Clark County Fire Prevention



Mission Statement: "To provide the highest level of fire protection and related services"

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105.8.c.9-4

TITLE: **EXISTING MEDICAL GAS SYSTEMS**

Medical/compressed gas systems must be installed in accordance with this guideline and the requirements contained in the NFPA codes and standards and the 2005 Clark County Fire SCOPE:

Code.

PURPOSE: To provide standardized Fire Department requirements relating to the installation and permitting

of existing medical gas/compressed gas systems.

SPECIFICATIONS AND REQUIREMENTS

At the time of permit application, three (3) sets of plans, drawn to an indicated scale, must be submitted for review and approval. Permit fees for this type of submittal vary. The standard permit fee is due upon submittal. Please see the Clark County Fire Department Permit and Service Fee Schedule for specific information. Please check our website for plan status. Any additional fees will be indicated on the website. Once the plans have been approved and any outstanding fees have been paid, an inspection can be scheduled.

Our website is http://www.accessclarkcounty.com/fire/firedept.htm. To check on plan status, click on the "Plan Status" button and follow the instructions. To schedule an inspection, click on "Services" in the teal strip on the top. On the left side under **Inspection** click on "Fire Inspection" and follow the instructions.

Plans shall include the following information:

Name, physical address, and Assessors Parcel Number (APN) of the project must be included on the plans. Plans shall also designate the authority having jurisdiction. Plans must be drawn to an indicated scale or be suitably dimensioned and legible.

Indicate location of storage cylinders, tanks and size.

List type(s) of product(s) (oxygen, medical gas, etc.)*

List Quantity of product* (Cubic Feet at Normal Temperature and Pressure (NPT))

Storage room information: fire sprinklers, venting, electrical, temperature controlled, separation*

In addition, provide a copy of most recent 3rd-Party inspection report for the medical gas system(s).