peach

Oxygen Cylinder Check Form

Please answer all questions. Check (✓) appropriate box "Yes" or "No" or provide necessary answer in written form. Use BLOCK LETTERS when you completing this form.

Please send the Oxygen Cylinder Check Form by fax to +81-50-3737-9665 at least 5 business days prior to your departure. We will contact you after receiving the form.

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

Passenger Name:	Booking number:

Contact name: Telephone Number:

*Please indicate telephone number were you can be contacted during the day.

Itinerary

1. Date: Flight No.: Travel segment(DEP-ARR): (—)
2. Date: Flight No.: Travel segment(DEP-ARR): (—)

Number of cylinders Carry-on _____ Checked _____ Total _____

Product name/Size

1. Manufacturer_____ 2. Product name_____

3. (1) The size of O2 Cylinder: Height_____cm X Diameter_____cm

(2) The size including any accessories such as carry bag or cart:

Length_____cm x Width_____cm x Height_____cm

※If you carry O2 Cylinder without any accessories, it is not necessary to fill in above (2).

4. Gross weight of a cylinder (Exclude any accessories):_____kg

*O2 Cylinder must not exceed 5kg gross weight both for carry-on and checked-in.

*Acceptable size including any accessories such as carry bag or cart is as follows.

(If the size is within the following limit, O2 Cylinder which carry bag or cart is attached to may be stored under the seats in cabin or checked in.)

For Carry-on: Within 50cm width X 40cm length X 25cm height

For Checked: The sum of 3 dimensions is 203cm or less

*O2 Cylinder must be stored under the front seat in the cabin when you carry it on.

Check list for the cylinders.

- ☐ It is an approved cylinder and labeled ✠.
- ☐ It is gaseous oxygen for medical purposes only, labeled "O2."
- ☐ It must have passed a stress test within the last 3 years (5 years for some cylinders).
- ☐ Container made of fiberglass (Fiber Reinforced Plastics) must not lapsed 15 years after manufacturing.

【If other than traveler, please provide following information】

Name of person prepare the document :_____

Company Name:_____, Position:_____

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