



CITY OF SAN ANTONIO

DEVELOPMENT SERVICES AND FIRE DEPARTMENT
PO BOX 839966 SAN ANTONIO TEXAS 78283-3966



TO: Development Services and Fire Department Customers
SUBJECT: **INFORMATION BULLETIN 175**
Medical Gas Form
DATE: July 6, 2011/*Revised February 27, 2012/August 1, 2014*
CREATED BY: Development Services and San Antonio Fire Department

PURPOSE:

As a customer service initiative, the Development Services Department (DSD) and San Antonio Fire Department (SAFD) have developed this **revised** information bulletin to provide a standardized format with which to document the types and amounts of medical gases, if any, that may be present at any proposed medical care facility (e.g., hospital, day-surgery center, medical clinic, dental clinic, veterinary clinic, dialysis clinic, diagnostic imaging center, medical lab, etc.). This information is critical in order to ensure proper code compliance during the plan review of the proposed medical facility. This bulletin has been updated to incorporate the department's new format for Information Bulletins.

Scope:

Note that if the medical facility only stores and uses medical gases, and does not have other hazardous materials or high-piled combustible storage within the facility, a separate Occupancy Classification Letter (OCL) is **NOT** required to be submitted to the City – only the Medical Gas Form (MGF) described below is required to be submitted.

This standardized format to document the intended types and amounts of medical gases will expedite the plan review and approval of the proposed project as well as help the customer, design team and City staff quickly identify any minimum building and fire code related requirements for the facility and ensure that they are included in the proposed design. For example, the types and amounts of medical gases that are to be present in a facility will determine the facility's proper occupancy classification as well as minimum code requirements for fire-rated construction, fire suppression systems (i.e., fire sprinkler systems), alarms and types of ventilation systems.

I. APPLICABLE CODE SECTIONS:

Per **Section 5306.1** of the 2012 International Fire Code (IFC) as currently adopted by the City, gases at hospitals and similar facilities intended for inhalation or sedation including, but not limited to, analgesia systems for dentistry, podiatry, veterinary and similar uses shall comply with Sections 5306.2 through 5306.4 of the 2009 IFC. In order to determine which fire code requirements may be

applicable to your medical facility, it is important to identify the types and maximum amounts of medical gases that will be present in your facility.

II. SUBMITTAL PROCEDURES

- A. A Medical Gas Form (MGF) – see example on Page 3 - is required to be submitted with the building permit submittal documents when seeking a building permit for any type of medical facility.
- B. The MGF **is to be filled out and signed by the owner and/or tenant of the proposed medical care facility.**
- C. The MGF is required for piped systems as well as individual bottles.
- D. The volume of medical gas(es) reported on the MGF shall be in cubic feet at Normal Temperature and Pressure (NTP). As many of these gases are compressed gases, the owner may need to convert the compressed volume of gas to NTP. This information can normally be obtained from the medical gas supplier.
- E. A revised MGF is to be submitted to the Fire Marshal's office for review prior to a change in the type or amount of medical gas(es) stored or used in the facility.

If you have any questions on the Medical Gas Form, please contact the City's Fire Protection Engineer at **(210) 207-8056**.

Summary:

This Information Bulletin is for informational purposes only.

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MEDICAL GAS FORM

This Medical Gas Form (MGF) **is to be filled out and signed by the owner and/or tenant of the proposed medical care facility** and included in the building permit submittal package for the proposed medical care facility (e.g., hospital, day-surgery center, dental clinic, veterinary clinic, etc.) as required by the City’s building permit application procedures. Please see **Information Bulletin 175** for further instructions and information regarding MGF requirements.

Name of facility: _____

Address: _____

Facility Owner Name (Print): _____

Facility Owner Signature: _____ Date: _____

Telephone: _____ Email: _____

Check the box below that accurately describes whether your facility will store or use any compressed medical gases. If you are to store or use any compressed medical gases (i.e., second check box), clearly list the types and maximum amounts that will be stored and/or used in the proposed facility.

- Our facility does not and will not store or use compressed medical gases.**
- Our facility will store and use compressed medical gases during the operation of our business. The types and maximum amounts that will be on site (listed in cubic feet at Normal Temperature and Pressure) are listed below.**

Type of Compressed Gas	Amount (in cubic ft. at NTP)
Oxygen	
Nitrous Oxide	
Nitrogen	
Carbon Dioxide	
Helium	
Other (list here or attach additional sheets)	

