



# COMPRESSED GAS CYLINDER INVENTORY & INSPECTION FORM

<b>Generator Name:</b>		<b>Generator Site Address:</b>	
<b>Contact Name:</b>			
<b>Contact Phone:</b>			

  

<b>1</b>	Cylinder Contents & Concentration:	Original Label Attached? <input type="checkbox"/> Y <input type="checkbox"/> N	Manufacturer:	
	External Markings (colors, stripes, id #s, etc.) /Warnings/Comments:	Waste Codes:		
	Dimensions (inches): Diameter:      Length:	External Condition:	Physical State: <input type="checkbox"/> Liquefied Gas <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Non-Pressurized Liquid	
	Type/Pressure: <input type="checkbox"/> >500 psi <input type="checkbox"/> ≤500 psi	Weight: Gross:      Tare:      Net:	<input type="checkbox"/> Pounds <input type="checkbox"/> Kilograms	Valve Cap: <input type="checkbox"/> Y <input type="checkbox"/> N
	DOT Shipping Name:	PIH: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Hazard Zone:	Pressure Relief Device: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Condition:	
Valve Condition:      Visually Workable: <input type="checkbox"/> Y <input type="checkbox"/> N      Outlet Threads Impaired: <input type="checkbox"/> Y <input type="checkbox"/> N      Proper Valve for Cylinder: <input type="checkbox"/> Y <input type="checkbox"/> N				

  

<b>2</b>	Cylinder Contents & Concentration:	Original Label Attached? <input type="checkbox"/> Y <input type="checkbox"/> N	Manufacturer:	
	External Markings (colors, stripes, id #s, etc.) /Warnings/Comments:	Waste Codes:		
	Dimensions (inches): Diameter:      Length:	External Condition:	Physical State: <input type="checkbox"/> Liquefied Gas <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Non-Pressurized Liquid	
	Type/Pressure: <input type="checkbox"/> >500 psi <input type="checkbox"/> ≤500 psi	Weight: Gross:      Tare:      Net:	<input type="checkbox"/> Pounds <input type="checkbox"/> Kilograms	Valve Cap: <input type="checkbox"/> Y <input type="checkbox"/> N
	DOT Shipping Name:	PIH: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Hazard Zone:	Pressure Relief Device: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Condition:	
Valve Condition:      Visually Workable: <input type="checkbox"/> Y <input type="checkbox"/> N      Outlet Threads Impaired: <input type="checkbox"/> Y <input type="checkbox"/> N      Proper Valve for Cylinder: <input type="checkbox"/> Y <input type="checkbox"/> N				

  

<b>3</b>	Cylinder Contents & Concentration:	Original Label Attached? <input type="checkbox"/> Y <input type="checkbox"/> N	Manufacturer:	
	External Markings (colors, stripes, id #s, etc.) /Warnings/Comments:	Waste Codes:		
	Dimensions (inches): Diameter:      Length:	External Condition:	Physical State: <input type="checkbox"/> Liquefied Gas <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Non-Pressurized Liquid	
	Type/Pressure: <input type="checkbox"/> >500 psi <input type="checkbox"/> ≤500 psi	Weight: Gross:      Tare:      Net:	<input type="checkbox"/> Pounds <input type="checkbox"/> Kilograms	Valve Cap: <input type="checkbox"/> Y <input type="checkbox"/> N
	DOT Shipping Name:	PIH: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Hazard Zone:	Pressure Relief Device: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Condition:	
Valve Condition:      Visually Workable: <input type="checkbox"/> Y <input type="checkbox"/> N      Outlet Threads Impaired: <input type="checkbox"/> Y <input type="checkbox"/> N      Proper Valve for Cylinder: <input type="checkbox"/> Y <input type="checkbox"/> N				

  

<b>Date:</b>	<b>Prepared By:</b>	<b>Page</b> <b>of</b>
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