

MISSISSIPPI LIQUEFIED COMPRESSED GAS DIVISION

Report of Installation, replacement, and/or repair of liquefied eqo r tguugf '1 cu'u{ ugo . 'eqpxkpgtu."gs vkr o gpv'qt'cr r rkepegu0'

CYLINDER CAGE INFORMATION

This installation report must be completed and forwarded to the L.C. Gas Division within 15 days after installation, replacement or repair has been done.

Please use this space to give directions to premises either by sketch or brief statement or both.

EMAIL TO: L.C. Gas Division: lccgas@mid.ms.gov

PHONE: L.C. Gas Division Office: (601) 359-1064

Toll Free: 1-800-595-6504

Items denoted by an * are required

*INSPECTOR: aaaaaaaaaaaaaaaaaa *COUNTY: _____

CUSTOMER < _____ "ADDRESS < _____

(Please Print)

.....(City)

Date of completion < _____ New Installation < _____ "Installer's name < _____

Work Performed < _____

CYLINDER CAGE INFORMATION		
Number of Cylinders:	Number of Cages:	Number of Doorways:
Cage Distance from doorway (1):	Cage Distance from Doorway (2):	Fire Extinguisher: 18 lbs. Type B:C Dry Chemical Service Date:

REMARKS: _____

No distributor of L.C. Gas or other person shall fill, cause to be filled or permit to be filled any L.C. Gas container unless the installation first has been inspected and approved by a L.C. Gas Inspector or installed by a person holding a valid installer's certificate issued by the L.C. Gas Division. Any person, firm or corporation who shall violate the provisions of the paragraph may be punished by a fine of not less than one thousand dollars (1,000.00) nor more than five thousand (5,000.00). It is requested by the undersigned that the L.C. Gas Division send an inspector to further inspect the installation.

*COMPANY NAME _____ ADDRESS _____

FORM COMPLETED BY _____ DATE _____

SECTION BELOW FOR L.C. GAS INSPECTOR'S USE

I have inspected the above installation, it is: **Approved** **Disapproved** **Condemned**

REMARKS: _____

L.C. Gas Inspector

Date