

SCHOOL OF CHEMISTRY

TRINITY COLLEGE

GAS CYLINDER MOVEMENT REPORT FORM

This form **must** be completed and returned to the School Office **on the same day** that any gas cylinder movement, other than the replacement of any empty cylinder, takes place.

CYLINDER

LARGE
SMALL
OTHER

CYLINDER CONTENT: (H₂, Ar, CO, etc.)

CYLINDER LOCATION: (Room Number)

Is this an **additional cylinder**?

Is this cylinder being **moved from one location to another**?

Is this cylinder being **removed and not being replaced**?

Signature of responsible person: _____

Date: _____

Please ensure that the data supplied above is accurate.

Cylinder locations and contents are entered on a list which is regularly updated and which is supplied to the Fire Brigade **for their safety** in case of any emergency. Copies of this list are kept in the School Office, in the Chief Technician's Office and in the Stores.