

Medical Oxygen Cylinder Checklist

Cylinder Requirement for Carry-on or Checked Baggage	① Cylinder must not exceed 5kg gross weight. ② Cylinder must be Medical Oxygen Cylinder filled with oxygen or air. ③ Cylinder must be within validity period. ④ Cylinder must be 70cm or less in length and 10cm or less in diameter.																									
Passenger Name	Name: _____																									
Flight number Date of boarding	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">【Outbound】 Flight NO:</td> <td style="width: 10%;">DATE:</td> <td style="width: 10%;">/</td> <td style="width: 10%;">/</td> <td style="width: 10%;"></td> </tr> <tr> <td>(Connection Flight NO:</td> <td>DATE:</td> <td>/</td> <td>/</td> <td></td> </tr> <tr> <td colspan="5" style="border-top: 1px dashed black;"></td> </tr> <tr> <td>【Inbound】 Flight NO:</td> <td>DATE:</td> <td>/</td> <td>/</td> <td></td> </tr> <tr> <td>(Connection Flight NO:</td> <td>DATE:</td> <td>/</td> <td>/</td> <td></td> </tr> </table>	【Outbound】 Flight NO:	DATE:	/	/		(Connection Flight NO:	DATE:	/	/							【Inbound】 Flight NO:	DATE:	/	/		(Connection Flight NO:	DATE:	/	/	
【Outbound】 Flight NO:	DATE:	/	/																							
(Connection Flight NO:	DATE:	/	/																							
【Inbound】 Flight NO:	DATE:	/	/																							
(Connection Flight NO:	DATE:	/	/																							
Product Name Size	Product Name: _____ Weight: _____ kg (Must be 5kg or less due to Civil Aeronautic Law in Japan) Length: _____ cm Diameters: _____ cm																									
How to store inside cabin	<ul style="list-style-type: none"> •Cylinder must be stowed under the passenger seat. •Any cylinder that cannot be stowed under the passenger seat must be tied-down in an adjacent seat, for which you will be charged. 																									
Number of cylinders	<table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">【Outbound】Carry-on</td> <td style="width: 10%;">+ Checked</td> <td style="width: 10%;"></td> <td style="width: 10%;">= Total</td> <td style="width: 20%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>【Inbound】 Carry-on</td> <td>+ Checked</td> <td></td> <td>= Total</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	【Outbound】Carry-on	+ Checked		= Total		_____	_____	_____	_____	_____	【Inbound】 Carry-on	+ Checked		= Total		_____	_____	_____	_____	_____					
【Outbound】Carry-on	+ Checked		= Total																							
_____	_____	_____	_____	_____																						
【Inbound】 Carry-on	+ Checked		= Total																							
_____	_____	_____	_____	_____																						
Check list for the cylinders	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;">< Choose Either ></td> <td style="width: 20%; text-align: center;"><Cylinder Number></td> <td style="width: 20%; text-align: center;"><Date of next inspection></td> </tr> <tr> <td>① <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound</td> <td>_____</td> <td>_____</td> <td>_____/_____/_____</td> </tr> <tr> <td>② <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound</td> <td>_____</td> <td>_____</td> <td>_____/_____/_____</td> </tr> <tr> <td>③ <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound</td> <td>_____</td> <td>_____</td> <td>_____/_____/_____</td> </tr> <tr> <td>④ <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound</td> <td>_____</td> <td>_____</td> <td>_____/_____/_____</td> </tr> </table>		< Choose Either >	<Cylinder Number>	<Date of next inspection>	① <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound	_____	_____	_____/_____/_____	② <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound	_____	_____	_____/_____/_____	③ <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound	_____	_____	_____/_____/_____	④ <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound	_____	_____	_____/_____/_____					
	< Choose Either >	<Cylinder Number>	<Date of next inspection>																							
① <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound	_____	_____	_____/_____/_____																							
② <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound	_____	_____	_____/_____/_____																							
③ <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound	_____	_____	_____/_____/_____																							
④ <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound	_____	_____	_____/_____/_____																							
Demand Valve	<input type="checkbox"/> Use <input type="checkbox"/> Not Use																									
Name registrant	Please fill out your information if not the user. ■ Date: ____/____/____ ■ Company Name: _____ ■ Name: _____ ■ Telephone: _____ Please inform us via email or FAX(Japan). If by FAX, we will contact you with a phone or a short message(SMS) FAX No. 0120-029-366 (toll-free) 03-6741-8710 (Tokyo)																									