

Oxygen Cylinders Specification Confirmation

Only medical gaseous oxygen cylinders are allowed for use inside an aircraft or for checked baggage. (Liquid oxygen cylinders are not allowed)

Liquid oxygen cylinders	are not allowed)				
(Furigana:) Passenger Name *Oxygen user	(Age:)				
Scheduled Flight (Flight number/Date)	Flight Number		/ear: /ear:	Month: Month:	Day: Day:
Manufacturer					
Product Name / Size	Product Name: Height: cm × Diameter: cm Weight: kg				
How Many	Carry-on:+ Checked-in:= Total:				
Cylinder Check	① Container certified [\(\text{\ti}\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{				
© 3 ABC 12345 V2.8 6-99 W3.0 TP 250 FP 150	3 Certification inspection (Cylinder number > 1	< Con	Month Month Month	Day Day Day Day	Carry-on / Check-in
Demand Valve Use (Respiration Synchro- nizer)	•	Product Nar Manufacture			
* Please inform us about	the following if anyone	other than a p	erson using	the oxygen cy	linder fills in.
Entry Date:		Company Nam	e:		
Name of person in charge:		Contact Info: (TEL) (FAX)			