**Use of Compressed Gas**

Refer to eGuide ‘Gas’ section.

|  |  |
| --- | --- |
| Event name |  |
| Hall/location |  |
| Dates | From: |  | To: |  |

|  |  |
| --- | --- |
| How is gas to be used?  |  |
| Provider |  |
| Address |  |
| On-site contact |  | Tel. |  |
| Mobile |  | Email |  |

|  |  |  |
| --- | --- | --- |
| Type of fuel | Size of cylinder | Quantity being used/stored |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **The following must be submitted with this form, as applicable:** |
| Public liability insurance certificate (valid for the date of the event) |  |
| Risk assessment |  |
| Product/Material Safety Data Sheet |  |
| Location of fuel source during use |  |
| Details of provision of safe storage of spare cylinders |  |
| Time of use, frequency and duration |  |
| Equipment inspection certification (e.g. Gas Safe certificate) |  |
| Number, size and type of fire extinguishers(if not provided by the venue) |  |

**The venue may undertake a safety check and be present at any pre-event testing of equipment.**

|  |
| --- |
| ***For venue use*** |
| Documents received and reviewed by: |  |
| Safety team notified:  | Yes / No |
| Signed: |  |
| Dated: |  |