



Medical Gas Permit-to-Work

GENERAL			
Healthcare Facility Name:		City/ST:	
Brief Summary of Work:			
Permit Number:		Date of Issue:	
Work Order Number:		Expires:	

Building:		Floor:	
Unit(s) Affected:		Room(s) Affected:	
Gas(es) affected:	<input type="checkbox"/> Medical Oxygen <input type="checkbox"/> Medical Vacuum <input type="checkbox"/> Medical Air <input type="checkbox"/> WAGD <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Nitrogen <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Instrument Air <input type="checkbox"/> Other _____		
Type of Work:	<input type="checkbox"/> Preventative/Predictive Maintenance <input type="checkbox"/> Failure Repair <input type="checkbox"/> New Construction <input type="checkbox"/> Other _____		
Project Date:		Start Time:	
		End Time (estimated):	

DETAILED SCOPE

RISK ASSESSMENT & CHECKLIST

Room/Area Risk Category:	<ul style="list-style-type: none"><input type="checkbox"/> Category 1 (failure could cause major injury or death)<input type="checkbox"/> Category 2 (failure could cause minor injury)<input type="checkbox"/> Category 3 (failure could cause discomfort or inconvenience)
Pre-Work Checklist:	<ul style="list-style-type: none"><input type="checkbox"/> Clinical impact assessed and communicated to affected department(s).<input type="checkbox"/> Shutdown window communicated to staff.<input type="checkbox"/> All appropriate authorizations received for High Hazard work.<input type="checkbox"/> Temporary medical gas supply arranged (D/E/H cylinders, portable suction pumps, etc.).<input type="checkbox"/> Carts, straps, and stands available to transport and secure cylinders used for temporary supply.<input type="checkbox"/> Only qualified staff will operate and monitor cylinders used for temporary supply.<input type="checkbox"/> If work involves medical gas alarm panels, ILSM is in place for duration of alarm outage.<input type="checkbox"/> Required testing and verification planned.<input type="checkbox"/> Work area isolated/protected.<input type="checkbox"/> ICRA/PCRA checklists completed.

Project Hazard Type:	<input type="checkbox"/> Low Hazard (planned maintenance, basic repairs, work in Category 3 areas, etc. *) <input type="checkbox"/> High Hazard (shutdowns involving gas supplying Category 1 areas, system replacements, new work requiring 6030 Verification, etc. *) <p>*These are illustrative examples only and do not reflect the full extent of medical gas projects that carry significant inherit risk. Classifications such as these should be done by a qualified individual or team, reviewed and approved by the local Authority Having Jurisdiction and incorporated into each facility's policies and procedures.</p>
Specific Potential Risks:	<input type="checkbox"/> System Contamination <input type="checkbox"/> Cross-Connection <input type="checkbox"/> Pressure Loss/Supply Interruption <input type="checkbox"/> Monitoring Interruption <input type="checkbox"/> Other _____

EOP RECOMMENDATION

A review of the facility's Medical Gas **Emergency Operations Plan** is recommended before any High-Hazard work or any projects requiring gas outages.

PERSONNEL

RESPONSIBLE FACILITY AUTHORITY

RFA Name:	
Phone:	
Email:	
Qualification:	

ALL WORK

Medical Gas Technician:			
Phone:			
Qualification:	<input type="checkbox"/> A documented and equipment-specific training program acceptable to facility ~ 5.1.14.4.2.5(B)(1) <input type="checkbox"/> ASSE/IAPMO/ANSI 6040 ~ 5.1.14.4.2.5(B)(2) <input type="checkbox"/> ASSE/IAPMO/ANSI 6030 ~ 5.1.14.4.2.5(B)(3)		
Engineering Supervisor:		Phone:	

HIGH HAZARD ONLY (not all may be applicable to every job)

Director/Executive Contact:		Phone:	
Medical Gas Verifier:			
Verifier Phone Number:		Credentials:	
Clinical Contact:		Phone:	
Respiratory Therapy Contact:		Phone:	
Safety Officer Contact:		Phone:	
Infection Control:		Phone:	
General Contractor:		Phone:	
Mechanical Contractor:		Phone:	

RECORD OF MEDICAL GAS VALVE CLOSURE

Valve Type:	<input type="checkbox"/> Source <input type="checkbox"/> Riser <input type="checkbox"/> Service <input type="checkbox"/> Inline <input type="checkbox"/> Zone	Valve Location:		Area Served:		Date Closed: Time Closed: Time Open: Initials:	
Valve Type:	<input type="checkbox"/> Source <input type="checkbox"/> Riser <input type="checkbox"/> Service <input type="checkbox"/> Inline <input type="checkbox"/> Zone	Valve Location:		Area Served:		Date Closed: Time Closed: Time Open: Initials:	
Valve Type:	<input type="checkbox"/> Source <input type="checkbox"/> Riser <input type="checkbox"/> Service <input type="checkbox"/> Inline <input type="checkbox"/> Zone	Valve Location:		Area Served:		Date Closed: Time Closed: Time Open: Initials:	
Valve Type:	<input type="checkbox"/> Source <input type="checkbox"/> Riser <input type="checkbox"/> Service <input type="checkbox"/> Inline <input type="checkbox"/> Zone	Valve Location:		Area Served:		Date Closed: Time Closed: Time Open: Initials:	

JOB COMPLETION

Date of Completion:	
Status:	<input type="checkbox"/> All Work Complete <input type="checkbox"/> Work Complete w/ exception(s)
Follow-Up / Exception(s):	
Post-Work Checklist:	<input type="checkbox"/> Visual inspection of in-wall piping integrity and 24-hr standing pressure test completed and documented (if required). <input type="checkbox"/> Medical gas verification complete (if required). <input type="checkbox"/> Any valves closed during work have been re-opened and all gases are back online. <input type="checkbox"/> Clinical staff and relevant department heads have been notified that work is complete and any interrupted services have been fully restored. <input type="checkbox"/> Any valves added or modified during new work have been labeled accurately with valve type, gas type, and specific area served. <input type="checkbox"/> All area alarm and zone valve labels have been updated to reflect changes resulting from medical gas outlets being added to or removed from patients rooms.

FINAL SIGN-OFF

Medical Gas Technician:	
Signature:	
RFA (if applicable):	
Signature:	
Engineering Supervisor:	
Signature:	

Before initiating work on medical gas systems, ensure precautions are in place as required by NFPA 99 Health Care Facilities Code and ASSE/IAPMO/ANSI Series 6000 Professional Qualifications Standard for Medical Gas Systems Personnel. This **Permit to Work** is required for any operation involving medical gas and vacuum systems. This work includes, but is not limited to, installation, maintenance, testing, repair, modification, or decommissioning of any part of a medical gas system. This document is intended to comply with all requirements of the NFPA 99, ASSE 6000 and other applicable codes and standards. By using this document, you agree to hold harmless and indemnify Lantern Medical, LLC from any and all claims, damages, losses, and expenses, including legal fees, arising out of or resulting from your use or misuse of this document.

