



Cylinder ID Number(s): _____

Profile Number: _____

Total Number Cylinders Exactly Matching this Report:

COMPRESSED GAS CYLINDER INSPECTION REPORT

I. GENERAL INFORMATION

GENERATOR: _____ BROKER NAME: _____

EPA CODE(S): STATE WASTE CODE(S):

CONTENTS _____
 Content Information is based on: Mfg. Label Suspected Analysis (Please Attach)

SHIPMENT MODE _____
 Boxes Drums Palletized
 Other (Specify) _____

II. CYLINDER INFORMATION:

DIMENSIONS (Inches): _____ X _____ WEIGHT (Pounds): _____, _____, _____
Length (not including valve) Diameter Gross Tare Net

SIZE _____
 Lecture <3" x <12" Small <4" x <24"
 Medium <10" x <36" Large <16" x <54"

EXTERNAL CONDITION _____
 Excellent Good Fair
 Poor Questionable

CYLINDER COMMENTS _____

PHYSICAL STATE _____
 Liquified Compressed Gas Compressed Gas Non-Pressurized Liquid

MFG. LABEL ATTACHED _____
 Yes No

VALVE PROTECTIVE CAP _____
 Present: Yes No
 Removable: Yes No

DOT/ICC Spec: _____ Last Hydrostatic Test Date:
 COLORS: _____

III. VALVE INFORMATION:

EXTERNAL CONDITION _____
 Excellent Good Fair
 Poor Questionable

WORKING CONDITION _____
 Yes No Unknown

VALVE COMMENTS _____

Pressure Relief: Yes No Location: On Valve On Cylinder Type: Plug Disk Spring Loaded

CGA OUTLET NUMBER(if known):

IV. SHIPPING INFORMATION:

DOT SHIPPING DESCRIPTION: _____

HAZARD CLASS: UN/NA:

Poison Inhalation: Yes No ZONE: A, B, C, D

NOTE: GASES WITH CLASS 2.3 MUST HAVE A VALVE OUTLET PLUG OR CAP.

Inspection Completed by: _____ Date: _____

GEM INTERNAL USE ONLY

Cylinder Specialist
 Visual Inspection Photos On File
 Signature: _____ Date: _____

TSDF Approvals
 Approved By: _____ Date: _____
 Process Code: _____ Product: _____