



Environmental & Medical Gas Services

103 Hunter Industrial Dr.
Villa Rica, GA 30180

Ph. (770) 459-5920
Fax (770) 459-1812

COURSE DATE: May 22-25, 2018
COURSE LOCATION: EMGS, Inc.
Villa Rica, GA
REGISTRATION DEADLINE: May 3, 2018
COURSE LANGUAGE: English

ASSE 6040 MEDICAL GAS SYSTEMS MAINTENANCE PERSONNEL COURSE SYNOPSIS

The course begins with an introduction to the 2012 NFPA 99 Code and ASSE Series 6000 Standard.

Chapters 1, 3, 4, 5 and 9 from the NFPA 99 are covered, along with the ASSE 6040 "Medical Gas Systems Maintenance Personnel" Standard from the ASSE Series 6000, with Annex D and J.

Each student will receive complete copies of both documents, as well as a binder containing source equipment operating technologies, schematic diagrams, operating and maintenance instructions for medical gas systems for practical instruction, and question worksheets.

A minimum test score of 75% is required to pass the written exam. The exam consists of 100 questions, and is an open book test.

Upon successful completion of the course, a certificate and picture ID card are mailed to the student's employer.

The cost of the course is \$900 per student, with a minimum of (8) students required for a class.

Class will start at 8:00 AM and last until 5:00 PM each day, with the exception of the final (test) day, as some students may finish earlier than others.

**EMGS COURSES ARE TAUGHT BY A
CREDENTIALLED ASSE 6050
INSTRUCTOR WITH OVER 20 YEARS
OF EXPERIENCE IN THE MEDICAL GAS
INDUSTRY.**

ASSE 6040 MEDICAL GAS SYSTEMS MAINTENANCE PERSONNEL COURSE OUTLINE

I. DAY ONE

- A. ASSE 6040/NFPA 99 Introduction
- B. NFPA 99 Definitions Chapter 3
- C. NFPA 99 Fundamentals Chapter 4
- D. NFPA 99 Central Supply/Source Systems Requirements
 - 1. Manifolds for Gas Cylinders without Reserve Supply
 - 2. Manifolds for Cryogenic Liquid Containers
 - 3. Bulk Cryogenic Liquid Systems
 - 4. Emergency Oxygen Supply Connections and In Building Emergency Reserves

II. DAY TWO

- A. Medical Air Supply/Source Systems
- B. Medical Air Supply/Source Proportioning Systems
- C. Medical Surgical Vacuum Supply/Source Systems
- D. Waste Anesthetic Gas Disposal (WAGD) Supply/Source Systems
- E. Instrument Air Supply/Source Systems
- F. Gas and Vacuum Shutoff Valves

III. DAY THREE

- A. Station Outlets/Intlets
- B. Manufactured Assemblies
- C. Alarm/Warning Systems
- D. Medical Gas System Testing
- E. Medical Gas System Labeling and Verification

IV. DAY FOUR

- A. Maintenance of Medical Gas, Vacuum, WAGD, and Medical Support Gas Systems
- B. Category 2 and Category 3 Systems
- C. Gas Equipment Storage, Operation and Maintenance
- D. ASSE 6040 Professional Qualification Standard, Annex D and Annex J
- E. Test

ASSE 6040 COURSE APPLICATION

COURSE DATE: May 22-25, 2018

TIME: 8:00 AM

LOCATION: EMGS, 103 Hunter Industrial Drive, Villa Rica, GA 30180

COST: \$900

APPLICANT'S NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

Paragraph 40-3.2.1 of the 2012 Edition of the ASSE 6040 Standard states "The candidates for the ASSE 6040 certification shall be employed or contracted by a health care facility, or actively engaged in working with medical gas systems, and shall have one (1) year minimum experience in the maintenance of the medical gas and vacuum systems."

This does not mean the experience has to be with medical gas systems.

Please list the documented experience for the applicant below:

Employer, City & Phone #

From

To

Employer, City & Phone #	From	To

I do solemnly swear or affirm that the above statements are true.

Signature of Applicant _____ **Date** _____

Contact: Jennifer Darden, Training Director

Respond by FAX:

770-459-1812

Respond by PHONE:

770-459-5920

Respond by EMAIL:

jdarden@emgsi.com

Respond by MAIL:

103 Hunter Industrial Dr.

Villa Rica, GA 30180

Please include payment with your registration form. Checks can be made payable to EMGS. We also accept Visa/MasterCard/Discover.

Card Type: _____ **Amount:** _____

Name on Card: _____

Card #: _____

Expiration: _____ **Billing Zip:** _____

Cancellations will forfeit 50% of paid amount.