COMPRESSED GAS CYLINDER INSPECTION CHECKLIST

Per OSHA 29 CFR 1910.101 and CGA Pamphlet P-1

Date: _____	Inspector: _____
Storage Area / Location: _____	Building / Department: _____
Inspection Type: ☐ Receiving ☐ Monthly ☐ Quarterly	Total Cylinders Inspected: _____

Part 1: Cylinder Condition			
#	**Inspection Item**	**OK / Fail**	**Notes**
1	Cylinder body — no dents, bulges, gouges, cuts, or excessive corrosion		
2	No arc strikes, torch burns, or fire/heat damage evidence		
3	Hydrostatic test date current (stamped on shoulder)		
4	Valve not bent, broken, or leaking; handwheel operable		
5	Valve protection cap in place and threaded securely (when not in use)		
6	Safety relief device present, intact, not tampered with		
7	Foot ring intact (if equipped); cylinder stands upright		

Part 2: Labeling and Identification			
#	**Inspection Item**	**OK / Fail**	**Notes**
1	Contents clearly labeled with name of gas		
2	GHS/HazCom label with hazard pictograms present		
3	Status marked — Full, In Use, or Empty (MT)		
4	Empty cylinders clearly identified and segregated from full		
5	Owner identification markings visible		

Part 3: Storage Area Conditions			
#	**Inspection Item**	**OK / Fail**	**Notes**
1	All cylinders stored upright and secured (chains, straps, racks)		
2	Oxygen separated from fuel gases by 20 ft or 5-ft fire barrier		
3	Storage area well-ventilated and protected from weather		
4	Temperature maintained below 125°F; away from heat sources		

5	Storage does not block exits, stairways, or egress paths		
6	"No Smoking" signs posted where flammable gases stored		
7	Fire extinguisher accessible in storage area		

Deficiencies Found

#	Location / ID	Deficiency Description	Corrective Action	Due Date
1				
2				
3				
4				
5				

WARNING: Never attempt to repair cylinders, valves, or safety relief devices. Tag damaged or leaking cylinders as unserviceable, move to a well-ventilated outdoor area, and notify the gas supplier immediately.

Inspector Signature Date: _____

Safety Manager Signature Date: _____