# American Lake VA Medical Center

**9600 Veterans Dr. Lakewood WA 98493**

24 April 2024

American Lake VA Medical Center
David Pape
9600 Veterans Dr.
Joint Base Lewis McCord, WA 98493

Re: Cat 1 annual medical gas inspection

**1.0 Letter of verification**

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An annual medical gas inspection of the source equipment, master alarm panels, valving hierarchy, labeling and identification, and patient care inlets and outlets has been completed.
Criteria for this testing is based on the NFPA-99, 2021 edition, chapter 5, Standard for Health Care Facilities, the ASSE 6000 2018 edition, JC EC.02.05.09, AIA, and CGA guidelines.
This annual medical gas inspection was found to be consistent with the requirements of the above-mentioned publications with noted exceptions.

_____ 24 April 2024
Date

Copies to: KLB (1)
DP (1)

## 2.0 Scope and Management Summary

- The scope of this report is a medical gas inspection to a category 1 facility as defined by NFPA-99, 2021 edition Chapter 4.
- Medical Gases, Support Gases, vacuum involved were **oxygen, medical air, surgical vacuum, nitrous oxide**

The Medical Gas System inspection tests were performed as outlined in the JC EC.02.05.09 and the NFPA-99, 2021 edition.

1. Bulk/Manifold location, function, and alarm reporting
2. Pump/compressor location, performance, and alarm reporting
3. Master/area alarm location, function, and labeling
4. Valve performance, location, and labeling
5. Inlet/Outlet latch, flow, and concentration

## 3.0 Management Summary

The medical gas systems tested above are inspected to be in compliance with the NFPA99, 2021 edition. Tests/Verification performed:

### 3.1 Oxygen bulk site

The site meets NFPA55 requirements except for any noted deficiencies.

1. Bulk tank is leased by:
2. Bulk site is inspected by:
3. Site maintenance and safeties are managed by:
4. Local and site master alarm signals are tested by:

### 3.2 Medical/Instrument Air compressors

The mechanical room meets NFPA99 requirements except for any noted deficiencies.

5. Primary to lag cycle works with lag in use alarm sent to master alarm panels.
6. Run timers work as designed.
7. Overall condition of medical/instrument air compressors is: Good

### 3.3 Vacuum pumps

The mechanical room meets NFPA99 requirements except for any noted deficiencies.

8. Primary to lag cycle works with Lag in use alarm sent to master alarm panels.
9. Run timers work as designed.
10. Overall condition of vacuum pumps is: Good

**3.4 Medical gas manifolds – O2, MA, N2O**

The manifold room meets NFPA99 requirements except for any noted deficiencies.

11. Switch from left bank to right and right bank to left with local and master alarm reporting.
12. All redundancies and labeling are correct.
13. Vent lines brazed and labeled.

**3.5 Master Alarm panels**

The master alarm panels meet NFPA99 requirements except for any noted deficiencies.

14. Location
15. Each alarm is labeled correctly.
16. Individual alarm locations on each master alarm panel are identical.
17. Audible and visual functions tested.

**3.6 Valves**

The valves meet NFPA99 requirements except for any noted deficiencies.

18. Source/main valves are secure and properly labeled.
19. EOSC is properly labeled, secured, and staff is familiar with its use.
20. Zone valves are properly located and labeled.

**3.7 Inlets and Outlets**

The inlets and outlets in each patient care area were tested.

21. Latches function as designed.
22. Flow rates meet SCFM guidelines for the area served.
23. Concentration of gas meets NFPA99 standards – See below.

**3.8 Medical Gas Concentration Testing (5.1.12.3.11)**

The specific tasks performed to inspect the medical gas concentrations are analyzed to meet or exceed the following table: (Table 5.1.12.3.11 Gas Concentrations)

| | |
|---|---|
| Oxygen | ≥99% oxygen |
| Nitrous Oxide | ≥99% nitrous oxide |
| Nitrogen | ≤1% oxygen |
| Medical air | 19.5%-23.5% oxygen |
| Other gases | ±1%, unless otherwise specified |

## 4.0 Quality Control

The Quality control program is designed to assure that measurements made in this report are correct and accurate. To this end, the following equipment was used in testing.

| Function | Make Model | Serial # | Calibration frequency | Calibration due |
|---|---|---|---|---|
| Oxygen | MaxTec | FJ73599008 | Daily | N/A |
| Flow | Dwyer X100 | N/A | 12 months | 4/06/2025 |
| Pressure | Dwyer DPG-107 | 1P18322C16AB-8 | 12 months | 4/06/2025 |
| Purity | Enmet Matrix + | 125-0256 | 12 months | 2/20/2025 |
| Scale 1/10,000g | Sartorius | FJ73599008 | Daily | N/A |
| | | | | |

## 5.0 Personnel

The following personnel completed the annual medical gas inspection

| Name | Title | Credentials | Expiration date | Covid vaccination |
|---|---|---|---|---|
| Ashton Steely | Apprentice | | | YES |
| Jeff Champagne | Lead | ASSE 6040 | 3/2027 | YES |
| | | | | |

## 6.0 Outlets/Inlets tested

The following is the outlet and inlet tested/not tested counts

| | Oxygen | Medical Air | Vacuum | Nitrous Oxide |
|---|---|---|---|---|
| Tested | 145 | 55 | 152 | 4 |
| Not Tested* | 2 | 0 | 2 | 0 |
| Total | 147 | 55 | 154 | 4 |

*Not tested is an estimated count of outlets and inlets

**American Lake VA Medical Center** **24 April 2024**

| MEDICAL GAS & VACUUM REPORT KEY |
|---|
| FACILITY CONTACT: **David Pape, 253-310-7063, David.pape@va.gov** |
| ADDRESS: **9600 Veterans dr. SW, Joint Base Lewis-McCord, WA 98493** |

MedGas.com Services certifies that all items listed within report have been inspected and, were in compliance with NFPA 99C, The Joint Commission EC. 02.05.09, AIA and CGA guidelines on the date tested, except for those items so indicated in this test report.

| ITEMS INSPECTED | SYSTEM |
|---|---|
| PATIENT TERMINALS & FLEXIBLE CONNECTORS | O, A, V, NO |
| SOURCE EQUIPMENT | O, A, V, NO |
| MEDICAL ISOLATION VALVES | O, A, V, NO |
| MASTER ALARMS | O, A, V, NO |
| AREA ALARMS | O, A, V, NO |
| CROSS CONNECTIONS | O, A, V, NO |
| CONCENTRATION | O, A, NO |
| PURITY & PARTICULATE * | NOT IN SCOPE OF ANNUAL INSPECTIONS |

| COLOR CODE |
|---|
| O = OXYGEN |
| A = MEDICAL AIR |
| V = VACUUM |
| NO = NITROUS OXIDE |
| C = CARBON DIOXIDE |
| N = NITROGEN |
| W = WASTE ANESTHESIA GAS |
| I = INSTRUMENT AIR |

**The medical gas systems that are represented in this report have been evaluated in accordance with NFPA99 by MedGas.com personnel who are familiar and credentialed to perform the duties outlined in the ASSE 6000 and NFPA99 2021 edition.**
**The systems have been found to meet or exceed the requirements of the NFPA99 except where noted in the final inspection report.**

**IF YOUR FACILITY, OR CERTAIN AREAS OF YOUR FACILITY, IS NOT IN STRICT COMPLIANCE WITH THE NFPA99, THE AUTHORITY HAVING JURISDICTION SHOULD DECIDE WHETHER TO CORRECT THE DEFICIENCIES, UPGRADE THE AREA TO MEET THE NFPA99 2018, OR REMAIN THE SAME.**

**SIGNATURE:**_____ **DATE:** 24 April 2024

# American Lake VA Hospital Medical Center 24 April 2024

## Summary Report
## Observations for Upgrades – Not a Recommendation

| Location | Problem/Deficiency | Suggestion | Reference | Corrected by & date |
|---|---|---|---|---|
| South parking lot bulk pad | Two paths off egress are now required to exit the bulk pad. | Add gate to opposite side | | |
| Building 85 Mechanical room | No dew point sample port on med air compressor | Have sample port installed | 5.1.3.6.3.9(K) | |
| Building 85 Mechanical room | Med Air demand check on pressure switch not operating as intended, air still escapes when detached | Replace demand check | 5.1.8.2.3 | |
| Building 85 Mechanical room | No pressure switch on vacuum after source valve | Install pressure switch | 5.1.8.2.2(1) | |
| Bldg 85 Mechanical Room | Due to pump 2 not holding pressure alteration of pumps is not working. | Repair or replace pump | | |
| Building 85 Mechanical Room | Vacuum Lag in use is not wired to the master alarm | Further investigation required | | |
| Building 81 Ped/Surg | MA and N2O is not in use handles are removed. | Not in service | | |
| Bldg 85 Manifold RM | Vents discharge over egress | Relocate vent | | |
| Building 81 Comms Center | Is not receiving signal for master alarms from buildings 200 and 85. | Observation | | |

# American Lake VA Hospital Medical Center 24 April 2024

| Location | Problem/Deficiency | Suggestion | Reference | Corrected by & date |
|---|---|---|---|---|
| Bldg 200 Mechanical Room | Vacuum exhaust is missing drip leg | Add drip leg to exhaust | 5.1.3.7.7.5 | |
| Building 81 Ped/Surg | MA and N2O is not in use handles are removed. | Not in service | | |
| Building 81 OR suite Beds 1-3 | ½" Vacuum pipe undersized. | Replace valve with ¾" extensions | 5.1.10.11.1.3 | |
| Building 81 OR suite Beds 1-3 | ZVB behind door | Move zone valve box from behind door. | 5.1.4.6.1(4) | |
| Building 81 OR suite Beds 1-3 | Vacuum audible alarm did not sound | Replace circuit board or replace alarm panel | 5.1.9.4.6 | |
| Bldg 81 3rd FL IV Therapy station A E | Cover does not come off, can't see valve sizes | Replace zvb cover | | |
| Bldg 81 3rd FL IV Therapy | Med Air and Vacuum zone valves are missing gauges | Replace valves with ones that have gauge ports and install gauges | 5.1.8.2.2(3) | |
| Bldg 81 3rd FL IV Therapy | Air is the wrong color. | Replace with yellow medical air placards | | |
| Bldg 81 3rd FL GI Clinic | Room 350 Left Vacuum is broken | Repair or replace vacuum inlet | | |
| Building 81 2nd floor Diagnostic Imaging | O2 valve leaks | Repair O2 valve | | |
| Building 81 2nd floor EKG | Zone valve box does not serve outlets | observation | | |
| Building 85 114 | No zone valve for vacuum | Install a zone valve for vacuum | 5.1.4.6.2(1) | |
| Building 200 C Pod | O2 valve leaks at handle | Replace O2 valve | 5.1.12.2.3.6 | |
| Building 200 C Pod | Vacuum display out of range | Replace circuit board | 5.1.8.1.4 | |

## American Lake VA Hospital Medical Center 24 April 2024

| Location | Problem/Deficiency | Suggestion | Reference | Corrected by & date |
|---|---|---|---|---|
| Building 200 A Pod | O2 gauge out of range | Replace gauge | 5.1.8.1.4 | |
| Building 81 Manifold Room | N2O vent discharges over egress | Relocate vent | | |
| Building 85 | The Treatment Rooms are controlled by service valves | Install zone valves for the treatment rooms | 5.1.4.6.1 | |

**American Lake VA Medical Center** **24 April 2024**

# Leased Bulk Oxygen

## SOURCE EVALUATION

| | |
|---|---|
| Location of bulk pad: **South Parking Lot** | Area Served: **Building 81** |
| Bulk supplier is: **Air Liquide** | Emergency phone number: **206-461-9324** |
| Main line pressure: **50 psi** | |
| | |

*** Leased Bulk Equipment is inspected annually by the equipment owners. MedGas.com does not make any adjustments to equipment or activate/test any master alarms initiated from the bulk pad.**

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 1. Is there a high/low line pressure master alarm pressure switch? [5.1.9.2.4 (7)] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is it wired to two master alarm panels? [5.1.9.2.1] |
| | | | ☒ ☐ b) Is the switch located on the patient side of the main valve, or source valve is there is no main valve? [5.1.8.2.3] |
| | | | ☒ ☐ c) Is the switch connected with a demand check fitting? [5.1.8.2.3] |
| | | | ☒ ☐ d) Is the demand check fitting gas specific? [5.1.8.2.3] |
| | | | ☒ ☐ e) Is there a gauge installed next to the switch after the source/mainline shutoff valve? [5.1.8.2.2 (1)] |
| ☒ | ☐ | ☐ | 2. Is an emergency oxygen supply connection (EOSC) present? [5.1.3.5.13.1] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is it located on the exterior of the building where it is accessible to emergency supply vehicles in all weather conditions? [5.1.3.5.13.(1)] |
| | | | ☒ ☐ b) Is it physically protected to prevent tampering and unauthorized access? [5.1.3.5.13.2 (1)] |
| | | | ☒ ☐ c) Does the check valve function properly? |
| ☒ | ☐ | ☐ | 3. Is the source piping appropriately labeled for gas served with standard designation colors? [5.1.11.1.1 (1-3)] |
| ☒ | ☐ | ☐ | 4. Is the source valve installed in the immediate vicinity of the source equipment? [5.1.4.4] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is the valve a three-piece ball valve with indicating handle and brazing extensions? [5.1.4.3 (1-5)] |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 5. Does a mainline shutoff valve exist where the main first enters the building if oxygen supply is remote? [5.1.4.5] |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Is it labeled? **[5.1.4.5.3]** |
| ☒ | ☐ | b) | Is the valve a three-piece ball valve with indicating handle and brazing extensions? **[5.1.4.3 (1-5)]** |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 6. Is the source equipment and EOSC free of leaks? |

## COMMENTS:

**TWO PATHS OFF EGRESS ARE NOW REQUIRED TO EXIT THE BULK PAD.**

**American Lake VA Medical Center** **24 April 2024**

# Leased Bulk Oxygen

## SOURCE EVALUATION

| | |
|---|---|
| Location of bulk pad: **Near Loading Dock** | Area Served: **Building 200** |
| Bulk supplier is: **Praxair** | Emergency phone number: **1-800-772-9247** |
| Main line pressure: **50 psi** | |
| | |

*** Leased Bulk Equipment is inspected annually by the equipment owners. MedGas.com does not make any adjustments to equipment or activate/test any master alarms initiated from the bulk pad.**

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 1. Is there a high/low line pressure master alarm pressure switch? [5.1.9.2.4 (7)] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is it wired to two master alarm panels? [5.1.9.2.1] |
| | | | ☒ ☐ b) Is the switch located on the patient side of the main valve, or source valve is there is no main valve? [5.1.8.2.3] |
| | | | ☒ ☐ c) Is the switch connected with a demand check fitting? [5.1.8.2.3] |
| | | | ☒ ☐ d) Is the demand check fitting gas specific? [5.1.8.2.3] |
| | | | ☒ ☐ e) Is there a gauge installed next to the switch after the source/mainline shutoff valve? [5.1.8.2.2 (1)] |
| ☒ | ☐ | ☐ | 2. Is an emergency oxygen supply connection (EOSC) present? [5.1.3.5.13.1] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is it located on the exterior of the building where it is accessible to emergency supply vehicles in all weather conditions? [5.1.3.5.13.(1)] |
| | | | ☒ ☐ b) Is it physically protected to prevent tampering and unauthorized access? [5.1.3.5.13.2 (1)] |
| | | | ☒ ☐ c) Does the check valve function properly? |
| ☒ | ☐ | ☐ | 3. Is the source piping appropriately labeled for gas served with standard designation colors? [5.1.11.1.1 (1-3)] |
| ☒ | ☐ | ☐ | 4. Is the source valve installed in the immediate vicinity of the source equipment? [5.1.4.4] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is the valve a three-piece ball valve with indicating handle and brazing extensions? [5.1.4.3 (1-5)] |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 5. Does a mainline shutoff valve exist where the main first enters the building if oxygen supply is remote? [5.1.4.5] |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Is it labeled? **[5.1.4.5.3]** |
| ☒ | ☐ | b) | Is the valve a three-piece ball valve with indicating handle and brazing extensions? **[5.1.4.3 (1-5)]** |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 6. Is the source equipment and EOSC free of leaks? |

## COMMENTS:

**American Lake VA Medical Center** **24 April 2024**

# Medical Air Compressor

## Source Evaluation

## For information Only

## Out of service

| | | | | |
|---|---|---|---|---|
| Location of Compressor: **Building 200 Mechanical room** | | | Area Served: **Building 200** | |
| Unit Manufacturer: **Chemetron** | | | Tech Support Phone: **1-800-444-3954** | |
| Unit Model Number: **DOS020-80BDD** | | | Serial Number: **(H) 9/18/2009-4449128-28** | |
| Compressor Manufacturer: **Powerex** | | | HP: **2** | Voltage: **460** |
| Compressor data | Model # | Serial # | 2023 Hours | 2024 Hours |
| Unit 1 | **SLAE03E** | **JB1239** | **4,048** | **No Power** |
| Unit 2 | **SLAE03E** | **JB1245** | **4,060** | **No Power** |
| Unit 3 | | | | |
| Unit 4 | | | | |
| The medical air main line pressure is: **psi** | | | Gauge range is: **0-100 psi** | |
| The lead compressor is on at **psi** and Off at **115 psi** | | | Lag is on at **psi** and off at **psi** | |
| Dew point reading **°F @ psi** | | | | |
| DP Manufacturer: **Vaisala** | | DP Model # **DMT142** | | Serial # **E2830018** |
| Carbon Monoxide reading: | | | | |
| CO Manufacturer: **ENMET** | | CO Model # **CO-GUARD** | | Serial # **300-1009** |
| Dryer Manufacturer: **Parker** | | Dryer Model # **K-MT 1 RX** | | Serial # **09/58517** |
| Medical Air Analysis: **Enmet Matrix analyzer S/N 125-0256** | | | | |
| Dew point: | | | Oxygen percentage: | |
| Hydrocarbons (Methane): | | | Carbon monoxide: | |
| Hydrocarbons (Chloroform): | | | Carbon Dioxide: | |
| Temperature | Ambient | @ Compressor inlet | @ Heat Exchanger | |
| Unit 1 | **°F** | **°F** | **°F** | |
| Unit 2 | **°F** | **°F** | **°F** | |
| Unit 3 | | | | |
| Unit 4 | | | | |
| Time: Cut in/80psi | Unit 1: **seconds** | Unit 2: **seconds** | Unit 3: | Unit 4: |

| Yes | No | N/A | | |
|---|---|---|---|---|
| ☒ | ☐ | ☐ | 1. | Is the room adequately vented to prevent accumulation of heat per manufacturers' specifications? [5.1.3.3.3.2 (1)] |
| ☒ | ☐ | ☐ | 2. | Does each compressor have a check valve to prevent backflow through off-cycle units? [5.1.3.6.3.2 (2)] |
| ☒ | ☐ | ☐ | 3. | Do the compressors have sufficient isolation valves on the patient side of the compressors? [5.1.3.6.3.2 (3)] |
| ☒ | ☐ | ☐ | 4. | Do the compressors have sufficient anti-vibration mountings? [5.1.3.6.3.4 (E)] |
| ☒ | ☐ | ☐ | 5. | Do the compressors have sufficient flex connections for intake and outlet piping? [5.1.3.6.3.4 (F)] |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 6. Is there a dry type intake filter? [5.1.3.6.3.2 (4)] |

7. Medical Air Intake location: **Roof, above mechanical room**

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Is the medical air intake source free of contaminants from odor, exhaust, fuel, vacuum discharge, or particulate? [5.1.3.6.3.12] |
| ☒ | ☐ | b) | Are outdoor intakes located above roof level and at least 10 ft. from any door, window, or other opening and 20' from other intake and exhaust and a minimum of 20 ft. above ground? [5.1.3.6.3.12 (C-D)] |
| ☒ | ☐ | c) | Is intake piping hard drawn copper? [5.1.3.6.3.12 (F)] |
| ☒ | ☐ | d) | Do the compressors have a means to isolate common intake piping when a compressor is removed for service? NOTE: If the answer is No, a tube cap can be used when compressors are removed from service. 4[5.1.3.6.3.12 (G-2)] |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 8. Is the system capable of automatically activating additional units to maintain pressure? [5.1.3.6.3.11 (A)] |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Is there a Lag Compressor local alarm with audible and visual signals when the last compressor starts? [5.1.9.5.4 (1)] |
| ☒ | ☐ | b) | Does the signal latch, requiring manual reset? [5.1.3.6.3.13 (E)] |
| ☒ | ☐ | c) | Is it wired to master alarm? [5.1.9.2] |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 9. Do controls provide for automatic alternation of units? [5.1.3.6.3.11 (B)] |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Are motor controls equipped with disconnect switch, motor starting device and overload protection? [5.1.3.6.3.11 (C)] |
| ☒ | ☐ | b) | Are the compressors powered by the equipment branch of the essential electrical system? [5.1.3.6.3.11 (E)] |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 10. Is there a Receiver? |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Is the receiver equipped with corrosion resistant material, ASME label, relief valve, automatic drain, manual drain sight glass and three-valve bypass? [5.1.3.6.3.6 (1-4)] |
| ☒ | ☐ | b) | Is the receiver equipped with pressure gauge? [5.1.3.6.3.6 (3)] |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 11. Are there proper filtration devices which are duplexed with isolating valves? [5.1.3.6.3.8] |

| Yes | No |
|---|---|

☒ ☐ a) Are filters rated for 98% efficiency at 1 micron? [5.1.3.6.3.8 (3)]
☒ ☐ b) Do filters have a visual indicator showing status of the filter element? [5.1.3.6.3.8 (4)]

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 12. Are there duplexed final line pressure regulators with isolating valves? |
| ☒ | ☐ | ☐ | 13. Is there a 75psi relief valve located on the patient side of the regulator? [5.1.3.6.3.2 (5)] |
| ☒ | ☐ | ☐ | 14. Is there a working dew point monitor installed in the Medical Air System? |

**Yes No** **Yes No**
☒ ☐ Is there a visual and audible local alarm? ☒ ☐ Is it wired to the master alarms?

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 15. Is there a working carbon monoxide monitor installed in the Medical Air System? |

**Yes No** **Yes No**
☒ ☐ Is there a visual and audible local alarm? ☒ ☐ Is it wired to the master alarm?

| | | | |
|---|---|---|---|
| ☐ | ☐ | ☒ | 16. Do the dew point and CO monitors activate their respective master alarm signals with the loss of power? |
| ☒ | ☐ | ☐ | 17. Is there a valve-controlled sample port? |

**Yes No**
☒ ☐ a) Is the sample port located between the monitors for dewpoint and CO and the source valve?

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 18. Is the source valve installed in the immediate vicinity of the source equipment? |

**Yes No**
☒ ☐ Is it labeled?
☒ ☐ a) Is the source valve located inside the building served? If not, a main valve is required.
☒ ☐ b) Is the valve a three-piece ball valve with indicating handle and brazing extensions?

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 19. Is there a high/low line pressure master alarm pressure switch? |

**Yes No**
☒ ☐ a) Is the switch located downstream of the source and main line valve (if the same)?
☒ ☐ b) Is the switch connected with a demand check fitting?
☒ ☐ c) Is the demand check fitting gas specific?
☒ ☐ d) Is there a gauge installed next to the switch?

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 20. Is the source piping appropriately labeled for gas served with standard colors? |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 21. Does all source piping consist of copper, brass, or stainless steel? (Compressors can have ferrous materials.) |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 22. Are all copper joints brazed or Lokring? |
| ☒ | ☐ | ☐ | 23. Is there a preventative maintenance program established for the Medical Air equipment? |
| ☒ | ☐ | ☐ | 24. Are there high head temperature alarm sensors installed? |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Is there a visual and audible local alarm? |
| ☒ | ☐ | b) | Is it wired to master alarm? |

## COMMENTS:

**THIS UNIT IS POWERED DOWN AND LOCKOUT TAG OUT AND PLACED OUT OF SERVICE.**

**American Lake VA Medical Center** **24 April 2024**

# Medical Air Compressor

## SOURCE EVALUATION

| | | | | |
|---|---|---|---|---|
| LOCATION OF COMPRESSOR: **BUILDING 85 MECHANICAL ROOM** | | | AREA SERVED: **BUILDING 85** | |
| UNIT MANUFACTURER: **HILL-ROM** | | | TECH SUPPORT PHONE: **1-800-444-3954** | |
| UNIT MODEL NUMBER: **6916-9050-Z06C** | | | SERIAL NUMBER: **6CVAG-029** | |
| COMPRESSOR MANUFACTURER: **HILL-ROM** | | | HP: **15** | VOLTAGE: **460** |
| COMPRESSOR DATA | MODEL # | SERIAL # | 2022 HOURS | 2023 HOURS |
| UNIT 1 | **WTVS55A** | **F0000388** | **1,175** | **1,209** |
| UNIT 2 | **WTVS55A** | **F0000394** | **882** | **905** |
| UNIT 3 | | | | |
| UNIT 4 | | | | |
| THE MEDICAL AIR MAIN LINE PRESSURE IS: **74 PSI** | | | GAUGE RANGE IS: **0-100 PSI** | |
| THE LEAD COMPRESSOR IS ON AT **90 PSI** AND OFF AT **100 PSI** | | | LAG IS ON AT **80 PSI** AND OFF AT **100 PSI** | |
| DEW POINT READING **89°F @ 74 PSI** | | | | |
| DP MANUFACTURER: **HILL-ROM** | | DP MODEL # | | SERIAL # **ILLEGIBLE** |
| CARBON MONOXIDE READING: **0 PPM** | | | | |
| CO MANUFACTURER: **HILL-ROM** | | CO MODEL # | | SERIAL # **ILLEGIBLE** |
| DRYER MANUFACTURER: **HILL-ROM** | | DRYER MODEL # **HFH65V** | | SERIAL # **HFH65VE** |
| MEDICAL AIR ANALYSIS: **ENMET MATRIX ANALYZER S/N 125-0256** | | | | |
| DEW POINT: | | | OXYGEN PERCENTAGE: | |
| HYDROCARBONS (METHANE): | | | CARBON MONOXIDE: | |
| HYDROCARBONS (CHLOROFORM): | | | CARBON DIOXIDE: | |
| TEMPERATURE | AMBIENT | @ COMPRESSOR INLET | @ HEAT EXCHANGER | |
| UNIT 1 | **70°F** | **80°F** | **86°F** | |
| UNIT 2 | **70°F** | **77°F** | **80°F** | |
| UNIT 3 | | | | |
| UNIT 4 | | | | |
| TIME: CUT IN/80PSI | UNIT 1: **35 SECONDS** | UNIT 2: **30 SECONDS** | UNIT 3: | UNIT 4: |
| | | | | |

| Yes | No | N/A | | |
|---|---|---|---|---|
| ☒ | ☐ | ☐ | 1. | Is the room adequately vented to prevent accumulation of heat per manufacturers' specifications? [5.1.3.3.3.2 (1)] |
| ☒ | ☐ | ☐ | 2. | Does each compressor have a check valve to prevent backflow through off-cycle units? [5.1.3.6.3.2 (2)] |
| ☒ | ☐ | ☐ | 3. | Do the compressors have sufficient isolation valves on the patient side of the compressors? [5.1.3.6.3.2 (3)] |
| ☒ | ☐ | ☐ | 4. | Do the compressors have sufficient anti-vibration mountings? [5.1.3.6.3.4 (E)] |
| ☒ | ☐ | ☐ | 5. | Do the compressors have sufficient flex connections for intake and outlet piping? [5.1.3.6.3.4 (F)] |
| ☒ | ☐ | ☐ | 6. | Is there a dry type intake filter? [5.1.3.6.3.2 (4)] |

7. Medical Air Intake location: **Roof, above mechanical room**

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Is the medical air intake source free of contaminants from odor, exhaust, fuel, vacuum discharge, or particulate? [5.1.3.6.3.12] |
| ☒ | ☐ | b) | Are outdoor intakes located above roof level and at least 10 ft. from any door, window, or other opening and 20' from other intake and exhaust and a minimum of 20 ft. above ground? [5.1.3.6.3.12 (C-D)] |
| ☒ | ☐ | c) | Is intake piping hard drawn copper? [5.1.3.6.3.12 (F)] |
| ☒ | ☐ | d) | Do the compressors have a means to isolate common intake piping when a compressor is removed for service? NOTE: If the answer is No, a tube cap can be used when compressors are removed from service. 4[5.1.3.6.3.12 (G-2)] |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 8. Is the system capable of automatically activating additional units to maintain pressure? [5.1.3.6.3.11 (A)] |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Is there a Lag Compressor local alarm with audible and visual signals when the last compressor starts? [5.1.9.5.4 (1)] |
| ☒ | ☐ | b) | Does the signal latch, requiring manual reset? [5.1.3.6.3.13 (E)] |
| ☒ | ☐ | c) | Is it wired to master alarm? [5.1.9.2] |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 9. Do controls provide for automatic alternation of units? [5.1.3.6.3.11 (B)] |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Are motor controls equipped with disconnect switch, motor starting device and overload protection? [5.1.3.6.3.11 (C)] |
| ☒ | ☐ | b) | Are the compressors powered by the equipment branch of the essential electrical system? [5.1.3.6.3.11 (E)] |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 10. Is there a Receiver? |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Is the receiver equipped with corrosion resistant material, ASME label, relief valve, automatic drain, manual drain sight glass and three-valve bypass? [5.1.3.6.3.6 (1-4)] |
| ☒ | ☐ | b) | Is the receiver equipped with pressure gauge? [5.1.3.6.3.6 (3)] |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 11. Are there proper filtration devices which are duplexed with isolating valves? [5.1.3.6.3.8] |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Are filters rated for 98% efficiency at 1 micron? [5.1.3.6.3.8 (3)] |
| ☒ | ☐ | b) | Do filters have a visual indicator showing status of the filter element? [5.1.3.6.3.8 (4)] |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 12. Are there duplexed final line pressure regulators with isolating valves? |
| ☒ | ☐ | ☐ | 13. Is there a 75psi relief valve located on the patient side of the regulator? [5.1.3.6.3.2 (5)] |
| ☒ | ☐ | ☐ | 14. Is there a working dew point monitor installed in the Medical Air System? |

| Yes | No | | Yes | No | |
|---|---|---|---|---|---|
| ☒ | ☐ | Is there a visual and audible local alarm? | ☒ | ☐ | Is it wired to the master alarms? |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 15. Is there a working carbon monoxide monitor installed in the Medical Air System? |

| Yes | No | | Yes | No | |
|---|---|---|---|---|---|
| ☒ | ☐ | Is there a visual and audible local alarm? | ☒ | ☐ | Is it wired to the master alarm? |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 16. Do the dew point and CO monitors activate their respective master alarm signals with the loss of power? |
| ☐ | ☒ | ☐ | 17. Is there a valve-controlled sample port? |

| Yes | No | | |
|---|---|---|---|
| ☐ | ☒ | a) | Is the sample port located between the monitors for dewpoint and CO and the source valve? |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 18. Is the source valve installed in the immediate vicinity of the source equipment? |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | | Is it labeled? |
| ☒ | ☐ | a) | Is the source valve located inside the building served? If not, a main valve is required. |
| ☒ | ☐ | b) | Is the valve a three-piece ball valve with indicating handle and brazing extensions? |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 19. Is there a high/low line pressure master alarm pressure switch? |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Is the switch located downstream of the source and main line valve (if the same)? |
| ☒ | ☐ | b) | Is the switch connected with a demand check fitting? |
| ☒ | ☐ | c) | Is the demand check fitting gas specific? |
| ☒ | ☐ | d) | Is there a gauge installed next to the switch? |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 20. Is the source piping appropriately labeled for gas served with standard colors? |
| ☒ | ☐ | ☐ | 21. Does all source piping consist of copper, brass, or stainless steel? (Compressors can have ferrous materials.) |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 22. Are all copper joints brazed or Lokring? |
| ☒ | ☐ | ☐ | 23. Is there a preventative maintenance program established for the Medical Air equipment? |
| ☒ | ☐ | ☐ | 24. Are there high head temperature alarm sensors installed? |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Is there a visual and audible local alarm? |
| ☒ | ☐ | b) | Is it wired to master alarm? |

## COMMENTS:

**17. NO DEW POINT SAMPLE PORT**

**DEW POINT SENSOR PROBABLY NEEDS REPLACED.**

**American Lake VA Medical Center** **24 April 2024**

# Surgical Vacuum

## SOURCE EVALUATION DATA

| | | | | |
|---|---|---|---|---|
| LOCATION OF VACUUM PUMP: **BUILDING 81 MECHANICAL ROOM** | | | AREA SERVED: **BUILDING 81** | |
| UNIT MANUFACTURER: **EMSE** | | | TECH SUPPORT PHONE: **1 800-962-5385** | |
| UNIT MODEL NUMBER: **CPD-V5-208** | | | SERIAL NUMBER: **46222203** | |
| PUMP MANUFACTURER: **ELMO RIETSCHLE** | | | HP: **5** | VOLTAGE: **208** |
| VACUUM PUMP DATA | MODEL # | SERIAL # | 2023 HOURS | 2024 HOURS |
| UNIT 1 | **V-VC 100(21)** | **SC10197838003/2014** | **1,487** | **3,740** |
| UNIT 2 | **V-VC 100 (21)** | **SC10197838001/2014** | **1,486** | **3,739** |
| UNIT 3 | | | | |
| UNIT 4 | | | | |
| THE VACUUM MAIN LINE PRESSURE IS: **23"HG** | | | GAUGE RANGE IS: **0-30HG** | |
| THE LEAD PUMP IS ON AT **20" HG** AND OFF AT **26" HG** | | | LAG IS ON AT **19" HG** AND OFF AT **22" HG** | |
| TEMPERATURES | AMBIENT | OIL SITE GLASS | OIL FILTER | PUMP EXHAUST |
| UNIT 1 | **89°F** | **N/A** | **N/A** | **121°F** |
| UNIT 2 | **89°F** | **N/A** | **N/A** | **114°F** |
| UNIT 3 | | | | |
| UNIT 4 | | | | |
| TIME CUT IN/22"HG | **107 SECONDS** | **126 SECONDS** | | |

| Yes | No | N/A | | |
|---|---|---|---|---|
| ☒ | ☐ | ☐ | 1. | Is the data on this sheet for the following source(s): LEAD & LAG? |
| ☒ | ☐ | ☐ | 2. | Is the entire Building 81 served by this source? |
| ☒ | ☐ | ☐ | 3. | Is the room adequately vented to prevent accumulation of heat per manufacturers' recommendation? |
| ☒ | ☐ | ☐ | 4. | Are there two or more pumps? |
| ☒ | ☐ | ☐ | 5. | Does each pump have a check valve to prevent backflow through off-cycle units? |
| ☒ | ☐ | ☐ | 6. | Does each pump have isolation valves on intake piping? |
| ☒ | ☐ | ☐ | 7. | Does each pump have isolation valves (or equivalent) on exhaust piping? NOTE: If the answer is no, a tube cap can be used when pumps are removed from service. |
| ☒ | ☐ | ☐ | 8. | Is there sufficient flexible couplings installed in the piping to and from the equipment? |
| ☒ | ☐ | ☐ | 9. | Is there a receiver? |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Does the receiver have an ASME data plate? |
| ☒ | ☐ | b) | Does the receiver have sufficient manual drain? |
| ☒ | ☐ | c) | Is the receiver valved to allow draining or servicing without interrupting the Vacuum system? |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 10. Is system capable of automatically activating additional units to maintain vacuum? |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is there a local audible / visual signal when lag pump is in operation? |
| | | | ☒ ☐ b) Does the signal latch, requiring manual reset? |
| | | | ☒ ☐ c) Is it wired to master alarm panels? |
| ☒ | ☐ | ☐ | 11. Is there automatic pump alternation to provide for even wear? |
| ☒ | ☐ | ☐ | 12. Are there dedicated disconnect switches, motor starting devices, and overload protection for each pump? |
| ☒ | ☐ | ☐ | 13. Is power supplied by the equipment branch of the essential electrical system? |
| | | | 14. Vacuum Exhaust: |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is the exhaust outdoors and at least 10 ft. from any door, window, air intake, or other opening in the building? |
| | | | ☒ ☐ b) Is the exhaust discharge turned down and screened or otherwise protected from vermin, debris, or precipitation? |
| | | | ☒ ☐ c) Is there a trapped drip leg with valved drain on the exhaust line to discharge condensate or oil? |
| | | | ☒ ☐ d) Is the exhaust piping considered to be of proper size to minimize back pressure? |
| | | | Exhaust Location: Above mechanical room |
| ☒ | ☐ | ☐ | 15. Is Vacuum distribution piping hard-drawn copper or stainless steel pipe? |
| ☒ | ☐ | ☐ | 16. Is the source piping appropriately labeled for Vacuum? |
| | | | **Yes** **No** |
| | | | ☒ ☐ Is the label background color white? |
| ☒ | ☐ | ☐ | 17. Is the source valve in the immediate vicinity of the source equipment? |
| | | | **Yes** **No** |
| | | | ☒ ☐ Is the source valve labeled? |
| ☒ | ☐ | ☐ | 18. Is there a line vacuum low switch wired to the master alarm panels? |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is the switch located on the patient side of the main valve, or source valve if there is no main valve? |
| | | | ☒ ☐ b) Is the switch connected with a demand check fitting? |
| | | | ☒ ☐ c) Is the demand check fitting gas specific? |
| | | | ☒ ☐ d) Is there a gauge installed next to the switch after source/mainline shutoff valve? |
| | | | Location of switch: **Just upstream of Main Valve** |

## COMMENTS:

**American Lake VA Medical Center** **24 April 2024**

# Surgical Vacuum

## SOURCE EVALUATION DATA

| | | | | |
|---|---|---|---|---|
| LOCATION OF VACUUM PUMP: **BUILDING 200 MECHANICAL ROOM** | | | AREA SERVED: **BUILDING 200** | |
| UNIT MANUFACTURER: **CHEMETRON** | | | TECH SUPPORT PHONE: **1 800-444-3954** | |
| UNIT MODEL NUMBER: **DLV030-120T** | | | SERIAL NUMBER: **(H) 9/23/2009-4449128-30** | |
| PUMP MANUFACTURER: **BUSCH** | | | HP: **3** | VOLTAGE: **460** |
| VACUUM PUMP DATA | MODEL # | SERIAL # | 2023 HOURS | 2024 HOURS |
| UNIT 1 | **RC0063.E5Z6.1023** | **U093704420** | **20,362** | **20,899** |
| UNIT 2 | **RC0063.E5Z6.1023** | **U093604309** | **20,626** | **21,242** |
| UNIT 3 | | | | |
| UNIT 4 | | | | |
| THE VACUUM MAIN LINE PRESSURE IS: **21"HG** | | | GAUGE RANGE IS: **0-30HG** | |
| THE LEAD PUMP IS ON AT **18" HG** AND OFF AT **26" HG** | | | LAG IS ON AT **15" HG** AND OFF AT **23" HG** | |
| TEMPERATURES | AMBIENT | OIL SITE GLASS | OIL FILTER | PUMP EXHAUST |
| UNIT 1 | **67°F** | **90°F** | **110°F** | **90°F** |
| UNIT 2 | **67°F** | **76°F** | **82°F** | **77°F** |
| UNIT 3 | | | | |
| UNIT 4 | | | | |
| TIME CUT IN/22"HG | **600 SECONDS** | **600 SECONDS** | | |

| Yes | No | N/A | | |
|---|---|---|---|---|
| ☒ | ☐ | ☐ | 1. | Is the data on this sheet for the following source(s): LEAD & LAG? |
| ☒ | ☐ | ☐ | 2. | Is the entire Building 81 served by this source? |
| ☒ | ☐ | ☐ | 3. | Is the room adequately vented to prevent accumulation of heat per manufacturers' recommendation? |
| ☒ | ☐ | ☐ | 4. | Are there two or more pumps? |
| ☒ | ☐ | ☐ | 5. | Does each pump have a check valve to prevent backflow through off-cycle units? |
| ☒ | ☐ | ☐ | 6. | Does each pump have isolation valves on intake piping? |
| ☒ | ☐ | ☐ | 7. | Does each pump have isolation valves (or equivalent) on exhaust piping? NOTE: If the answer is no, a tube cap can be used when pumps are removed from service. |
| ☒ | ☐ | ☐ | 8. | Is there sufficient flexible couplings installed in the piping to and from the equipment? |
| ☒ | ☐ | ☐ | 9. | Is there a receiver? |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Does the receiver have an ASME data plate? |
| ☒ | ☐ | b) | Does the receiver have sufficient manual drain? |
| ☒ | ☐ | c) | Is the receiver valved to allow draining or servicing without interrupting the Vacuum system? |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 10. Is system capable of automatically activating additional units to maintain vacuum? |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is there a local audible / visual signal when lag pump is in operation? |
| | | | ☒ ☐ b) Does the signal latch, requiring manual reset? |
| | | | ☒ ☐ c) Is it wired to master alarm panels? |
| ☒ | ☐ | ☐ | 11. Is there automatic pump alternation to provide for even wear? |
| ☒ | ☐ | ☐ | 12. Are there dedicated disconnect switches, motor starting devices, and overload protection for each pump? |
| ☒ | ☐ | ☐ | 13. Is power supplied by the equipment branch of the essential electrical system? |
| | | | 14. Vacuum Exhaust: |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is the exhaust outdoors and at least 10 ft. from any door, window, air intake, or other opening in the building? |
| | | | ☒ ☐ b) Is the exhaust discharge turned down and screened or otherwise protected from vermin, debris, or precipitation? |
| | | | ☐ ☒ c) Is there a trapped drip leg with valved drain on the exhaust line to discharge condensate or oil? |
| | | | ☒ ☐ d) Is the exhaust piping considered to be of proper size to minimize back pressure? |
| | | | Exhaust Location: Above mechanical room |
| ☒ | ☐ | ☐ | 15. Is Vacuum distribution piping hard-drawn copper or stainless-steel pipe? |
| ☒ | ☐ | ☐ | 16. Is the source piping appropriately labeled for Vacuum? |
| | | | **Yes** **No** |
| | | | ☒ ☐ Is the label background color white? |
| ☒ | ☐ | ☐ | 17. Is the source valve in the immediate vicinity of the source equipment? |
| | | | **Yes** **No** |
| | | | ☒ ☐ Is the source valve labeled? |
| ☒ | ☐ | ☐ | 18. Is there a line vacuum low switch wired to the master alarm panels? |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is the switch located on the patient side of the main valve, or source valve if there is no main valve? |
| | | | ☒ ☐ b) Is the switch connected with a demand check fitting? |
| | | | ☒ ☐ c) Is the demand check fitting gas specific? |
| | | | ☒ ☐ d) Is there a gauge installed next to the switch after source/mainline shutoff valve? |
| | | | Location of switch: **Just upstream of Main Valve** |

## COMMENTS:

**14c. No drip leg on exhaust.**

**American Lake VA Medical Center** **24 April 2024**

# Surgical Vacuum

## SOURCE EVALUATION DATA

| | | | | |
|---|---|---|---|---|
| LOCATION OF VACUUM PUMP: **BASEMENT MECHANICAL ROOM** | | | AREA SERVED: **BUILDING 85** | |
| UNIT MANUFACTURER: **DECKER** | | | TECH SUPPORT PHONE: **1 800-444-3954** | |
| UNIT MODEL NUMBER: **Rml145s2-40-ES** | | | SERIAL NUMBER: **32416** | |
| PUMP MANUFACTURER: **DECKER** | | | HP:**10** | VOLTAGE: **460** |
| VACUUM PUMP DATA | MODEL # | SERIAL # | 2023 HOURS | 2024 HOURS |
| UNIT 1 | **RVL145HH-16** | **34550** | **13,390** | **16,549** |
| UNIT 2 | **RVL145HH-16** | **1118N053** | **10,239** | **16,548** |
| UNIT 3 | | | | |
| UNIT 4 | | | | |
| THE VACUUM MAIN LINE PRESSURE IS: **20 "HG** | | | GAUGE RANGE IS: **0-30HG** | |
| THE LEAD PUMP IS ON AT **" HG** AND OFF AT **" HG** | | | LAG IS ON AT **" HG** AND OFF AT **" HG** | |
| TEMPERATURES | AMBIENT | OIL SITE GLASS | OIL FILTER | PUMP EXHAUST |
| UNIT 1 | **77°F** | **187°F** | **195°F** | **160°F** |
| UNIT 2 | **77°F** | **190°F** | **194°F** | **165°F** |
| UNIT 3 | | | | |
| UNIT 4 | | | | |
| TIME CUT IN/22"HG | **COULD NOT TEST** | **COULD NOT TEST** | | |

| Yes | No | N/A | | |
|---|---|---|---|---|
| ☒ | ☐ | ☐ | 1. | Is the data on this sheet for the following source(s): LEAD & LAG? |
| ☒ | ☐ | ☐ | 2. | Is the entire Building 85 served by this source? |
| ☒ | ☐ | ☐ | 3. | Is the room adequately vented to prevent accumulation of heat per manufacturers' recommendation? |
| ☒ | ☐ | ☐ | 4. | Are there two or more pumps? |
| ☒ | ☐ | ☐ | 5. | Does each pump have a check valve to prevent backflow through off-cycle units? |
| ☒ | ☐ | ☐ | 6. | Does each pump have isolation valves on intake piping? |
| ☒ | ☐ | ☐ | 7. | Does each pump have isolation valves (or equivalent) on exhaust piping? NOTE: If the answer is no, a tube cap can be used when pumps are removed from service. |
| ☒ | ☐ | ☐ | 8. | Is there sufficient flexible couplings installed in the piping to and from the equipment? |
| ☒ | ☐ | ☐ | 9. | Is there a receiver? |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Does the receiver have an ASME data plate? |
| ☒ | ☐ | b) | Does the receiver have sufficient manual drain? |
| ☒ | ☐ | c) | Is the receiver valved to allow draining or servicing without interrupting the Vacuum system? |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 10. Is system capable of automatically activating additional units to maintain vacuum? |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is there a local audible / visual signal when lag pump is in operation? |
| | | | ☒ ☐ b) Does the signal latch, requiring manual reset? |
| | | | ☐ ☒ c) Is it wired to master alarm panels? |
| ☐ | ☒ | ☐ | 11. Is there automatic pump alternation to provide for even wear? |
| ☒ | ☐ | ☐ | 12. Are there dedicated disconnect switches, motor starting devices, and overload protection for each pump? |
| ☒ | ☐ | ☐ | 13. Is power supplied by the equipment branch of the essential electrical system? |
| | | | 14. Vacuum Exhaust: |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is the exhaust outdoors and at least 10 ft. from any door, window, air intake, or other opening in the building? |
| | | | ☒ ☐ b) Is the exhaust discharge turned down and screened or otherwise protected from vermin, debris, or precipitation? |
| | | | ☒ ☐ c) Is there a trapped drip leg with valved drain on the exhaust line to discharge condensate or oil? |
| | | | ☒ ☐ d) Is the exhaust piping considered to be of proper size to minimize back pressure? |
| | | | Exhaust Location: Above mechanical room |
| ☒ | ☐ | ☐ | 15. Is Vacuum distribution piping hard-drawn copper or stainless steel pipe? |
| ☒ | ☐ | ☐ | 16. Is the source piping appropriately labeled for Vacuum? |
| | | | **Yes** **No** |
| | | | ☒ ☐ Is the label background color white? |
| ☒ | ☐ | ☐ | 17. Is the source valve in the immediate vicinity of the source equipment? |
| | | | **Yes** **No** |
| | | | ☒ ☐ Is the source valve labeled? |
| ☐ | ☒ | ☐ | 18. Is there a line vacuum low switch wired to the master alarm panels? |
| | | | **Yes** **No** |
| | | | ☐ ☐ a) Is the switch located on the patient side of the main valve, or source valve if there is no main valve? |
| | | | ☐ ☐ b) Is the switch connected with a demand check fitting? |
| | | | ☐ ☐ c) Is the demand check fitting gas specific? |
| | | | ☐ ☐ d) Is there a gauge installed next to the switch after source/mainline shutoff valve? |
| | | | Location of switch: |

## COMMENTS:

**18.NO PRESSURE SWITCH.**

**SINCE THIS IS DENTAL VACUUM PVC PIPING IS ACCEPTABLE**

**PUMP 2 DOES NOT HOLD PRESSURE AND PUMP 1 HAD TO CONTINUOUSLY BE ON TO KEEP UP. RECOMMEND FURTHER TROUBLESHOOTING.**

**American Lake VA Medical Center** **24 April 2024**

# MANIFOLD ROOM
# SOURCE LOCATION EVALUATION

Location of manifold room: **4th floor OR Suite**

Manifolds located in room:

☐ Oxygen
☐ Medical Air
☒ Nitrous Oxide
☐ Nitrogen
☐ Carbon Dioxide
☐ Instrument Air

| Yes | No | N/A | | |
|---|---|---|---|---|
| ☒ | ☐ | ☐ | 1. | Is the location used ONLY for storage of non-flammable gases? [5.1.3.2.3] |
| ☒ | ☐ | ☐ | 2. | Is the location kept free of flammable materials, flammable gas cylinders, and flammable liquid containers? [5.1.3.2.4] |
| ☒ | ☐ | ☐ | 3. | Is the location separate from mechanical equipment (i.e., air compressors, vacuum pumps, diesel fuel pumps)? [5.1.3.3.1.4] |
| ☒ | ☐ | ☐ | 4. | Is location access restricted to authorized personnel only and adequately secured against tampering? [5.1.3.3.2 (2)] |
| ☒ | ☐ | ☐ | 5. | Is the location free of open electrical contacts or transformers? [5.1.3.3.1.6 (4)] |
| ☒ | ☐ | ☐ | 6. | Are electrical wall fixtures at least 5 ft. above floor or protected? [5.1.3.3.2 (10)] |
| ☒ | ☐ | ☐ | 7. | Is the location protected from sources of heat exceeding 130°F? [5.1.3.3.1.7] |
| ☒ | ☐ | ☐ | 8. | Are cylinders protected against accumulation of ice and snow or continuous exposure to direct rays of the sun? [11.6.5.4 (2-3)] |
| ☒ | ☐ | ☐ | 9. | Are indoor locations constructed of materials with a minimum of 1-hour fire resistance rating? [5.1.3.3.2 (4)] |
| ☐ | ☐ | ☒ | 10. | Does the manifold room employ natural ventilation? [5.1.3.5.6.1 (4)] |

| Yes | No | | |
|---|---|---|---|
| ☐ | ☐ | a) | Are there a minimum of two openings on an exterior wall? |
| ☐ | ☐ | b) | Are the openings located a foot from the floor and a foot from the ceiling? |
| ☐ | ☐ | c) | Are the openings a minimum of 72 in sq? |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 11. Is the location vented outside by means of a dedicated mechanical ventilation system for indoor medical gas systems that don't meet natural ventilation requirements? [9.3.7.5.3] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Does the vent draw air from within one foot of the floor? [9.3.7.5.3.3] |
| | | | ☒ ☐ b) Is the exhaust fan connected to essential power? [9.3.7.5.3.4] |
| ☒ | ☐ | ☐ | 12. Is the appropriate door sign based on medical gasses permanently posted on the door? [5.1.3.1.8 or 5.1.3.1.9] |
| ☒ | ☐ | ☐ | 13. Are the cylinders secured with racks, chains, or other fastenings per OSHA standards? [5.1.3.3.2 (7)] |
| ☒ | ☐ | ☐ | 14. Are the manifolds, valves, and piping protected against physical damage from movement of cylinders and equipment? [5.1.3.3.2 (1)] |
| ☒ | ☐ | ☐ | 15. Do relief valves vent to the outside, except for medical air systems less than 3000 cu ft? [5.1.3.5.6.1 (4)] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is the relief valve discharge turned down and screened to prevent entry of rain, snow, or vermin? [5.1.3.5.6.1 (8)] |
| | | | ☒ ☐ b) Is the relief valve vent piping ASTM B-819 medical gas tube? [5.1.3.5.6.2] |
| | | | ☒ ☐ c) Are joints in relief valve vent piping brazed or Lokring? [5.1.3.5.6.2] |
| | | | ☒ ☐ d) Is relief valve vent piping labeled to distinguish from medical gas pipelines? [5.1.3.5.6.4] |

## COMMENTS

**15. VENTS DISCHARGE OVER EGRESS**

**American Lake VA Medical Center** **24 April 2024**

# MANIFOLD ROOM
# SOURCE LOCATION EVALUATION

Location of manifold room: **Building 85 outside manifold room**

Manifolds located in room:

☒ Oxygen
☐ Medical Air
☐ Nitrous Oxide
☐ Nitrogen
☐ Carbon Dioxide
☐ Instrument Air

| Yes | No | N/A | | |
|---|---|---|---|---|
| ☒ | ☐ | ☐ | 1. | Is the location used ONLY for storage of non-flammable gases? [5.1.3.2.3] |
| ☒ | ☐ | ☐ | 2. | Is the location kept free of flammable materials, flammable gas cylinders, and flammable liquid containers? [5.1.3.2.4] |
| ☒ | ☐ | ☐ | 3. | Is the location separate from mechanical equipment (i.e., air compressors, vacuum pumps, diesel fuel pumps)? [5.1.3.3.1.4] |
| ☒ | ☐ | ☐ | 4. | Is location access restricted to authorized personnel only and adequately secured against tampering? [5.1.3.3.2 (2)] |
| ☒ | ☐ | ☐ | 5. | Is the location free of open electrical contacts or transformers? [5.1.3.3.1.6 (4)] |
| ☒ | ☐ | ☐ | 6. | Are electrical wall fixtures at least 5 ft. above floor or protected? [5.1.3.3.2 (10)] |
| ☒ | ☐ | ☐ | 7. | Is the location protected from sources of heat exceeding 130°F? [5.1.3.3.1.7] |
| ☒ | ☐ | ☐ | 8. | Are cylinders protected against accumulation of ice and snow or continuous exposure to direct rays of the sun? [11.6.5.4 (2-3)] |
| ☒ | ☐ | ☐ | 9. | Are indoor locations constructed of materials with a minimum of 1-hour fire resistance rating? [5.1.3.3.2 (4)] |
| ☒ | ☐ | ☐ | 10. | Does the manifold room employ natural ventilation? [5.1.3.5.6.1 (4)] |

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | a) | Are there a minimum of two openings on an exterior wall? |
| ☒ | ☐ | b) | Are the openings located a foot from the floor and a foot from the ceiling? |
| ☒ | ☐ | c) | Are the openings a minimum of 72 in sq? |

| Yes | No | N/A | |
|---|---|---|---|
| ☐ | ☐ | ☒ | 11. Is the location vented outside by means of a dedicated mechanical ventilation system for indoor medical gas systems that don't meet natural ventilation requirements? [9.3.7.5.3] |
| | | | **Yes** **No** |
| | | | ☐ ☐ a) Does the vent draw air from within one foot of the floor? [9.3.7.5.3.3] |
| | | | ☐ ☐ b) Is the exhaust fan connected to essential power? [9.3.7.5.3.4] |
| ☒ | ☐ | ☐ | 12. Is the appropriate door sign based on medical gasses permanently posted on the door? [5.1.3.1.8 or 5.1.3.1.9] |
| ☒ | ☐ | ☐ | 13. Are the cylinders secured with racks, chains, or other fastenings per OSHA standards? [5.1.3.3.2 (7)] |
| ☒ | ☐ | ☐ | 14. Are the manifolds, valves, and piping protected against physical damage from movement of cylinders and equipment? [5.1.3.3.2 (1)] |
| ☒ | ☐ | ☐ | 15. Do relief valves vent to the outside, except for medical air systems less than 3000 cu ft? [5.1.3.5.6.1 (4)] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is the relief valve discharge turned down and screened to prevent entry of rain, snow, or vermin? [5.1.3.5.6.1 (8)] |
| | | | ☒ ☐ b) Is the relief valve vent piping ASTM B-819 medical gas tube? [5.1.3.5.6.2] |
| | | | ☒ ☐ c) Are joints in relief valve vent piping brazed or Lokring? [5.1.3.5.6.2] |
| | | | ☒ ☐ d) Is relief valve vent piping labeled to distinguish from medical gas pipelines? [5.1.3.5.6.4] |

## COMMENTS

**15. VENTS DISCHARGE OVER EGRESS**

**American Lake VA Medical Center** **24 April 2024**

# Oxygen HP x HP Manifold
# SOURCE EVALUATION DATA

| | |
|---|---|
| Location of manifold: **Next to Outside Mechanical Room** | Area Served: **BLDN 85 Dental** |
| Manifold Manufacturer: **Hill-Rom** | |
| Model Number: **68049040009** | Serial Number: **EBEAG0030** |
| # Of cylinders Left Bank: **2** | # Of cylinders Right Bank: **2** |
| Main line pressure: **48 psi** | Gauge range: **0-100 PSI** |
| Left bank pressure/status: **1,400 PSI – Ready** | Gauge range: **0-3,000 PSI** |
| Right bank pressure/status: **1,300 PSI – In use** | Gauge range: **0-3,000 PSI** |
| | |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 1. Are final line regulators duplexed with isolation valves upstream of each regulator and shutoff valves or check valves downstream? [5.1.3.5.5.1 (1-2)] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is the manifold supplied by a recognized manufacturer? [5.1.3.5.1] |
| ☒ | ☐ | ☐ | 2. Are gauges downstream of each regulator present? [5.1.3.5.5.1 (3)] |
| ☒ | ☐ | ☐ | Is a relief valve set at 50% above normal line pressure, located between each regulator and the source valve? [5.1.3.5.6.3 (1-2)] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Do relief valves vent to the outside, except for medical air systems less than 3000 cu ft? [5.1.3.5.6.1 (4)] |
| | | | ☒ ☐ b) Is the relief valve discharge turned down and screened to prevent entry of rain, snow, or vermin? [5.1.3.5.6.1 (8)] |
| | | | ☒ ☐ c) Is the relief valve vent piping ASTM B-819 medical gas tube? [5.1.3.5.6.2] |
| | | | ☒ ☐ d) Are joints in relief valve vent piping brazed or Lokring? [5.1.3.5.6.2] |
| | | | ☒ ☐ e) Is relief valve vent piping labeled to distinguish from medical gas pipelines? [5.1.3.5.6.4] |
| ☒ | ☐ | ☐ | 3. Does each cylinder bank contain at least an average days' (24 hours) supply with a minimum of 2 cylinders? [5.1.3.5.10.4 (1)] |
| ☒ | ☐ | ☐ | 4. Is manifold changeover from primary to secondary automatic? [5.1.3.5.10.5] |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 5. Is there an actuating switch present to indicate when changeover occurs from Primary to Secondary? [5.1.3.5.10.6] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is there a visual indicating local signal present? [5.1.3.5.10.6] |
| | | | ☒ ☐ b) Is it wired to the master alarm? [5.1.3.5.10.6] |
| ☒ | ☐ | ☐ | 6. Do the header bars contain the required pigtails with check valves? [5.1.3.5.9 (7)] |
| ☒ | ☐ | ☐ | 7. Is manifold supplied/built by a recognized medical equipment supplier/manufacturer? [5.1.3.5.1] |
| ☒ | ☐ | ☐ | 8. Are operating and maintenance instructions available? |
| ☒ | ☐ | ☐ | 9. Does a periodic inspection and maintenance program exist for source equipment and alarms? [5.1.14.2.2.2] |
| ☒ | ☐ | ☐ | 10. Is there a high/low line pressure switch on the main line? [5.1.9.2.4 (7)] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is it wired to the master alarm? [5.1.9.2.4 (7)] |
| | | | ☒ ☐ b) Is the switch located on the patient side of the main valve, or source valve if there is no main valve? [5.1.9.2.5] |
| | | | ☒ ☐ c) Is the switch connected with a gas specific demand check fitting? [5.1.8.2.3] |
| | | | ☒ ☐ d) Is there a gauge installed next to the switch after the source/mainline shutoff valve? [5.1.8.2.2 (1)] **Location of switch**: **downstream of source valve** |
| ☒ | ☐ | ☐ | 11. Is the source valve installed in the immediate vicinity of the source equipment? [5.1.4.4] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is it labeled? [5.1.11.2] |
| ☒ | ☐ | ☐ | 12. Is the manifold equipment free of leakage? |

## COMMENTS:

**American Lake VA Medical Center** **24 April 2024**

# Nitrous Oxide Manifold

## SOURCE EVALUATION DATA

| | |
|---|---|
| Location of manifold: **4th floor manifold room** | Area Served: **OR Suite** |
| Manifold Manufacturer**: Beacon Medaes** | |
| Model Number: **4107213325** | Serial Number: **HOP803586** |
| # Of cylinders Left Bank: **3** | # Of cylinders Right Bank: **3** |
| Main line pressure: **50 psi** | Gauge range: **0-100 psi** |
| Left bank pressure/status: **625 psi/In Use** | Gauge range: **0-3,000 psi** |
| Right bank pressure/status: **750 psi/Ready** | Gauge range**: 0-3,000 psi** |
| | |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 1. Are final line regulators duplexed with isolation valves upstream of each regulator and shutoff valves or check valves downstream? [5.1.3.5.5.1 (1-2)] |

| Yes | No | |
|---|---|---|
| ☒ | ☐ | a) Is the manifold supplied with a heater or protected from temperatures lower than 20°F? [5.1.3.3.18] |
| ☒ | ☐ | b) Is the manifold supplied by a recognized manufacturer? [5.1.3.5.1] |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 2. Are gauges downstream of each regulator present? [5.1.3.5.5.1 (3)] |
| ☒ | ☐ | ☐ | Is a relief valve set at 50% above normal line pressure, located between each regulator and the source valve? [5.1.3.5.6.3 (1-2)] |

| Yes | No | |
|---|---|---|
| ☒ | ☐ | a) Do relief valves vent to the outside, except for medical air systems less than 3000 cu ft? [5.1.3.5.6.1 (4)] |
| ☒ | ☐ | b) Is the relief valve discharge turned down and screened to prevent entry of rain, snow, or vermin? [5.1.3.5.6.1 (8)] |
| ☒ | ☐ | c) Is the relief valve vent piping ASTM B-819 medical gas tube? [5.1.3.5.6.2] |
| ☒ | ☐ | d) Are joints in relief valve vent piping brazed or Lokring? [5.1.3.5.6.2] |
| ☒ | ☐ | e) Is relief valve vent piping labeled to distinguish from medical gas pipelines? [5.1.3.5.6.4] |

| | | | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 3. Does each cylinder bank contain at least an average days' (24 hours) supply with a minimum of 2 cylinders? [5.1.3.5.10.4 (1)] |
| ☒ | ☐ | ☐ | 4. Is manifold changeover from primary to secondary automatic? [5.1.3.5.10.5] |

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 5. Is there an actuating switch present to indicate when changeover occurs from Primary to Secondary? [5.1.3.5.10.6] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is there a visual indicating local signal present? [5.1.3.5.10.6] |
| | | | ☒ ☐ b) Is it wired to the master alarm? [5.1.3.5.10.6] |
| ☒ | ☐ | ☐ | 6. Do the header bars contain the required pigtails with check valves? [5.1.3.5.9 (7)] |
| ☒ | ☐ | ☐ | 7. Is manifold supplied/built by a recognized medical equipment supplier/manufacturer? [5.1.3.5.1] |
| ☒ | ☐ | ☐ | 8. Are operating and maintenance instructions available? |
| ☒ | ☐ | ☐ | 9. Does a periodic inspection and maintenance program exist for source equipment and alarms? [5.1.14.2.2.2] |
| ☒ | ☐ | ☐ | 10. Is there a high/low line pressure switch on the main line? [5.1.9.2.4 (7)] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is it wired to the master alarm? [5.1.9.2.4 (7)] |
| | | | ☒ ☐ b) Is the switch located on the patient side of the main valve, or source valve if there is no main valve? [5.1.9.2.5] |
| | | | ☒ ☐ c) Is the switch connected with a gas specific demand check fitting? [5.1.8.2.3] |
| | | | ☒ ☐ d) Is there a gauge installed next to the switch after the source/mainline shutoff valve? [5.1.8.2.2 (1)] **Location of switch**: **Downstream of source valve.** |
| ☒ | ☐ | ☐ | 11. Is the source valve installed in the immediate vicinity of the source equipment? [5.1.4.4] |
| | | | **Yes** **No** |
| | | | ☒ ☐ a) Is it labeled? [5.1.11.2] |
| ☒ | ☐ | ☐ | 12. Is the manifold equipment free of leakage? |

## COMMENTS:

**American Lake VA Medical Center** **24 April 2024**

| **MASTER ALARM PANEL #1** | |
|---|---|
| **LOCATION: BASEMENT MECHANICAL ROOM BLDG 81** | **POWER LIGHT FUNCTIONAL: YES** |
| **MANUFACTURER: TRI-TECH** | |
| **MODEL: MED TOUCH** | |

| ALARM TESTED | SENSOR LOCATION | SET POINTS | VISUAL INDICATOR | AUDIBLE INDICATOR | LABEL | COMMENTS |
|---|---|---|---|---|---|---|
| OXYGEN | | | | | | |
| LINE PRESSURE HIGH | PASS | PASS | PASS | PASS | PASS | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| **VACUUM** | | | | | | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| LAG PUMP IN USE | PASS | PASS | PASS | PASS | PASS | |

**COMMENTS:** **PRESSURE SET POINTS TESTED AT 20% ABOVE AND 20% BELOW DESIGNATED OPERATING PRESSURES**

**American Lake VA Medical Center** **24 April 2024**

| **MASTER ALARM PANEL #2** | |
|---|---|
| **LOCATION: COMMS CENTER BLDG 81** | **POWER LIGHT FUNCTIONAL: YES** |
| **MANUFACTURER: TRI TECH** | |
| **MODEL: MED TOUCH** | |

| ALARM TESTED | SENSOR LOCATION | SET POINTS | VISUAL INDICATOR | AUDIBLE INDICATOR | LABEL | COMMENTS |
|---|---|---|---|---|---|---|
| OXYGEN | | | | | | |
| PRIMARY LIQUID LEVEL LOW | | | | | | TESTED BY OWNER |
| SECONDARY IN USE | | | | | | TESTED BY OWNER |
| SECONDARY LIQUID LOW | | | | | | TESTED BY OWNER |
| SECONDARY LOW PRESSURE | | | | | | TESTED BY OWNER |
| LINE PRESSURE HIGH | PASS | PASS | PASS | PASS | PASS | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| **VACUUM** | | | | | | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| LAG PUMP IN USE | PASS | PASS | PASS | PASS | PASS | |
| **NITROUS OXIDE** | | | | | | |
| LINE PRESSURE HIGH | PASS | PASS | PASS | PASS | PASS | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| RESERVE IN USE | PASS | PASS | PASS | PASS | PASS | |

**COMMENTS:** Pressure set points tested at 20% above and 20% below designated operating pressures

**IS NOT RECEIVING SIGNAL FOR MASTER ALARMS FROM BUILDINGS 200 AND 85.**

**American Lake VA Medical Center** **24 April 2024**

| **MASTER ALARM PANEL #3** | |
|---|---|
| **LOCATION: NITROUS MANIFOLD ROOM BLDG 81** | **POWER LIGHT FUNCTIONAL: YES** |
| **MANUFACTURER: TRI TECH** | |
| **MODEL: MED TOUCH** | |

| ALARM TESTED | SENSOR LOCATION | SET POINTS | VISUAL INDICATOR | AUDIBLE INDICATOR | LABEL | COMMENTS |
|---|---|---|---|---|---|---|
| **NITROUS OXIDE** | | | | | | |
| LINE PRESSURE HIGH | PASS | PASS | PASS | PASS | PASS | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| RESERVE IN USE | PASS | PASS | PASS | PASS | PASS | |

**COMMENTS:** Pressure set points tested at 20% above and 20% below designated operating pressures

**American Lake VA Medical Center** **24 April 2024**

| **MASTER ALARM PANEL #4** | |
|---|---|
| **LOCATION: FRONT RECEPTIONIST DESK BLDG 200** | **POWER LIGHT FUNCTIONAL: YES** |
| **MANUFACTURER: TRI TECH** | |
| **MODEL: MED TOUCH** | |

| ALARM TESTED | SENSOR LOCATION | SET POINTS | VISUAL INDICATOR | AUDIBLE INDICATOR | LABEL | COMMENTS |
|---|---|---|---|---|---|---|
| OXYGEN | | | | | | |
| PRIMARY LIQUID LEVEL LOW | | | | | | TESTED BY OWNER |
| SECONDARY IN USE | | | | | | TESTED BY OWNER |
| SECONDARY LIQUID LOW | | | | | | TESTED BY OWNER |
| SECONDARY LOW PRESSURE | | | | | | TESTED BY OWNER |
| LINE PRESSURE HIGH | PASS | PASS | PASS | PASS | PASS | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| **MEDICAL AIR** | | | | | | |
| DEW POINT HIGH | | | | | | NOT IN SERVICE |
| CARBON MONOXIDE HIGH | | | | | | NOT IN SERVICE |
| LAG PUMP IN USE | | | | | | NOT IN SERVICE |
| LINE PRESSURE HIGH | | | | | | NOT IN SERVICE |
| LINE PRESSURE LOW | | | | | | NOT IN SERVICE |
| **VACUUM** | | | | | | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| LAG PUMP IN USE | PASS | PASS | PASS | PASS | PASS | |

**COMMENTS:** Pressure set points tested at 20% above and 20% below designated operating pressures

**American Lake VA Medical Center** **24 April 2024**

| **MASTER ALARM PANEL #5** | |
|---|---|
| **LOCATION: BOILER ROOM BLDG 200** | **POWER LIGHT FUNCTIONAL: YES** |
| **MANUFACTURER: TRI TECH** | |
| **MODEL: MED TOUCH** | |

| ALARM TESTED | SENSOR LOCATION | SET POINTS | VISUAL INDICATOR | AUDIBLE INDICATOR | LABEL | COMMENTS |
|---|---|---|---|---|---|---|
| OXYGEN | | | | | | |
| PRIMARY LIQUID LEVEL LOW | | | | | | TESTED BY OWNER |
| SECONDARY IN USE | | | | | | TESTED BY OWNER |
| SECONDARY LIQUID LOW | | | | | | TESTED BY OWNER |
| SECONDARY LOW PRESSURE | | | | | | TESTED BY OWNER |
| LINE PRESSURE HIGH | PASS | FAIL | PASS | PASS | PASS | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| **MEDICAL AIR** | | | | | | |
| DEW POINT HIGH | | | | | | NOT IN SERVICE |
| CARBON MONOXIDE HIGH | | | | | | NOT IN SERVICE |
| LAG PUMP IN USE | | | | | | NOT IN SERVICE |
| LINE PRESSURE HIGH | | | | | | NOT IN SERVICE |
| LINE PRESSURE LOW | | | | | | NOT IN SERVICE |
| **VACUUM** | | | | | | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| LAG PUMP IN USE | PASS | PASS | PASS | PASS | PASS | |

**COMMENTS:** Pressure set points tested at 20% above and 20% below designated operating pressures

**American Lake VA Medical Center** **24 April 2024**

| **MASTER ALARM PANEL #6** | |
|---|---|
| **LOCATION: D-WING BY ZVB BLDG 200** | **POWER LIGHT FUNCTIONAL: YES** |
| **MANUFACTURER: TRI TECH** | |
| **MODEL: MED TOUCH** | |

| ALARM TESTED | SENSOR LOCATION | SET POINTS | VISUAL INDICATOR | AUDIBLE INDICATOR | LABEL | COMMENTS |
|---|---|---|---|---|---|---|
| OXYGEN | | | | | | |
| PRIMARY LIQUID LEVEL LOW | | | | | | TESTED BY OWNER |
| SECONDARY IN USE | | | | | | TESTED BY OWNER |
| SECONDARY LIQUID LOW | | | | | | TESTED BY OWNER |
| SECONDARY LOW PRESSURE | | | | | | TESTED BY OWNER |
| LINE PRESSURE HIGH | PASS | PASS | PASS | PASS | PASS | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| **MEDICAL AIR** | | | | | | |
| DEW POINT HIGH | | | | | | NOT IN SERVICE |
| CARBON MONOXIDE HIGH | | | | | | NOT IN SERVICE |
| LAG PUMP IN USE | | | | | | NOT IN SERVICE |
| LINE PRESSURE HIGH | | | | | | NOT IN SERVICE |
| LINE PRESSURE LOW | | | | | | NOT IN SERVICE |
| **VACUUM** | | | | | | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| LAG PUMP IN USE | PASS | PASS | PASS | PASS | PASS | |

**COMMENTS:** Pressure set points tested at 20% above and 20% below designated operating pressures

**American Lake VA Medical Center** **24 April 2024**

| **MASTER ALARM PANEL #7** | |
|---|---|
| **LOCATION: O2 MANIFOLD ROOM BLDG 85** | **POWER LIGHT FUNCTIONAL: YES** |
| **MANUFACTURER: TRI TECH** | |
| **MODEL: MED TOUCH** | |

| ALARM TESTED | SENSOR LOCATION | SET POINTS | VISUAL INDICATOR | AUDIBLE INDICATOR | LABEL | COMMENTS |
|---|---|---|---|---|---|---|
| OXYGEN | | | | | | |
| RESERVE IN USE | PASS | PASS | PASS | PASS | PASS | |
| LINE PRESSURE HIGH | PASS | PASS | PASS | PASS | PASS | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |

**COMMENTS:** Pressure set points tested at 20% above and 20% below designated operating pressures. Only has O2 for Bldg 85

**American Lake VA Medical Center** **24 April 2024**

| **MASTER ALARM PANEL #8** | |
|---|---|
| **LOCATION: RECEPTION BLDG 85** | **POWER LIGHT FUNCTIONAL: YES** |
| **MANUFACTURER: HILL ROM** | |
| **MODEL:** | |

| ALARM TESTED | SENSOR LOCATION | SET POINTS | VISUAL INDICATOR | AUDIBLE INDICATOR | LABEL | COMMENTS |
|---|---|---|---|---|---|---|
| OXYGEN | | | | | | |
| RESERVE IN USE | PASS | PASS | PASS | PASS | PASS | |
| LINE PRESSURE HIGH | PASS | PASS | PASS | PASS | PASS | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| **MEDICAL AIR** | | | | | | |
| DEW POINT HIGH | PASS | PASS | PASS | PASS | PASS | |
| CARBON MONOXIDE HIGH | PASS | PASS | PASS | PASS | PASS | |
| LAG PUMP IN USE | PASS | PASS | PASS | PASS | PASS | |
| LINE PRESSURE HIGH | PASS | PASS | PASS | PASS | PASS | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| **VACUUM** | | | | | | |
| LINE PRESSURE LOW | FAIL | FAIL | FAIL | FAIL | FAIL | **No pressure switch on vacuum** |
| LAG PUMP IN USE | FAIL | FAIL | FAIL | FAIL | FAIL | **IN LAG CONSTANTLY** |

**COMMENTS:** Pressure set points tested at 20% above and 20% below designated operating pressures

**PUMP 2 DOESN'T KEEP UP. CONSTANTLY IN LAG AND ALARM IS NOT ACTIVE.**

**American Lake VA Medical Center** **24 April 2024**

| **MASTER ALARM PANEL #9** | |
|---|---|
| **LOCATION: PLANT BOILER ROOM** | **POWER LIGHT FUNCTIONAL: YES** |
| **MANUFACTURER: TRI TECH** | |
| **MODEL: MED TOUCH** | |

| ALARM TESTED | SENSOR LOCATION | SET POINTS | VISUAL INDICATOR | AUDIBLE INDICATOR | LABEL | COMMENTS |
|---|---|---|---|---|---|---|
| OXYGEN | | | | | | |
| PRIMARY LIQUID LEVEL LOW | | | | | | TESTED BY OWNER |
| SECONDARY IN USE | | | | | | TESTED BY OWNER |
| SECONDARY LIQUID LOW | | | | | | TESTED BY OWNER |
| SECONDARY LOW PRESSURE | | | | | | TESTED BY OWNER |
| LINE PRESSURE HIGH | PASS | PASS | PASS | PASS | PASS | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| **MEDICAL AIR** | | | | | | |
| DEW POINT HIGH | | | | | | NOT IN SERVICE |
| CARBON MONOXIDE HIGH | | | | | | NOT IN SERVICE |
| LAG PUMP IN USE | | | | | | NOT IN SERVICE |
| LINE PRESSURE HIGH | | | | | | NOT IN SERVICE |
| LINE PRESSURE LOW | | | | | | NOT IN SERVICE |
| **VACUUM** | | | | | | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| LAG PUMP IN USE | PASS | PASS | PASS | PASS | PASS | |
| **NITROUS OXIDE** | | | | | | |
| LINE PRESSURE HIGH | PASS | PASS | PASS | PASS | PASS | |
| LINE PRESSURE LOW | PASS | PASS | PASS | PASS | PASS | |
| RESERVE IN USE | PASS | PASS | PASS | PASS | PASS | |

**COMMENTS:** Pressure set points tested at 20% above and 20% below designated operating pressures

American Lake VA Medical Center 24 April 2024

| Medical Gas Service Valves Building 81 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Oxygen | Medical Air | Vacuum | Nitrous Oxide | WAGD | Nitrogen | Carbon Dioxide |
| Valve Type | Source | N/A | Source | Source | N/A | N/A | N/A |
| Location | Basement | | Basement | OR Suite | | | |
| Area of Control | Bldg 81 | | Bldg 81 | Or Suite | | | |
| Leak Test | Pass | | Pass | Pass | | | |
| Labeling | Pass | | Pass | Pass | | | |
| Access | Pass | | Pass | Pass | | | |
| NFPA Compliant | Yes | | Yes | Yes | | | |
| Comments | | | | | | | |

COMMENTS:

American Lake VA Medical Center 24 April 2024

| Medical Gas Service Valves Building 85 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Oxygen | Medical Air | Vacuum | Nitrous Oxide | WAGD | Nitrogen | Carbon Dioxide |
| Valve Type | Source | Source | Source | N/A | N/A | N/A | N/A |
| Location | Bottle room | Basement | Basement | | | | |
| Area of Control | Bldg 85 | Bldg 85 | Bldg 85 | | | | |
| Leak Test | Pass | Pass | Pass | | | | |
| Labeling | Pass | Pass | Pass | | | | |
| Access | Pass | Pass | Pass | | | | |
| NFPA Compliant | Yes | Yes | Yes | | | | |
| Comments | | | | | | | |

COMMENTS:

American Lake VA Medical Center 24 April 2024

| Medical Gas Service Valves Building 200 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Oxygen | Medical Air | Vacuum | Nitrous Oxide | WAGD | Nitrogen | Carbon Dioxide |
| Valve Type | Source | Source | Source | N/A | N/A | N/A | N/A |
| Location | Mechanical room | Mechanical room | Mechanical room | | | | |
| Area of Control | Bldg 200 | Bldg 200 | Bldg 200 | | | | |
| Leak Test | Pass | Pass | Pass | | | | |
| Labeling | Pass | Pass | Pass | | | | |
| Access | Pass | Pass | Pass | | | | |
| NFPA Compliant | Yes | Yes | Yes | | | | |
| Comments | | No Longer In Service | | | | | |

COMMENTS:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **81** | | | | | | | | Technician: | |
| Floor: **4th** | | | Unit: **Ped/Surg** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | |
| Gauge reading | 48 psi | 0 psi | 27"Hg | | | | | Location: **Between patient rooms 451 and 453** | |
| Pipe size | 3/4" | 3/4" | 3/4" | 3/4" | | | | Rooms Served: **Patient rooms 450,455, 456, 459, 460** | |
| Labeling | Pass | Pass | Pass | Pass | | | | Notes: **MA and N2O is not in use handles are removed.** | |
| Leak Test | Pass | Pass | Pass | Pass | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | |
| Pressure | 50 psi | 0 psi | 20"Hg | | | | | Outlet style: **Ohmeda** | |
| Flow Rate: > 3.5 SCFM | Pass | | Pass | | | | | Notes: **Med Air is out of service** | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| Patient room 450 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 455 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 456 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 459 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 460 | 1 | 1 | 1 | | | | | Pass | |
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| Total # outlets/inlets | 5 | 5 | 5 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition Verifier Signature:_____ Date: 24 April 2024

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **81** | | | | | | | | Technician: | |
| Floor: **4th** | | | Unit: **OR Suite** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Chemetron** | |
| Gauge reading | 50 psi | | 22"Hg | 52 psi | | | | Location: **To the right of 449 ZVB** | |
| Pipe size | 1/2" | | 3/4" | 1/2" | | | | Rooms Served: **Room 448** | |
| Labeling | Pass | | Pass | Pass | | | | Notes: **Med Air is out of service** | |
| Leak Test | Pass | | Pass | Pass | | | | | |
| **Area Alarm Panel** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | Switch location: **Upstream of ZVB** |
| Pressure reading | 49 psi | | 26"Hg | 52 psi | | | | Location: **Nurses station** | |
| Audible Indicator ± 20% | Pass | | Pass | Pass | | | | Rooms Monitored: **Room 448 and 449** | |
| Visual Indicator ± 20% | Pass | | Pass | Pass | | | | Notes: | |
| Labeling | Pass | | Pass | Pass | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Ohio** | |
| Pressure | 50 psi | | 20"Hg | 50 psi | | | | Outlet style: **Ohmeda/DISS** | |
| Flow Rate: > 6.0 SCFM | Pass | | Pass | Pass | | | | Notes: **MA outlets not being used** | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| 448 Ceiling | 1 | 1 | 1 | 1 | | | | Pass | |
| 448 Wall | 1 | 1 | 2 | 1 | | | | Pass | |
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| Total # outlets/inlets | 2 | 2 | 3 | 2 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition

Verifier Signature:_____

Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **81** | | | | | | | | Technician: | |
| Floor: **4th** | | | Unit: **OR Suite** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Chemetron** | |
| Gauge reading | 49 psi | | 20"Hg | 53 psi | | | | Location: **Outside Room 446** | |
| Pipe size | 1/2" | | 3/4" | 1/2" | | | | Rooms Served: **Room 449** | |
| Labeling | Pass | | Pass | Pass | | | | Notes: | |
| Leak Test | Pass | | Pass | Pass | | | | | |
| **Area Alarm Panel** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | Switch location: **Upstream of ZVB** |
| Pressure reading | 49 psi | | 26"Hg | 52 psi | | | | Location: **Nurses station** | |
| Audible Indicator ± 20% | Pass | | Pass | Pass | | | | Rooms Monitored: **Room 448 and 449** | |
| Visual Indicator ± 20% | Pass | | Pass | Pass | | | | Notes: | |
| Labeling | Pass | | Pass | Pass | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Ohio** | |
| Pressure | 49 psi | | 20"Hg | 50 psi | | | | Outlet style: **Ohmeda/DISS** | |
| Flow Rate: > 6.0 SCFM | Pass | | Pass | Pass | | | | Notes: | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| 449 Ceiling | 1 | 1 | 1 | 1 | | | | Pass | |
| 449 Wall | 1 | 1 | 2 | 1 | | | | Pass | |
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| Total # outlets/inlets | 2 | 2 | 3 | 2 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition

Verifier Signature:_____

Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **81** | | | | | | | | Technician: | |
| Floor: **4th** | | | Unit: **OR Suite** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Ohmeda** | |
| Gauge reading | 48 psi | 0 psi | 26"Hg | | | | | Location: **Outside 443** | |
| Pipe size | 1/2" | 1/2" | 1/2" | 1/2" | | | | Rooms Served: **PACU Room 442 Beds 1-3** | |
| Labeling | Pass | Pass | Pass | Pass | | | | Notes: **MA and N2O not in use, handle removed. Vacuum pipe undersized. ZVB behind door** | |
| Leak Test | Pass | Pass | Pass | Pass | | | | | |
| **Area Alarm Panel** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | Switch location: **Downstream of ZVB** |
| Pressure reading | 48 psi | | 26"Hg | | | | | Location: **Nurses station** | |
| Audible Indicator ± 20% | Pass | | Fail | | | | | Rooms Monitored: **PACU Room 442 Beds 1-3** | |
| Visual Indicator ± 20% | Pass | | Pass | | | | | Notes: **Vacuum audible alarm did not sound.** | |
| Labeling | Pass | | Pass | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: Ohio | |
| Pressure | 48 psi | | 20"Hg | | | | | Outlet style: **Ohmeda** | |
| Flow Rate: > 6.0 SCFM | Pass | | Pass | | | | | Notes: | |
| Concentration | 100% O2 | 21% O2 | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| Bed 1 | 1 | 1 | 1 | | | | | Pass | |
| Bed 2 | 1 | 1 | 1 | | | | | Pass | |
| Bed 3 | 1 | 1 | 1 | | | | | Pass | |
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| Total # outlets/inlets | 3 | 3 | 3 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition

Verifier Signature:_____

Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **81** | | | | | | | | Technician: | |
| Floor: **3rd** | | | Unit: **IV Therapy** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Chemetron and Beacon Medaes** | |
| Gauge reading | 48 psi | | | | | | | Location: **Outside IV Therapy** | |
| Pipe size | 1/2" | N/A | N/A | | | | | Rooms Served: **Stations A-E** | |
| Labeling | Pass | Pass | Pass | | | | | Notes: **No Gauges on Med Air or Vac. Cover does not come off, can't see valve sizes. Med Air out of service, handle is removed.** | |
| Leak Test | Pass | Pass | Pass | | | | | | |
| **Area Alarm Panel** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | Switch location: **Downstream of ZVB** |
| Pressure reading | 48 psi | | 25"Hg | | | | | Location: **Nurses station** | |
| Audible Indicator ± 20% | Pass | | Pass | | | | | Rooms Monitored: **Stations A-E** | |
| Visual Indicator ± 20% | Pass | | Pass | | | | | Notes: | |
| Labeling | Pass | | Pass | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | |
| Pressure | 50 psi | | 20"Hg | | | | | Outlet style: **Ohmeda** | |
| Flow Rate: > 3.5 SCFM | Pass | | Pass | | | | | Notes: **Air is the wrong color. Med Air out of service no air.** | |
| Concentration | 100% O2 | 21% O2 | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| Station A | 2 | 2 | 3 | | | | | Pass | |
| Station B | 2 | 2 | 3 | | | | | Pass | |
| Station C | 2 | 2 | 3 | | | | | Pass | |
| Station D | 2 | 2 | 3 | | | | | Pass | |
| Station E | 2 | 2 | 3 | | | | | Pass | |
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| Total # outlets/inlets | 10 | 10 | 15 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition Verifier Signature:_____ Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **81** | | | | | | | | Technician: | |
| Floor: **3rd** | | | Unit: **GI Clinic** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Ohio** | |
| Gauge reading | 50 psi | 0 psi | 25"Hg | | | | | Location: **Between rooms E-351 and E-353** | |
| Pipe size | 3/4" | 3/4" | 3/4" | | | | | Rooms Served: **Rooms 301, 303, 350, 354, 357, 358, 362, 373, 374, 377, 378, 381, 382, 390 - 392, 39** | |
| Labeling | Pass | Pass | Pass | | | | | Notes: **Med Air is not in use, handle removed.** | |
| Leak Test | Pass | Pass | Pass | | | | | | |
| **Area Alarm Panel** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | Switch location: **Downstream of ZVB** |
| Pressure reading | 48 psi | | 25"Hg | | | | | Location: **Across from B-120** | |
| Audible Indicator ± 20% | Pass | | Pass | | | | | Rooms Monitored: **301, 303, 350, 354, 357, 358, 362, 373, 374, 377, 378, 381, 382, 390 - 392, 394, 3** | |
| Visual Indicator ± 20% | Pass | | Pass | | | | | Notes: **Med Air is not in use.** | |
| Labeling | Pass | | Pass | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Ohio** | |
| Pressure | 50 psi | 50 psi | 20"Hg | | | | | Outlet style: **Ohmeda** | |
| Flow Rate: > 3.5 SCFM | Pass | Pass | Pass | | | | | Notes: | |
| Concentration | 100% O2 | 20.9% O2 | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| Patient room 301 | 2 | | 2 | | | | | Pass | |
| Patient room 303 | 1 | | 1 | | | | | Pass | |
| Patient room 350 | 1 | | 2 | | | | | PwE | Left Vacuum broken |
| Patient room 354 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 358 | 1 | | 2 | | | | | Pass | |
| Patient room 373 | 2 | 2 | 2 | | | | | Pass | |
| Patient room 374 | 2 | 2 | 2 | | | | | Pass | |
| Patient room 377 | 2 | 2 | 2 | | | | | Pass | |
| Patient room 378 | 2 | 2 | 2 | | | | | Pass | |
| Patient room 381 | 1 | | 1 | | | | | Pass | |
| Patient room 382 | 2 | 2 | 2 | | | | | Pass | |
| Patient room 390 | 2 | 1 | 3 | | | | | Pass | |
| Patient room 391-1 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 391-2 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 391-3 | 1 | 1 | 1 | | | | | Pass | |
| Total # outlets/inlets | 22 | 15 | 25 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition

Verifier Signature:_____

Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2023** | |
| Bldg: **81** | | | | | | | | Technician**:** | |
| Floor: **3rd** | | | Unit: **GI Clinic** | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Ohio** | |
| Pressure | 50 psi | | 20"Hg | | | | | Outlet style: **Ohmeda** | |
| Flow Rate: > 3.5 SCFM | Pass | | Pass | | | | | Notes: | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| Patient room 392 | 2 | | 2 | | | | | Pass | |
| Patient room 394 | 2 | | 2 | | | | | Pass | |
| Patient room 396 | 3 | | 3 | | | | | Pass | |
| Patient room 357 | 1 | | 1 | | | | | Pass | |
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| Total # outlets/inlets | 8 | 0 | 8 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition

Verifier Signature:_____

Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **81** | | | | | | | | Technician: | |
| Floor: **3rd** | | | Unit: **Primary care and Sleep study** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | |
| Gauge reading | 50 psi | 0 psi | 27"Hg | | | | | Location: **Sleep study hallway ,next to room 304** | |
| Pipe size | 3/4" | 3/4" | 3/4" | | | | | Rooms Served: **Rooms 304 - 307, 318, 319, 322, 329, 330, 332, and 334** | |
| Labeling | Pass | Pass | Pass | | | | | Notes: **Med Air is not in use, handle removed.** | |
| Leak Test | Pass | Pass | Pass | | | | | | |
| **Area Alarm Panel** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | Switch location: **Downstream of ZVB** |
| Pressure reading | 48 psi | | 26"Hg | | | | | Location: **Nurses station outside of room 391** | |
| Audible Indicator ± 20% | Pass | | Pass | | | | | Rooms Monitored: **Rooms 304 - 307, 318, 319, 322, 329, 330, 332, and 334** | |
| Visual Indicator ± 20% | Pass | | Pass | | | | | Notes: **Med Air is not in use.** | |
| Labeling | Pass | | Pass | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | |
| Pressure | 50 psi | | 20"Hg | | | | | Outlet style: **Ohmeda** | |
| Flow Rate: > 3.5 SCFM | Pass | | Pass | | | | | Notes: | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| Patient room 304 | | | | | | | | Pass | Outlets/inlets blanked off |
| Patient room 305 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 306 | 2 | 2 | 2 | | | | | Pass | |
| Patient room 307 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 318A | 1 | 1 | 1 | | | | | Pass | |
| Patient room 319 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 322 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 329 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 330 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 332 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 334 | 2 | 2 | 2 | | | | | Pass | |
| Patient room 317 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 321 | 1 | 1 | 1 | | | | | Pass | |
| Patient room 331 | 1 | 1 | 1 | | | | | PwE | O2 leaks |
| Patient room 333 | 1 | 1 | 1 | | | | | Pass | |
| Total # outlets/inlets | 16 | 16 | 16 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition Verifier Signature:_____ Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **81** | | | | | | | | Technician: | |
| Floor: **2nd** | | | Unit: **Diagnostic Imaging** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Ohio** | |
| Gauge reading | 50 psi | 0 psi | 28"Hg | | | | | Location: **Entrance to Diagnostic** | |
| Pipe size | 3/4" | 3/4" | 3/4" | | | | | Rooms Served: **Rooms 217, 219A, 219B, 221, 228C** | |
| Labeling | Pass | Pass | Pass | | | | | Notes: **Med Air is not in use, handle removed. O2 valve leaks** | |
| Leak Test | **Fail** | Pass | Pass | | | | | | |
| **Area Alarm Panel** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | Switch location: **Downstream of ZVB** |
| Pressure reading | 48 psi | | 27"Hg | | | | | Location: **Nurses station outside of room 391** | |
| Audible Indicator ± 20% | Pass | | Pass | | | | | Rooms Monitored: **Rooms 217, 219A, 219B, 221, 228C** | |
| Visual Indicator ± 20% | Pass | | Pass | | | | | Notes: **Med Air is not in use.** | |
| Labeling | Pass | | Pass | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | |
| Pressure | 50 psi | | 20"Hg | | | | | Outlet style: **Ohmeda/DISS** | |
| Flow Rate: > 3.5 SCFM | Pass | | Pass | | | | | Notes: | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| 217 | 1 | | 1 | | | | | Pass | |
| 219A | 1 | | 1 | | | | | Pass | |
| 219B | 1 | | 1 | | | | | Pass | |
| 221 | 1 | | | | | | | Pass | |
| 228C | 1 | | 1 | | | | | Pass | |
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| Total # outlets/inlets | 5 | 0 | 4 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition

Verifier Signature:_____

Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **81** | | | | | | | | Technician: | |
| Floor: **2nd** | | | Unit: **EKG** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Ohio Medical** | |
| Gauge reading | 52 psi | 0 psi | 30"Hg | | | | | Location: **Between patient rooms 251 and 253** | |
| Pipe size | 3/4" | 3/4" | 3/4" | | | | | Rooms Served: **EKG** | |
| Labeling | Pass | Pass | Pass | | | | | Notes: **Outlets not served by the zone valve** | |
| Leak Test | Pass | Pass | Pass | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | |
| Pressure | | | | | | | | Outlet style: **Ohmeda** | |
| Flow Rate: > 3.5 SCFM | | | | | | | | Notes: | |
| Concentration | | | | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| EKG | | | | | | | | | |
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| Total # outlets/inlets | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition

Verifier Signature:_____

Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **81** | | | | | | | | Technician: | |
| Floor: **1st** | | | Unit: **Urgent Care** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Ohio** | |
| Gauge reading | 50 psi | 0 psi | 25"Hg | | | | | Location: **Outside Urgent Care** | |
| Pipe size | 3/4" | 3/4" | 3/4" | | | | | Rooms Served: **Urgent Care** | |
| Labeling | Pass | Pass | Pass | | | | | Notes: **Med Air is not in use, handle removed.** | |
| Leak Test | Pass | Pass | Pass | | | | | | |
| **Area Alarm Panel** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Beacon Medaes** | Switch location: **Downstream of ZVB** |
| Pressure reading | 48 psi | | 26"Hg | | | | | Location: **Nurses station outside of room 391** | |
| Audible Indicator ± 20% | Pass | | Pass | | | | | Rooms Monitored: **Rooms 304 - 307, 318, 319, 322, 329, 330, 332, and 334** | |
| Visual Indicator ± 20% | Pass | | Pass | | | | | Notes: | |
| Labeling | Pass | | Pass | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Ohio** | |
| Pressure | 50 psi | | 20"Hg | | | | | Outlet style: **Ohmeda** | |
| Flow Rate: > 3.5 SCFM | Pass | | Pass | | | | | Notes: | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| Bed 1 | 2 | | 2 | | | | | Pass | |
| Bed 2 | 2 | | 2 | | | | | Pass | |
| Bed 3 | 2 | | 2 | | | | | Pass | |
| Bed 4 | 2 | | 2 | | | | | Pass | |
| Bed 5 | 2 | | 2 | | | | | Pass | |
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| Total # outlets/inlets | 10 | 0 | 10 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition Verifier Signature:_____ Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **81** | | | | | | | | Technician: | |
| Floor: **1st** | | | Unit: **Urgent Care** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Ohio** | |
| Gauge reading | 49 psi | 0 psi | 27"Hg | | | | | Location: **Across from 1035 Interview Room A** | |
| Pipe size | 1/2" | 1/2" | 1" | | | | | Rooms Served: **1130, 1147, 1171, 1185** | |
| Labeling | Pass | Pass | Pass | | | | | Notes: **MA is out of service handle is removed** | |
| Leak Test | Pass | Pass | Pass | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Ohio** | |
| Pressure | 49 psi | 0 psi | 20"Hg | | | | | Outlet style: **Ohmeda** | |
| Flow Rate: > 3.5 SCFM | Pass | | Pass | | | | | Notes: | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| 1130 | 1 | 1 | 2 | | | | | Pass | |
| 1147 | 1 | 1 | 1 | | | | | Pass | |
| 1171 | 1 | 1 | 1 | | | | | Pass | |
| 1185 | 1 | 1 | 1 | | | | | Pass | |
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| Total # outlets/inlets | 4 | 4 | 5 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition Verifier Signature:_____ Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **85** | | | | | | | | Technician: | |
| Floor: **1st** | | | Unit: **114** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: Hill-Rom | |
| Gauge reading | | | | | | | | Location: **Outside 114** | |
| Pipe size | 3/4" | 3/4" | | | | | | Rooms Served: **114** | |
| Labeling | Pass | Fail | | | | | | Notes: **No zv for VAC** | |
| Leak Test | Pass | Pass | | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Hill-Rom** | |
| Pressure | 50 psi | | 20"Hg | | | | | Outlet style: **Ohmeda** | |
| Flow Rate: > 3.5 SCFM | Pass | | Pass | | | | | Notes: | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| 114 | 1 | | 1 | | | | | Pass | |
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| Total # outlets/inlets | 1 | 0 | 1 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition Verifier Signature:_____ Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **85** | | | | | | | | Technician: | |
| Floor: **1st** | | | Unit: **Treatment Rooms** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: | |
| Gauge reading | | | | | | | | Location: **Hallway across from rm 145** | |
| Pipe size | 3/4" | 3/4" | | | | | | Rooms Served: **treatment rooms** | |
| Labeling | Pass | Fail | | | | | | Notes: **Zone controlled by service valve** | |
| Leak Test | Pass | Pass | | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Hill-Rom** | |
| Pressure | 50 psi | | 20"Hg | | | | | Outlet style: **Ohmeda** | |
| Flow Rate: > 3.5 SCFM | Pass | | Pass | | | | | Notes: | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| Op 1 | 1 | | 1 | | | | | Pass | |
| Op 2 | 1 | | 1 | | | | | Pass | |
| Op 3 | 1 | | 1 | | | | | Pass | |
| Op 4 | 1 | | 1 | | | | | Pass | |
| Op 5 | 1 | | 1 | | | | | Pass | |
| Op 6 | 1 | | 1 | | | | | Pass | |
| Op 7 | 1 | | 1 | | | | | Pass | |
| Op 8 | 1 | | 1 | | | | | Pass | |
| Op 9 | 1 | | 1 | | | | | Pass | |
| Op 10 | 1 | | 1 | | | | | Pass | |
| Op 11 | 1 | | 1 | | | | | Pass | |
| Op 12 | 1 | | 1 | | | | | Pass | |
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| Total # outlets/inlets | 12 | 0 | 12 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition

Verifier Signature:_____

Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA. Lakewood, WA** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **200** | | | | | | | | Technician**:** | |
| Floor: **1st** | | | Unit: **D-Pod** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Chemetron** | |
| Gauge reading | 55 psi | | 29"Hg | | | | | Location: **Nurses station** | |
| Pipe size | 3/4" | | 1-1/2" | | | | | Rooms Served: **D-POD rooms 101, 103, 105, 107, 110, 112, 114, 116, and 118** | |
| Labeling | Pass | | Pass | | | | | Notes: | |
| Leak Test | Pass | | Pass | | | | | | |
| **Area Alarm Panel** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Chemetron** | Switch location: **Downstream of ZVB** |
| Pressure reading | 53 psi | | 27"Hg | | | | | Location: **Nurses station** | |
| Audible Indicator ± 20% | Pass | | Pass | | | | | Rooms Monitored: **D-POD rooms 101, 103, 105, 107, 110, 112, 114, 116, and 118** | |
| Visual Indicator ± 20% | Pass | | Pass | | | | | Notes: | |
| Labeling | Pass | | Pass | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Allied** | |
| Pressure | 50 psi | | 20"Hg | | | | | Outlet style: **Ohmeda** | |
| Flow Rate: > 3.5 SCFM | Pass | | Pass | | | | | Notes: | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| D-Pod Room 101 | 1 | | 1 | | | | | Pass | |
| D-Pod Room 103 | 1 | | 1 | | | | | Pass | |
| D-Pod Room 105 | 1 | | 1 | | | | | Pass | |
| D-Pod Room 107 | 1 | | 1 | | | | | Pass | |
| D-Pod Room 110 | 1 | | 1 | | | | | Pass | |
| D-Pod Room112 | 1 | | 1 | | | | | Pass | |
| D-Pod Room 114 | 1 | | 1 | | | | | Pass | |
| D-Pod Room 116 | 1 | | 1 | | | | | Pass | |
| D-Pod Room 118 | 1 | | 1 | | | | | Pass | |
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| Total # outlets/inlets | 9 | 0 | 9 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition Verifier Signature:_____ Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA. Lakewood, WA** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **200** | | | | | | | | Technician: | |
| Floor: **1st** | | | Unit: **C-Pod** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Chemetron** | |
| Gauge reading | 56 psi | 0 psi | 28"Hg | | | | | Location: **Across from C-122** | |
| Pipe size | 3/4" | 3/4" | 1-1/2" | | | | | Rooms Served: **C-POD rooms 101, 103, 112, 113, 114, 115, 116, and 117** | |
| Labeling | Pass | Pass | Pass | | | | | Notes: **O2 valve leaks at handle. Med air no longer inservice, handle is removed** | |
| Leak Test | Pass | Pass | Pass | | | | | | |
| **Area Alarm Panel** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Chemetron** | Switch location: **Downstream of ZVB** |
| Pressure reading | 51 psi | 0 psi | 68"Hg | | | | | Location: **Nurses station** | |
| Audible Indicator ± 20% | Pass | | Fail | | | | | Rooms Monitored: **C-POD rooms 101, 103, 112, 113, 114, 115, 116, and 117** | |
| Visual Indicator ± 20% | Pass | | Fail | | | | | Notes: **Vacuum display out of range. Med Air out of service** | |
| Labeling | Pass | | Pass | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Allied** | |
| Pressure | 50 psi | | 20"Hg | | | | | Outlet style: **Ohmeda/Chemetron Latch combo** | |
| Flow Rate: > 3.5 SCFM | Pass | | Pass | | | | | Notes: | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| C-Pod Room 101 | 1 | 1 | 1 | | | | | Pass | |
| C-Pod Room 103 | 1 | 1 | 1 | | | | | Pass | |
| C-Pod Room 112 | 1 | 1 | 1 | | | | | Pass | |
| C-Pod Room 113 | 1 | 1 | 1 | | | | | Pass | Storage |
| C-Pod Room 114 | 1 | 1 | 1 | | | | | Pass | |
| C-Pod Room115 | 1 | 1 | 1 | | | | | Pass | |
| C-Pod Room 116 | 1 | 1 | 1 | | | | | Pass | |
| C-Pod Room 117 | 2 | 2 | 2 | | | | | Pass | |
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| Total # outlets/inlets | 9 | 9 | 9 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition Verifier Signature:_____ Date: 24 April 2024

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|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA. Lakewood, WA** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **200** | | | | | | | | Technician**:** | |
| Floor: **1st** | | | Unit: **B-Pod** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Chemetron** | |
| Gauge reading | 54 psi | | 24"Hg | | | | | Location: **Across from B-120** | |
| Pipe size | 3/4" | | 1-1/4" | | | | | Rooms Served: **B-POD rooms 100 thru 111, and 114** | |
| Labeling | Pass | | Pass | | | | | Notes: | |
| Leak Test | Pass | | Pass | | | | | | |
| **Area Alarm Panel** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Chemetron** | Switch location: **Downstream of ZVB** |
| Pressure reading | 54 psi | | 24"Hg | | | | | Location: **Across from B-120** | |
| Audible Indicator ± 20% | Pass | | Pass | | | | | Rooms Monitored: **B-POD rooms 100 thru 111, and 114** | |
| Visual Indicator ± 20% | Pass | | Pass | | | | | Notes: | |
| Labeling | Pass | | Pass | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Allied** | |
| Pressure | 50 psi | | 20"Hg | | | | | Outlet style: **Ohmeda/Chemetron Latch combo** | |
| Flow Rate: > 3.5 SCFM | Pass | | Pass | | | | | Notes: | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| B-Pod Room 100 | 1 | | 1 | | | | | Pass | |
| B-Pod Room 102 | 2 | | 2 | | | | | Pass | |
| B-Pod Room 103 | 1 | | 1 | | | | | Pass | |
| B-Pod Room 104 | 1 | | 1 | | | | | Pass | |
| B-Pod Room 105 | 1 | | 1 | | | | | Pass | |
| B-Pod Room 106 | 1 | | 1 | | | | | Pass | |
| B-Pod Room 107 | 1 | | 1 | | | | | Pass | |
| B-Pod Room 108 | 1 | | 1 | | | | | Pass | |
| B-Pod Room 109 | 1 | | 1 | | | | | Pass | |
| B-Pod Room 110 | 1 | | 1 | | | | | Pass | |
| B-Pod Room 111 | 1 | | 1 | | | | | Pass | |
| B-Pod Room 114 | 1 | | 1 | | | | | Pass | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Total # outlets/inlets | 13 | 0 | 13 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition Verifier Signature:_____ Date: 24 April 2024

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Facility: **American Lake VA Medical Center** | | | | | | | | Date: **24 April 2024** | |
| Bldg: **200** | | | | | | | | Technician: | |
| Floor: **1st** | | | Unit: **A-Pod** | | | | | | |
| **Zone Valve** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Chemetron** | |
| Gauge reading | 56 psi | | 26"Hg | | | | | Location: **Across from A-121** | |
| Pipe size | 3/4" | | 1-1/2" | | | | | Rooms Served: **A-POD rooms 100 thru 116** | |
| Labeling | Pass | | Pass | | | | | Notes: **O2 gauge out of range** | |
| Leak Test | Pass | | Pass | | | | | | |
| **Area Alarm Panel** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Chemetron** | Switch location: **Downstream of ZVB** |
| Pressure reading | 53 psi | | 24"Hg | | | | | Location: **Across from B-120** | |
| Audible Indicator ± 20% | Pass | | Pass | | | | | Rooms Monitored: **A-POD rooms 100 thru 116** | |
| Visual Indicator ± 20% | Pass | | Pass | | | | | Notes: | |
| Labeling | Pass | | Pass | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Allied** | |
| Pressure | 50 psi | | 20"Hg | | | | | Outlet style: **Ohmeda/Chemetron Latch combo** | |
| Flow Rate: > 3.5 SCFM | Pass | | Pass | | | | | Notes: | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| A-Pod Room 100 | 2 | | 2 | | | | | Pass | |
| A-Pod Room 101 | 2 | | 2 | | | | | Not Tested | Stop Precaution |
| A-Pod Room 102 | 2 | | 2 | | | | | Pass | |
| A-Pod Room 103 | 2 | | 2 | | | | | Pass | |
| A-Pod Room 104 | 2 | | 2 | | | | | Pass | |
| A-Pod Room 105 | 1 | | 1 | | | | | Pass | |
| A-Pod Room 106 | 1 | | 1 | | | | | Pass | |
| A-Pod Room 107 | 1 | | 1 | | | | | Pass | |
| A-Pod Room 108 | 2 | | 2 | | | | | Pass | |
| A-Pod Room 109 | 2 | | 2 | | | | | Pass | |
| A-Pod Room 110 | 2 | | 2 | | | | | Pass | |
| A-Pod Room 111 | 1 | | 1 | | | | | Pass | |
| A-Pod Room 112 | 1 | | 1 | | | | | Pass | |
| A-Pod Room 113 | 1 | | 1 | | | | | Pass | |
| A-Pod Room 114 | 1 | | 1 | | | | | Pass | |
| Total # outlets/inlets | 23 | 0 | 23 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition

Verifier Signature:_____

Date: 24 April 2024

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Facility: American Lake VA Medical Center | | | | | | | | Date: **24 April 2024** | |
| Bldg: **200** | | | | | | | | Technician: | |
| Floor: **1st** | | | Unit: **A-Pod** | | | | | | |
| **Outlets/Inlets** | Oxygen | Med Air | Vacuum | N2O | WAGD | N2 | CO2 | Manufacturer: **Allied** | |
| Pressure | 50 psi | | 20"Hg | | | | | Outlet style: **Ohmeda/Chemetron Latch combo** | |
| Flow Rate: > 3.5 SCFM | Pass | | Pass | | | | | Notes: | |
| Concentration | 100% O2 | | N/A | | | | | | |
| **Room Number** | Qty | Qty | Qty | Qty | Qty | Qty | Qty | Test Result: | Observations: |
| A-Pod Room 115 | 1 | | 1 | | | | | Pass | |
| A-Pod Room 116 | 1 | | 1 | | | | | Pass | |
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| Total # outlets/inlets | 2 | 0 | 2 | 0 | 0 | 0 | 0 | | |

All Tests conform to the NFPA99 2021 edition Verifier Signature:_____ Date:_____