



Third Party Medical Gas Verification Information

Please complete this form and return it to the Intake person where you originally submitted your plans for plan review.

City of Austin Medical Gas Inspections will be performed by **Appointment Only**.
Please call Building Inspections at (512) 978-4000 to schedule Medical Gas Inspections.

To complete this form electronically: Open with Internet Explorer, then [Click Here to Save](#) and continue.

Project Address: _____

System Level: _____

System Type (i.e. Dental, Hospital, etc.): _____

Project (BP) Number: _____

System Verifier Name: _____

System Verifier Company Name: _____

System Verifier Phone Number: (____) ____ - ____

System Verifier Address: _____

System Verifier State: _____ Zip: _____

Email: _____

Medical Gas Verification Training Received From: _____

Training Organization: _____

Training Organization Phone Number: (____) ____ - ____

Email: _____

Installing Plumbing Contractor Company Name: _____

Company Address: _____

Company State: _____ Zip: _____

Company Main Phone Number: (____) ____ - ____

Installing Plumber Phone Number: (____) ____ - ____

Job Phone Number: (____) ____ - ____

Email: _____