



Application for CGA M-1 & ASSE 6015, CGACB Certification

First & Last Name: _____

Company (Firms) name: _____

Address: _____

City, State: _____ Zip: _____

Email: _____ Contact Phone: _____

To qualify for the CGA M-1 /ASSE 6015 certification you must meet the requirements found in the **CGA Certification Board (CGACB) Policy & Procedures manual:**

1. The applicant must provide evidence of successful completion of employer provided or approved bulk medical gas supply system training compliant with *CGA M-1.1, Standard for Medical Gas Supply System Training, or with *ASSE 6015 Bulk Medical Gas System Installers.
2. By signing this application a successful candidate gives the CGACB permission to verify their certification status and list on a publicly available database their Name, Company Affiliation, Certification Number, Certification Status, Certification Expiration date.

I have received training in accordance with Item 1 above. I have attached a copy of the training certificate, documentation from the training entity, or a legible copy of a current issued ID card. Yes No

I give permission for the release of information listed in Item 2 above. Yes No

I affirm that the above statements are true. I further realize that false statements shall be cause for disqualification

Should my certification be revoked, I agree to stop using any and all references to being the "holder" of an ASSE 6015 certification and shall return any certificates, including wallet sized photo identification cards, to B&R Compliance Assoc. LLC.

Signature of Applicant: _____ Date: _____

*The applicable documents are the published editions at time of certification.



Quality Control Unit (QCU) Approval for CGA M-1 and ASSE 6015-2015 certification

First & Last Name: _____

Company (Firms) name: _____

Address: _____

City, State: _____ Zip: _____

Email: _____ Contact Phone: _____

As a member of _____ QCU I certify that:
(Firms Name)

In accordance with our Firms Standard Operating Procedures (SOP's) the technician named above has maintained their training, qualifications, and has experience for the installation of bulk medical gas supply systems in accordance with our Firms SOP's.

At a minimum our Firms' written SOP manual for health care installations contain procedures which address the following requirements found in the FDA's CGMP's, *CGA M-1, *NFPA 55, and *NFPA 99 regarding Bulk Medical Gas systems:

- Personnel qualifications for installing bulk medical gas systems at health care facilities.
- Personnel training requirements in; the FDA's CGMP's, and Firms SOP's,
- The roles and responsibilities of the QCU for bulk medical gas systems,
- Brazing certification,
- Periodic retraining,
- System design,
- Material qualification,
- Installation procedures,
- System qualification (final testing and startup), and maintenance.

I approve this method of certification.

Signature of QCU member: _____ Date: _____
(Other than Applicant)

Printed or typed name of QCU member: _____

*The applicable documents are the published editions at time of certification.



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Company (Firms) name: _____

Address: _____

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I affirm that the above statements are true. I further realize that false statements shall be cause for disqualification

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Signature of Applicant: _____ Date: _____

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First & Last Name: _____

Company (Firms) name: _____

Address: _____

City, State: _____ Zip: _____

Email: _____ Contact Phone: _____

As a member of _____ QCU I certify that:
(Firms Name)

In accordance with our Firms Standard Operating Procedures (SOP's) the technician named above has maintained their training, qualifications, and has experience for the installation of bulk medical gas supply systems in accordance with our Firms SOP's.

At a minimum our Firms' written SOP manual for health care installations contain procedures which address the following requirements found in the FDA's CGMP's, *CGA M-1, *NFPA 55, and *NFPA 99 regarding Bulk Medical Gas systems:

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- Periodic retraining,
- System design,
- Material qualification,
- Installation procedures,
- System qualification (final testing and startup), and maintenance.

I approve this method of certification.

Signature of QCU member: _____ Date: _____
(Other than Applicant)

Printed or typed name of QCU member: _____

*The applicable documents are the published editions at time of certification.