

CYLINDER TAG

NAME OF GAS: _____

RECEIVED BY: _____ DATE: _____

MOBILE NO: _____

CYLINDER NO.: _____


GAS HAZARD CLASS: _____

CYLINDER STATUS

Tick on Appropriate Status with Date.

STATUS	DATE
IN USE	<input type="checkbox"/>
EMPTY	<input type="checkbox"/>

SEE OTHER SIDE



IN EMERGENCY CONTACT
OLSEH : 080 2293 3199

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CYLINDER STORAGE & HANDLING

22. **RESTRAIN** cylinder properly when in storage and use
23. **STORE** cylinder in cool, well ventilated and fire-resistant area
24. **INSTALL** cylinder where they will not be knocked over or damaged by falling objects.
25. **CLOSE** valve and **SECURE** caps when not in use.
26. **INSPECT** cylinder for leaks after connecting.
27. **TRANSPORT** cylinder using hand truck/trolley designed for this purpose
28. **REPORT** any leak or damage to your supervisor immediately



IISc
Bengaluru- 560012

IISc Safety Signage
Cylinder Tag 1.0

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