

Medical Gas Piping & Storage Inspection Checklist

Site / Project	_____	Address	_____
Inspector name	_____	Company	_____
Date	_____	Time	_____

Documentation aid only. Adapt this resource to the site, manufacturer instructions, and applicable local requirements. It does not replace a competent person, professional judgment, legal advice, or a required statutory form.

Inspection checklist

Medical Gas Manifold Room Inspection

☐	Is access to the manifold room restricted to authorized personnel only?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is proper signage displayed indicating the gases present and emergency contact information?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is the manifold room adequately ventilated to prevent the buildup of oxygen or other gases?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is the manifold room clean, free of combustible materials, and properly maintained?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Are all cylinder connections tight and free of leaks (check with appropriate leak detection solution)?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Are pressure regulators functioning correctly and set to the appropriate delivery pressure?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is the reserve gas supply (if applicable) full and ready for immediate use?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is the medical gas alarm system functioning correctly, with audible and visual alarms tested?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Are emergency shut-off valves clearly labeled and easily accessible?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Are all electrical components in the manifold room properly grounded and free from hazards?	☐ Pass	☐ Fail	☐ N/A	Notes: _____

☐	Are all medical gas pipelines properly identified with labels indicating the gas type and flow direction?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Is appropriate fire protection equipment (e.g., fire extinguisher) readily available and inspected?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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Medical Gas Cylinder Storage Inspection

☐	Are medical gas cylinders stored in a secure area, protected from unauthorized access?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are full and empty cylinders clearly segregated and labeled?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are all cylinders properly secured with chains or straps to prevent tipping?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are cylinder valves protected by caps or collars when not in use?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are cylinders stored away from incompatible materials (e.g., flammable liquids, oil, grease)?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are cylinders stored in a cool, dry, and well-ventilated area, away from direct sunlight and heat sources?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Is appropriate signage displayed indicating the gases present and any hazards?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are cylinder valves free from damage, corrosion, and leaks?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are pressure relief devices on cylinders unobstructed and functioning correctly?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Is appropriate cylinder handling equipment (e.g., hand trucks) available and in good working condition?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Is fire protection equipment (e.g., fire extinguisher) readily available near cylinder storage?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are cylinders properly grounded to prevent static electricity buildup?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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Medical Gas Piping System Inspection

☐	Visually inspect all medical gas piping for signs of damage, corrosion, or leaks.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Ensure all piping is properly supported and secured to prevent stress and movement.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Verify that all piping is clearly labeled with the gas type and flow direction at appropriate intervals.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Test all manual and automatic valves to ensure they operate smoothly and effectively.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Review records of recent pressure testing to ensure the system meets required standards.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Inspect for any potential cross-connections between different medical gas lines.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Verify that the system has been properly purged after any maintenance or repairs.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Inspect flexible connectors for signs of wear, damage, or leaks.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Test area alarms to ensure they are functioning correctly and provide timely warnings.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Test master alarms to ensure they are functioning correctly and provide timely warnings.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Verify that all source valves are clearly labeled and easily accessible.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Confirm that up-to-date system schematics and documentation are readily available.	☐ Pass	☐ Fail	☐ N/A	Notes: _____

Vacuum System Inspection

☐	Verify that the vacuum pump is operating within its specified parameters.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Inspect the vacuum receiver tank for proper pressure levels and leaks.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Check and replace vacuum system filters as needed.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Inspect vacuum piping for damage, corrosion, and proper support.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Test the vacuum system alarm to ensure it activates at the correct pressure levels.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Verify that isolation valves are functioning correctly and are easily accessible.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Ensure proper drainage is in place to remove any accumulated fluids.	☐ Pass	☐ Fail	☐ N/A	Notes: _____

☐ Conduct regular leak testing to identify and repair any leaks in the system.	☐ Pass ☐ Fail ☐ N/A Notes: _____
☐ Review maintenance records for the vacuum pump to ensure it is properly serviced.	☐ Pass ☐ Fail ☐ N/A Notes: _____
☐ Ensure all electrical connections are secure and properly grounded.	☐ Pass ☐ Fail ☐ N/A Notes: _____
☐ Verify that backflow prevention devices are installed and functioning correctly.	☐ Pass ☐ Fail ☐ N/A Notes: _____
☐ Confirm that up-to-date system schematics and documentation are readily available.	☐ Pass ☐ Fail ☐ N/A Notes: _____

Findings

#	Item	Location	Severity	Action required
1				
2				
3				
4				
5				
6				
7				
8				

Signature

Inspector signature _____

Name _____

Date _____