



## Environmental & Medical Gas Services

103 Hunter Industrial Dr.  
Villa Rica, GA 30180

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

### ASSE 6005/6010/6020 - 2015 NFPA 99 COURSES

#### **ASSE 6005 MEDICAL GAS GENERALIST\***

**Description:** A 24-hour training course for medical gas system engineers, designers, and personnel in need of general medical gas system information.

**Prerequisite:** None

**Cost:** \$650.00 (MGA credentialing)

\*This course provides general knowledge of medical gas and vacuum systems for the purpose of providing continuing education. Eligible individuals include any person with an interest in medical gas and vacuum systems and equipment.

#### **ASSE 6010 MEDICAL GAS INSTALLER\***

**Description:** A 32-hour course for medical gas system installers, which includes both a written and a practical brazing test.

Brazing credentials are re-issued on a six-month time interval to ensure continuity of brazing expertise.

**Prerequisite:** Four (4) years of documented practical experience in the installation of piping systems.

**Cost:** \$850.00 (MGA credentialing)

\*This course is approved in the following states: Georgia, Alabama, Tennessee, Michigan, Iowa, North Carolina, South Carolina, Kansas, New York, Indiana, Mississippi, Arkansas, Virginia. If you work in another state, please check with the governing authority in that state for course approval, or we do offer a national certification from NITC for an additional \$150.00. You must complete a separate NITC application.

#### **ASSE 6020 MEDICAL GAS INSPECTOR\***

**Description:** A 24-hour training course for medical gas system inspectors who inspect and review medical gas system installations for both governmental and private agencies.

**Prerequisite:** Two (2) years of documented practical experience.

**Cost:** \$650.00 (MGA credentialing)

\*This course applies to any individual who inspects the installation of medical gas and vacuum distribution systems. Medical gas systems and equipment covered in this standard include health care facilities within the scope of NFPA 99-2015, Health Care Facilities Code. Medical gas systems include vacuum systems.

### COURSE SYNOPSIS

Within the three days of classroom time, the NFPA 99 document is covered in (9) segments with each segment reviewed by a corresponding worksheet of multiple-choice questions. A lecture session of each segment will be accompanied by a PowerPoint presentation, after which each student will complete the appropriate worksheet. Each student will work on a (65) question pre-exam progressively over the three-day period as time permits in class, and/or in the evenings after class. Homework will be issued on days one and two, which will cover the material taught during the day by placing the student in some decision-making scenarios with written questions. Day four will consist of a 100-question written exam, which will require a minimum score of 75% to pass. Time will be allocated on the afternoon of day three and/or four for the brazing instruction and test.\*\* Credentials will be issued by MGA or NITC, after successful completion. Each student will receive a three-ring instruction binder, and a copy of the 2015 edition of NFPA 99.

\*\*The course for obtaining the ASSE 6005/6020 credential is the same except for brazing instruction and test.

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

COURSE DATE: April 16-19, 2019  
COURSE LOCATION: EMGS, Inc.  
103 Hunter Industrial Dr.  
Villa Rica, GA 20180  
REGISTRATION DEADLINE: March 29, 2019  
COURSE LANGUAGE: English



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### **ASSE 6005/6010/6020**

#### **MEDICAL GAS CERTIFICATION COURSE OUTLINE**

- I. DAY ONE (8 hours)
  - a. CHAPTER 3 DEFINITIONS
  - b. CHAPTER 4 FUNDAMENTALS
  - c. CHAPTER 5 SOURCES (MANIFOLDS, BULK CRYOGENIC SYSTEMS, AND MEDICAL AIR SYSTEMS) Homework (2 hours)
  
- II. DAY TWO (8 hours)
  - a. CHAPTER 5 SOURCES (MEDICAL VACUUM AND WAGD SYSTEMS AND INSTRUMENT AIR SYSTEMS)
  - b. CHAPTER 5 VALVES
  - c. CHAPTER 5 OUTLETS/INLETS
  - d. CHAPTER 5 ALARMS
  - e. CHAPTER 5 DISTRIBUTION PIPING Homework (2 hours)
  
- III. DAY THREE (4 hours' classroom, & 4 hours brazing)
  - a. CHAPTER 5 LABELING AND TESTING
  - b. CHAPTER 5 MAINTENANCE, MANUFACTURED ASSEMBLIES, AND CATEGORY 2 SYSTEMS
  - c. CHAPTER 5 CATEGORY 3 SYSTEMS
  - d. BRAZING PRACTICE AND TEST (6010 students only) Study Guide (2 hours)
  
- IV. DAY FOUR (2-4 hours)
  - a. ORAL QUESTION AND ANSWER SESSION (IF REQUIRED)
  - b. WRITTEN EXAM

#### **EQUIPMENT REQUIRED FOR ASSE 6010 COURSES ONLY**

We recommend that each student have:

- (10) 1-1/2" Mueller W 01063 copper coupling fittings (standard type "L" plumbing fittings are acceptable and the fittings do not need to be cleaned for oxygen service). We highly recommend using these ring type couplings rather than dimple type.
- Minimum 10' of copper tubing type "L" size 1-1/2" (standard copper, does not need to be cleaned and capped). The 10' of 1-1/2" copper tubing can be cut into (10) 7" lengths, and (10) 5" lengths for placement in our brazing jig. Please cut pipe with a tubing cutter. This will expedite your practice and brazing procedures. Fittings and pipe need to have no oxidation present.
- (1) Pound or (28) sticks of BCUP 5 silver brazing rods with a minimum of 15% silver content (substitute 2-15% is not acceptable).



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ASSE 6005, 6010 and 6020 training courses are taught by Environmental & Medical Gas Services.

Credentials are issued from a “Recognized third party certification agency” either NITC (National Inspection Testing Certification) or MGA, LLC (Medical Gas Accreditation) for compliance with Section 1-1.3, 5-4.1.1, 10-3.2.3, and 20-4.1.2 of the 2015 edition of ASSE/IAPMO/ANSI Series 6000 Standard.

For MGA credentialing, please complete the appropriate ASSE 6000 application. For NITC credentialing, please complete the NITC application.

All NITC applications must be received before the listed deadline on page 1 of this flyer.

For questions, please email Jennifer at [jdarden@emgsi.com](mailto:jdarden@emgsi.com).

# ASSE 6005 COURSE APPLICATION

COURSE DATE:  
TIME:  
LOCATION:  
REGISTRATION DEADLINE:  
COST: \$650.00

APPLICANT'S NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Paragraph 5-1.1 of the 2015 Edition of the ASSE 6005 Standard states: "This standard provides general knowledge of medical gas and vacuum systems for the purpose of providing continuing education. Eligible individuals include any person with an interest in medical gas and vacuum systems and equipment."

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](mailto: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/Amex.

Card Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Please note that payment is due by the registration deadline. If attendance is canceled after this date, we will apply payment towards another class held within 6 months. It is the applicant's responsibility to keep track of class credit for upcoming courses.

# ASSE 6010 COURSE APPLICATION

**COURSE DATE:**  
**TIME:**  
**LOCATION:**  
**REGISTRATION DEADLINE:**  
**COST: \$850.00**

**APPLICANT'S NAME:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

Paragraph 10-3.2.1 of the 2015 Edition of the ASSE 6010 Standard states "The candidates for the ASSE 6010 certification shall have a minimum of four (4) years of documented experience in the field of installation of plumbing or mechanical piping 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 Number	From:	To:

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

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Optional: You can purchase a DVD of the brazing procedure for \$20.00. We recommend that you practice the procedure prior to attending the course.

**Contact: Jennifer Darden, Training Director**

**Respond by FAX:**  
770-459-1812

**Respond by PHONE:**  
770-459-5920

**Respond by EMAIL:**  
[jdarden@emgsi.com](mailto: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/Amex.**

**Card Type:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Card #:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_ **Billing Zip:** \_\_\_\_\_

Please note that payment is due by the registration deadline. If attendance is canceled after this date, we will apply payment towards another class held within 6 months. It is the applicant's responsibility to keep track of class credit for upcoming courses.

# ASSE 6020 COURSE APPLICATION

COURSE DATE:  
TIME:  
LOCATION:  
REGISTRATION DEADLINE:  
COST: \$650.00

APPLICANT'S NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Paragraph 20-4.1.1 of the 2015 Edition of the ASSE 6020 Standard states "The candidates for the ASSE 6020 certification shall have a minimum of two (2) years of documented experience in the field of plumbing and/or mechanical inspection." 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 Number	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](mailto: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/Amex.

Card Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Please note that payment is due by the registration deadline. If attendance is canceled after this date, we will apply payment towards another class held within 6 months. It is the applicant's responsibility to keep track of class credit for upcoming courses.



ISO 9001:2015 Certified

# Application for Medical Gas Installer/Brazer Certification Examination

- I will be taking this exam at the instruction site upon completion of my course.
- I will be taking this exam at a PSI center. (Provide method of payment below.)
- I have a minimum of four (4) years of documented practical experience in the installation of piping systems.
- I will have completed the required 32-hour training course prior to my test date. (Course instruction must be conducted by a Medical Gas Systems Instructor certified to ASSE 6050. See ASSE Standard 6010, Section 10-3.2.3.)
- I have read the [Candidate Information Bulletin for NITC Medical Gas Installer/Brazer Examination](#).
- I am requesting the examination to the NFPA 99-2015 Edition.
- I would like to receive notifications via text.       I would like to receive notifications via email.

First Name	M.I.	Last Name	SS#
Street Address	City	State	Zip
Email Address	Home Phone	Work Phone	Cell/Other Phone
Training Course Location	Training Course Date	Name of Instructor	
Local Union # (If Applicable)	Certification ID Number (If Applicable)		

List your present or most recent employer first. Attach any documentation you have that would prove that you have four (4) years experience in the installation of piping systems. Acceptable documentation: letters from employers, employment history, certification records, state license(s) and any other employment records. **(Phone numbers are required for verification.)**

Employer, City & Phone #	From Month/Year	To Month/Year

I do solemnly swear or affirm that the above statements are true. I further realize that falsification of these statements shall be cause for disqualification.

As a holder of an NITC Certification I shall agree to the following:

- I will make no any false claims about the scope of my certification(s)
- I will not engage in false or misleading advertising of my NITC Certification, nor shall I utilize an NITC certification in any manner that portrays NITC unfavorably.
- I will not utilize any written documents, reports, procedures, etc., with the NITC certification mark in any manner whatsoever that may be inaccurate or false.
- I will notify NITC without delay of any changes in my capability to fulfill the requirements of this certification.

I understand that NITC reserves the right to suspend or revoke my certification should I violate these obligations. Should my certification be revoked, I agree to cease and desist any and all references to being the "holder" of an NITC Certification and shall return any certificates, including wallet sized photo identification cards to NITC.

I understand and agree that my examination results may be shared with the course instructor, training coordinator or training entity.

By affixing my signature to this application I agree to abide by the rules and regulations of certification holders as set forth by the NITC Certification Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Method of Payment see page 3**



## Information Sheet for Medical Gas Installer/Brazer Certification Examination

**TO QUALIFY FOR THIS EXAMINATION** all candidates must meet the requirements of the ASSE Series 6000, Professional Qualifications Standard for Medical Gas Systems Personnel, Standard 6010, Section 10-3.2. Applicants should include the following:

A [Candidate Information Bulletin](#) has been developed to help ensure your success. Since the information contained in each section of the Bulletin will answer many of the questions you might have, it is required reading prior to proceeding with this application. Download a copy from [www.nationalitc.com](http://www.nationalitc.com) or call (877) 457-6482 to request a copy.

1. Successful completion of a minimum 32-hour training course conducted by an instructor certified to ASSE 6050 and
2. Successful completion of a written and a practical examination covering all facets of ASSE Standard 6010, NFPA 99, and NFPA 55 and
3. A minimum of four years of documented practical experience in the installation of piping systems.

**THE EXAMINATION FEE** is One Hundred-Sixteen Dollars (\$116.00). This must be prepaid. Please make check or money order payable to NITC. Visa, Master Card or American Express are also accepted. The method of payment must be attached at the time of submission; or contact NITC to provide credit card payment information by phone at (877) 457-6482. For NITC No-Show, Reschedule, Cancellation and Refund Policy refer to the Candidate Bulletin.

**For re-testing, or those who cannot attend the examination with their instructor**, the multiple-choice examination is available computer-based at PSI centers. To locate a PSI center near you visit <https://nationalitc.com/psi-locator.cfm>.

**For Individuals requesting to take an examination at a PSI center there will be an additional fifty dollar (\$50.00) processing fee. These fees vary according to the length of time allowed for the examinations. Please contact our office to confirm what the processing fee will be for your examination.**

Exams given at PSI centers require that an email address be provided. You will receive an e-mail confirmation with your login information to schedule the exam date and time. For any examination scheduled at a PSI center, cancellation and rescheduling must be made at least 48 hours prior to the assigned date and time or a rescheduling fee will be assessed.

All electronic devices are prohibited. **No PDAs, cellular telephones, or any other types of devices that record or send data are allowed to be used during the examination.**

### SPECIAL REQUESTS FOR TAKING THE EXAMINATION

Information on special accommodations can be found in Section XVI of the [NITC's Rules and Procedures Manual](#), available for download from our web site at [www.nationalitc.com](http://www.nationalitc.com).

**Keep this page for your records. Return Page 1 to NITC via fax (213) 351-7632, e-mail to [medgascerts@nationalitc.com](mailto:medgascerts@nationalitc.com), or mail to the address shown below. For more information call (877) 457-6482.**