

## Oxygen Cylinder Check Form

Please answer all questions. Check  $(\checkmark)$  appropriate box "Yes" or "No" or provide necessary answer in written form. Use BLOCK LETTERS when you completing this form. Please submit the oxygen cylinder check form by document submission form or fax at least 3 days before departure. We will contact you as soon as we receive the form.

\*Only oxygen cylinders for medical use are permitted for carriage as baggage on Peach aircraft

•Files Submission Form : <a href="https://cs.flypeach.com/h">https://cs.flypeach.com/h</a>	nc/en-us/articles/46591288	875294 • FAX: +81-50-3737-9	665	
Passenger Name:	Booking nur	Booking number:		
Contact name:	Telephone Number:			
* Please enter a number that can be contacted during the	e day			
Itinerary:				
1) Date: Flight No.:	2 ) Date:	Flight No.:		
3) Date: Flight No.:	4) Date:	Flight No.:		
Number of cylinders: Carry-on	/ Checked	/ Total		
Product name/Size:  1. Manufacturer:  3. Size  (1) The size of O2 Cylinder: Height  (2) The size including any accessories such as ca	cm X Diar	:neter		
Length cm x Width cm x Height				
*O2 Cylinder must not exceed 5kg gross weight be *Acceptable size including any accessories such a (If the size is within the following limit, O2 Cylind seats in cabin or checked in.)  For Carry-on: Within 50cm width X 40cm length For Checked: The sum of 3 dimensions is 203cm *O2 Cylinder must be stored under the front seat	both for carry-on and chec as carry bag or cart is as fo ler which carry bag or cart X 25cm height n or less	ked-in. ollows. is attached to may be stored und	er the	
Check list for the cylinders.  ☐ It is an approved cylinder and labeled  ☐ It is gaseous oxygen for medical purposes on ☐ It must have passed a stress test within the ☐ ☐ Container made of fiberglass (Fiber Reinforce	last 5 years.	d 15 years after manufacturing.		
(If other than traveler, please provide followin	g information]			
Name of person prepare the document :				
Company Name:	, Position:			