



## FIRE SAFETY ENGINEERING Pre-Screen Checklist

### Medical Gas

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<b>City of Henderson Development Services Center Fire Safety Engineering</b> 240 Water Street, PO Box 95050 Henderson, Nevada 89009-5050 (702) 267-3630 phone (702) 267-3603 fax	This checklist is provided for the convenience of our customers. Complete and accurate plan submittals help speed the plan review process. Attention to the completeness and accuracy of information at the beginning of the process generally leads to fewer delays and requests for revisions by City staff. Please use the following information to assure that your application includes all of the information that is necessary for a complete review of your plans.
<b>Part. 1 Applicant's Responsibility</b>	<b>Applicants are responsible for ensuring applications submitted are complete.</b> Incomplete applications will result in plans being rejected for acceptance, or returned to the applicant during the review process. City service commitments will not apply to incomplete submissions.
<b>Part. 2 Prerequisites</b>	<b>Plan Readability.</b> Easily Read; legible; a readable typeface. Vivid contrast or difference in brightness between the light and dark areas of the drawing.
<b>Part. 3 Applicable Codes</b>	<b>Plans shall meet the requirements of the adopted codes, ordinances and regulations.</b>
<b>Part. 4 Submittal Package</b>	<b>Provide the following information at the time you submit your application for a medical gas permit.</b>  <input type="checkbox"/> 1. Plans (Minimum 2 Sets). <input type="checkbox"/> 2. Material Submittals, also called "Product Data Submittal" (minimum 1 set).
<b>Part. 5 Plan Contents</b>	<b>Plans must contain the following minimum content requirements.</b> This list is not intended to be all inclusive of every detail required on a set of fire sprinkler plans. Rather, it is provided to give an overview of the basic plan contents needed for the review of plans.
See  <b>THE CITY OF HENDERSON FIRE CODE AMENDMENTS TO THE 2012 INTERNATIONAL FIRE CODE AND THE 2012 SOUTHERN NEVADA FIRE CODE CONSENSUS AMENDMENTS (attached)</b>	<input type="checkbox"/> 1. Project Name, Street Address, Owner's Name <input type="checkbox"/> 2. Medical Gas Contractor Name, Address, and Phone Number <input type="checkbox"/> 3. MG (Medical Gas) License Numbers (City, State Contractor and Fire Marshal) <input type="checkbox"/> 4. Wet signature of the licensee (contractors Master or Qualified Employee) or seal and signature of a Professional Engineer licensed in the State of Nevada <input type="checkbox"/> 5. Owner's Name <input type="checkbox"/> 6. Floor Plan Drawn to Scale with Equipment Piping and Outlets Shown <input type="checkbox"/> 7. Pipe Size and Type (i.e. Type L or K / PVC) <input type="checkbox"/> 8. Hanger Information

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**THE CITY OF HENDERSON FIRE CODE AMENDMENTS  
TO THE 2012 INTERNATIONAL FIRE CODE AND THE  
2012 SOUTHERN NEVADA FIRE CODE CONSENSUS  
AMENDMENTS**

5306.5

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**5306.5 Medical gas system plan submittal.** Plans and specifications shall be submitted for review and approval. Following approval of the plans, a copy of the approved plans and permit shall be maintained on the premises in an approved location. As required by the *fire code official*, the plans shall include the following:

1. Project name, street address and owners name.
2. Contractor name, address, phone number, license numbers (City, State Contractor and State Fire Marshal).
3. Signature of the licensee (contractors Master or Qualified Employee) or seal and signature of a Professional Engineer licensed in the state of Nevada.
4. Code edition of standards used in the design.
5. System classification (Level).
6. When used - gas type, container size and quantity.
7. Symbol legend with equipment description (manufacture's name and model number) and mounting description (surface, semi-flush, flush, and exterior).
8. Site plan.
9. Floor plan drawn to an indicated scale (1/8" minimum) on sheets of a uniform size showing:
  - a. Point of compass (north arrow).
  - b. Walls, doors, windows, openings, stairs, elevators, passageways, high-piled storage racks, etc., as applicable to depict the facility.
  - c. Room use identification labels.
  - d. Gas, air and vacuum piping distribution systems, manifolds, sizes and material types. Piping hangers and slopes.
  - e. Valves and valve boxes, outlets, gages and other components.
  - f. Electrical warning systems (local and master alarm panels), conductor/conduit routing and size, power panel and circuit connection.
  - g. Key plan.
  - h. Compressor inlet location and vacuum exhaust outlet location.
  - i. For interior gas supply rooms provide construction fire ratings, ventilation and fire sprinkler information.
10. Product data submittal including a cover index sheet listing products used by make and model number, manufacturer data sheets (highlighted or marked) and listing information for all equipment, devices, and materials.
11. Design number and detail of penetration fire stop system when required.
12. Verification & inspection requirements.
13. Name of independent medical gas testing agency to certify the system.
14. Any additional information determined necessary.

5306.6

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**5306.6 Medical gas systems, testing.** Hyperbaric systems and medical gas systems required by NFPA 99 to be verified by person other than the installing contractor shall be certified by an independent medical gas testing agency prior to use of the system. The independent medical gas inspector shall hold a current NITC certification and Nevada State Fire Marshal certification as a medical gas inspector. The *fire code official* may witness any or all testing. Copies of the system certification shall be provided to the *fire code official*.