

Medical Gas System Technical Submittal

1. Project Details

Project Name

Project Number

Location

Client

Main Contractor

Date

2. Contractor/Subcontractor Information

Company Name

Contact Person

Email

Phone

3. System Description

Scope of Work

Specification Reference

Applicable Codes & Standards

4. Medical Gases Included

Gas Type	Source/Origin	Pressure	Application Area

5. Major Equipment Schedule

Equipment	Manufacturer	Model	Capacity	Location

6. Piping & Accessories

Material	Size	Standard	Remarks

7. Drawings & Documents

Drawings Submitted

Documents/Certificates

8. Compliance Statement

9. Approvals

Prepared By

Checked By

Approved By

Date

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