

MEDICAL GAS PIPELINE SYSTEMS PERMIT TO WORK

PERMIT — DISPLAY AT WORK SITE

HTM 02-01 Part B — issued by the Authorised Person (MGPS), accepted by the Competent Person, returned to use with the...

KD-HTM-MG-003 Rev A0

HTM 02-01 Part B is the operational management of a medical gas pipeline system, and its permit-to-work system is the whole of the control: no work on the pipeline, its plant, its valves or its terminal units without a permit issued by the Authorised Person (MGPS) and accepted by a Competent Person (MGPS), with the Designated Medical or Nursing Officer signing that the clinical area can lose the supply and has cylinders in hand, and the Quality Controller confirming the tests before any gas goes back to a patient. The RAMS for the work are KD-RAMS-MG-001 and KD-RAMS-MG-002; the test record with the AP's witness is KD-QA-MG-001; this is the permit. An interruption to a medical gas supply is a clinical event first and an engineering job second: the clinical signature comes before the isolation, not after it.

1 PERMIT IDENTIFICATION

PROJECT / WORKS REF	PREMISES	DATE	PERMIT NO.	ISSUED BY (AP MGPS)
VALID FROM (DATE AND TIME)	VALID TO (DATE AND TIME)	OTHER PERMITS LIVE IN THIS AREA		

2 SYSTEM AND WORK

☐ Oxygen	☐ Surgical air (SA7)	☐ Nitrous oxide / oxygen mixture	☐ Anaesthetic gas scavenging
☐ Medical air (MA4)	☐ Nitrous oxide	☐ Medical vacuum	☐ Other (state)
DEPARTMENT(S) AFFECTED	TERMINAL UNITS AFFECTED	MGPS DRAWING / AVSU REF	
DESCRIPTION OF THE WORK, AND ITS LIMITATIONS			
CONTRACTOR	COMPETENT PERSON (MGPS)	OPERATIVES	RAMS REF

3 CLINICAL ACCEPTANCE — DESIGNATED MEDICAL OR NURSING OFFICER, BEFORE ISOLATION

CYLINDER COVER ISSUED	PORTABLE SUCTION ISSUED	PATIENTS MOVED OR DEPENDENT EQUIPMENT	
☐ The department has agreed the interruption window in section 1 and the ward or theatre staff on duty have been told			
☐ Cylinders and regulators have been checked, are in date, and the staff know where they are and how to change over			
☐ The terminal units in section 2 are labelled OUT OF USE and the medical gas alarm panel indication is understood			
☐ Pharmacy Quality Controller informed of the work and the tests that will be needed on completion			
I confirm the clinical area can lose this supply for the window stated and that the cover above is in place:			
DESIGNATED MEDICAL / NURSING OFFICER	SIGNATURE	DATE	TIME

4 ISOLATION — AUTHORISED PERSON (MGPS)

VALVE / AVSU / PLANT	LOCATION	POSITION	LOCK / KEY NO.	BY / TIME

- | | |
|---|---|
| ☐ Plant isolated at the manifold, compressor or vacuum plant where the work needs it | ☐ Warning notices at every valve closed and every terminal unit affected |
| ☐ Section depressurised and vented to a safe place; vacuum section let down | ☐ Alarm panel indication noted; estates helpdesk told |

5 PRECAUTIONS FOR THE WORK

- Brazing under a hot works permit (KD-PTW-HW-001) and with an inert gas purge through the joint; no oil or grease near oxygen pipework
- Components degreased, capped and bagged until fitted; pipework cut with wheel cutters, not saws; swarf excluded
- Ventilation of the work area for purge gas; oxygen depletion and enrichment understood by the work party
- Cross-connection prevented: only one gas open at a time; every joint identified against the drawing before closing
- Nothing on this permit is connected to a live section without the AP present

6 ISSUE — AUTHORISED PERSON (MGPS)

I have made the isolations in section 4, the Designated Officer has signed section 3, the precautions in section 5 are in place, and the person accepting holds a current Competent Person (MGPS) appointment for this work.

PRINTED NAME	APPOINTED ROLE	COMPANY	SIGNATURE	DATE	TIME

7 ACCEPTANCE — COMPETENT PERSON (MGPS)

I have read this permit and been shown the isolations. I will work only within its scope and time, I will not open a valve, and I will hand the system back with the tests in section 8 done and recorded.

PRINTED NAME	APPOINTED ROLE	COMPANY	SIGNATURE	DATE	TIME

8 COMPLETION AND TESTS — COMPETENT PERSON, WITNESSED BY THE AP

Record the result of each test the work requires. Write the test pressures, durations and acceptance figures in from HTM 02-01 Part A — nothing is printed here. The full test sheet is KD-QA-MG-001; enter its reference.

TEST	REQ'D?	FIGURE FROM HTM 02-01	RESULT	BY / WITNESSED

KD-QA-MG-001 REFERENCE

STATE THE SYSTEM HAS BEEN LEFT IN

PRINTED NAME	APPOINTED ROLE	COMPANY	SIGNATURE	DATE	TIME

9 QUALITY CONTROL AND RETURN TO USE

Quality Controller: the identity and quality of the gas has been verified at every terminal unit affected, where the gas requires it, and the system may return to clinical use.

QUALITY CONTROLLER (MGPS)	SIGNATURE	DATE	TIME

Designated Medical / Nursing Officer: I have been told the supply is restored; the cylinders are recovered and the OUT OF USE labels removed.

DESIGNATED MEDICAL / NURSING OFFICER	SIGNATURE	DATE	TIME

10 CANCELLATION — AUTHORISED PERSON (MGPS)

Isolations removed, valves returned to their normal positions and unlocked, alarm panel normal, register entry made; this permit is cancelled. Flatten this PDF before archiving so the record cannot be silently edited (HSG250).

PRINTED NAME	APPOINTED ROLE	COMPANY	SIGNATURE	DATE	TIME

R REVISION HISTORY

Every revision of this document, and every review that found nothing to change. The revision on the front of this sheet is the one you are holding — check kubitdocs.com for the current one before use.

Rev	Date	Class	What changed	Authorised by
D0	2026-09-02	first-issue	First issue.	— not yet approved —
A0	2026-09-02	review	Approved for issue by the author. Content unchanged from the reviewed draft; the draft status strip is removed. No independent third-party review has been carried out.	Author — director, UK principal contractor, SMSTS. Not an independent review.

Class: first-issue · material (the law, a control, a field or the scope changed — past buyers are notified) · editorial (wording or layout only) · review (checked, nothing changed) · withdrawal. Revision prefix D = draft, not approved and not for sale; A = approved for issue by the person named, on the date shown.