



Cylinder Test Booking Form

Owners Name: _____

Owners Address: _____

_____ postcode _____

Owners Phone Number: _____

Make: _____

Serial Number: _____

Colour: _____

Date In: _____

Customers' Requirements: _____

Cost Quoted: _____

I (print name) _____ accept that the above cylinder and valve will be tested and/or inspected in accordance with manufactures' requirements, EN 1802, EN 1968 or BS 5430 Pt 6 as applicable and ASSET CP 2. In the event of either failing to meet the requirements of the appropriate standards, they will be **destroyed and not returned to me**, and in this event I will still be liable for costs. I also accept that goods not collected within 3 months will be sold to defray costs.

Please carry out all work required in order to return this cylinder and valve to service.

Signed: _____ Date: _____