

Cylinder Assignment & Assessment Form

Technician Name: _____

Technician ID#: _____ Date: ____/____/____
Day Month Year

Cylinder Information

Serial #: _____ E/SP: _____

Material: ☐ Aluminum ☐ Steel ☐ Composite

Gov't Approval: ☐ DOT ☐ TC ☐ Other _____

Working Pressure: _____ ☐ PSI ☐ BAR

Manufacturer: _____ Tank Color: _____

Initial Hydro Date: ____/____/____ Last Hydro Date: ____/____/____
Day Month Year Day Month Year

Identifying Marks: _____

External Inspection

Corrosion: ☐ Yes ☐ No Cuts/Gouges/Pitting: ☐ Yes ☐ No

Chemical/Fire Damage: ☐ Yes ☐ No

Notes: _____

Internal Inspection

Contaminants: ☐ Yes ☐ No

Pitting/Corrosion: ☐ Yes ☐ No

Interior Cleaned: ☐ Yes ☐ No

Notes: _____

Thread Inspection

Damage: ☐ Yes ☐ No

Corrosion: ☐ Yes ☐ No

Eddy Current Test: ☐ Yes ☐ No

Notes: _____

Valve Inspection

Thread Inspected: ☐ Yes ☐ No Thread Damage: ☐ Yes ☐ No

Valve Replaced: ☐ Yes ☐ No Valve Cleaned: ☐ Yes ☐ No

Burst Disk Check: ☐ Yes ☐ No Dip Tube Present: ☐ Yes ☐ No

Lubricant Applied: ☐ Yes ☐ No O-Rings Replaced: ☐ Yes ☐ No

Notes: _____

Final Assessment

☐ PASS ☐ Reject for further evaluation

☐ FAIL ☐ Return without certification

Sticker Required

☐ Breathing Air

☐ Up to 40% Oxygen

☐ Up to 100% Oxygen