Inc. has tested the following equipment for proper operation per NFPA 99

2	Oxygen Outlets	___	WAGD Inlets	___	Vacuum Pump System
2	Vacuum Inlets	3	Area Alarm Panels	___	Air Compressor System
2	Medical Air Outlets	___	Master Alarm Panels	___	Proportioning System
1	Nitrogen Outlets	3	Zone Valves	___	Dental Vacuum Pump
___	Nitrous Oxide Outlets	___	Manifolds	___	Dental Air Compressor
___	Carbon Dioxide Outlets	___	Bulk Gas Systems	Other:	

Comments: Certified MRI #2, all three AAPs, + new ZVB to NFPA 99 2012 ed, MRI ZVB needs vac guage (call + send pic when completed). Verifier installed all AAPs for Contractor (Hung LCD, landed wires

NFPA 99 requires several criteria be met on behalf of the installer prior to a 3rd party verification for any medical gas system modification, replacement, remodel, addition, or new installation that will be placed into service for patient use. Since a representative from our company was not present throughout the entire course of the installation, it is necessary to have the installer's authorized agent complete and sign this affidavit. I, the undersigned, do hereby declare the he following procedures and requirements have been successfully completed by the contractor/installer to satisfy the minimum requirements set forth by NFPA 99 for medical gas system pipeline installations (unless otherwise noted):

- The contractor / installer used required materials and practiced compliant storage/handling techniques
- The contractor / installer maintains required brazer / installer qualification credentials
- The contractor / installer used required techniques for pipeline component preparation and installation
- The contractor / installer properly labeled all required components of the medical gas system
- The contractor / installer properly completed the Initial Piping Blow Down using oil-free, dry nitrogen NF
- The contractor/installer successfully completed Initial Pressure Test using oil-free, dry nitrogen NF at 1.5 times the system working pressure, but not less than 150 psi (1035 kPa) for Positive Pressure Medical Gas Piping and 60 psi for Vacuum Piping (415 kpa)
- The contractor/installer successfully completed Initial Cross-Connection Test using oil-free, dry nitrogen NF at 50 psi (345 kPa)
- The contractor/installer successfully completed Initial Piping Purge Test using oil-free, dry nitrogen NF
- The contractor/installer successfully completed 24-hr Standing Pressure Test for Positive Pressure Medical Gas Piping using oil-free, dry nitrogen NF at 20% above normal system operating line pressure
- The contractor/installer successfully completed 24-hr Standing Vacuum Test for Vacuum Piping using oil-free, dry nitrogen NF between 12 in. (300 mm) and full vacuum

System(s) were verified for compliance with NFPA 99 as a Level/Category 1 ✓ 2 ___ 3 ___ 4 ___ Other: ___

✓ **System(s) meet 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 the Authority Having Jurisdiction (Note: NFPA 99 states that "An existing system that is not in strict compliance with the provisions of the 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.")**

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

Eddie Jaime — Installer — ASSE 6010 Installer # 12430007 — Not Available

Facility Authorized Representative — Position / Job Title: Journeyman Plumber — Not Available

Medical Air Testing & Services, Inc. — ASSE 6030 Verifier # 12426475 — Not Available