

East Contra Costa



Fire Protection District

MG

F.D. Permit Number

Date

Description of Work: _____

Project Name: _____ Address: _____ Suite _____

City: _____ Zip _____ Additional Info. _____

Company: _____ Address: _____

Contact Person: _____ Phone No. () _____ Lic# / Type _____

City: _____ State: _____ Zip: _____ Email _____

APPLICATION SECTION: DO NOT MARK BELOW THIS LINE

We have reviewed the proposed **medical gas system plans** for the project facility. Our review is to insure compliance with the minimum code requirements related to fire and life safety as set forth in the California Fire Code. The following selected comments shall apply to this project:

- The maximum pipe support for copper pipe shall not exceed 7 feet for 3/4 -inch diameter pipe and 6 feet for 1/2 -inch and 5/8 inch diameter copper pipe.
- All medical gas tube shall be identified by the manufacturer's markings "OXY," "MED," "OXY/MED," etc.
- Provide the following signs and/or labels:
 - a. A manual shut-off valve shall be provided on all supply piping and appropriately labeled: i.e., "**Oxygen Shutoff Valve**" or "**Oxygen Main Shutoff Valve.**"
 - b. "**NO SMOKING – OXYGEN / NITROUS OXIDE**" sign posted on medical gas system room door.
 - c. Each valve, manifold and all piping shall be labeled:
 - Oxygen: **Green** background with white letters.
 - Nitrous Oxide: **Blue** background with white letters.
 - d. All piping shall have labels indicating contents with lettering at least 3/8 inches high and a direction of flow arrow, including piping in walls and above suspended ceilings. Piping labels shall be provided at the following locations:
 - Each valve.
 - Both sides of each floor, wall or ceiling penetration.
 - Each change of direction.
 - Every 20 feet or fraction thereof.
- Secure all compressed gas cylinders from lateral movement and accidental damage.

(CONTINUED OVER)

Fee computed by: _____

Amount Due: _____

Received by: _____

Amount Received: _____

Cash Credit Check No. _____

Invoice No. _____

- Provide permanent and durable **NFPA 704** placard identifying the hazards (**Health** - _____, **Flammability** - _____, **Instability** - _____, and _____) of medical gas (_____) stored and used to be posted on the entrance of the facility and medical gas room door.
- The medical gas system room shall conform to the Fire Code for one-hr. fire-resistive room and ceiling construction, fire sprinklered, one-hr. fire resistive self-closing door (with smoke seals), and exterior ventilation with one exterior vent within 6 inches of the floor and one exterior vent within 6 inches of the ceiling.
- Submit two copies of fire sprinkler plans. Medical gas system room in an unsprinklered building may be sprinklered - using domestic plumbing piping: copper or steel pipe.

Licensed plumbing contractor (C-36) may install domestic sprinkler systems for medical gas rooms in accordance with NFPA 13. Domestic sprinkler pipe shall be equipped with an accessible ball valve shutoff with a hose bib at the end of the piping. Pipe size shall be according to Pipe Schedule System in NFPA 13.

- Penetrations of fire-resistive assemblies shall be protected by an approved penetration fire stop system with the F rating not less than the rating of the one-hr. fire-rated wall or ceiling assembly penetrated.

Additional comments: _____

- Contact the Fire District at **925-240-2139** (minimum **two** working days notice required) to schedule the **Medical Gas System Pressure Test** and **Medical Gas Final Inspection** available Monday through Thursday excluding holidays.

On the morning of the inspection, a confirmation telephone call made to the Fire District at 925-240-2139 is necessary between 8:00 and 8:30 AM. Otherwise, the inspection will be cancelled.

Final acceptance is subject to field inspections and tests.

Approval does not relieve the designer / contractor from complying with all applicable fire code requirements, nor does it abrogate the requirements of other authorities having jurisdiction.

- Approved as submitted. Approved with Comments. Denied, Resubmittal Required.

Reviewed by: _____ Date: _____