



**Public Health**  
Prevent. Promote. Protect.

**Butler County  
General Health District**

**MEDICAL GAS APPLICATION**

**Must read before proceeding:**

Only brazers who have been qualified under the requirements of ASSE 6010 and certified with the Ohio Department of Commerce shall be permitted to braze joints in medical gas and vacuum pipeline systems (ASSE Series 6000/ 10-4.9.2). Any medical gas and vacuum pipeline system installed not meeting these requirements may be required to be removed. Submit two sets for plan review, allow five to ten working day for completion of plan review.

**Application Submitted By:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Certified Persons Name: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Type of System	Number of Systems	Number of Outlets
Carbon Dioxide		
Helium		
Instrument Air		
Medical Air		
Medical/Surgical Vacuum		
Nitrogen		
Nitrous Oxide		
Oxygen		
WAGD		
Level 3 Compressed Air		
Other		
Total		
Total of systems ____ X \$100.00		
Total Outlets ____ X \$10.00		
TOTAL (systems & outlets)		
PLAN REVIEW FEE	\$250.00	
PERMIT PROCESSING FEE	\$250.00	
GRAND TOTAL		

**Job Site Name:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Suite/Floor \_\_\_\_\_

**Plan prepared by:**

\_\_\_\_\_ Architect \_\_\_\_\_ Engineer

Company Name: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Type of Building \_\_\_\_\_  
(nursing home, urgent care, hospital etc.)  
\_\_\_\_\_

LEVEL 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Plan Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_

513.863.1770  
513.863.4372 (fax)

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Hamilton, OH 45011

[www.butlercountyohio.org/health](http://www.butlercountyohio.org/health)