

Oxygen Cylinder Check Form

Please answer all questions. Check (\checkmark) appropriate box "Yes" or "No" or provide necessary answer in written form. Use BLOCK LETTERS when you completing this form. Please submit the oxygen cylinder check form by document submission form or fax at least 3 days before departure. We will contact you as soon as we receive the form.

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

| •Files Submission Form : https://cs.flypeach.com/ | hc/en-us/articles/46591288 | 75294 • FAX: +81-50-3737-9 | 665 | |
|--|--------------------------------|---------------------------------|--------|--|
| Passenger Name: | Booking num | Booking number: | | |
| Contact name: | Telephone Number: | | | |
| * Please enter a number that can be contacted during th | ne day | | | |
| Itinerary: | | | | |
| 1) Date: Flight No.: | 2) Date: | Flight No.: | | |
| 3) Date: Flight No.: | 4) Date: | Flight No.: | | |
| Number of cylinders: Carry-on | / Checked | / Total | | |
| Product name/Size: 1. Manufacturer: 3. Size | 2. Product name : | | | |
| (1) The size of O2 Cylinder: Height on X Diameter or X Diameter | | | cm | |
| (2) The size including any accessories such as c | | | | |
| Length cm x Width cm x Height cm | | | | |
| If you carry of symmetri mandat arry assess | soones, it is not necessary to | (L) | | |
| 4. Gross weight of a cylinder (Exclude any acce | essories): | 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 Cylind | der which carry bag or cart i | s attached to may be stored und | er the | |
| seats in cabin or checked in.) For Carry-on: Within 50cm width X 40cm length | h X 25cm height | | | |
| For Checked: The sum of 3 dimensions is 203cr | - | | | |
| *O2 Cylinder must be stored under the front sea | | y it on. | | |
| Check list for the cylinders. | | | | |
| \square It is an approved cylinder and labeled $m{	extbf{X}}$ | | | | |
| \square It is gaseous oxygen for medical purposes o | nly, labeled "O2." | | | |
| $\hfill\Box$ It must have passed a stress test within the | last 3 years (5 years for sor | ne cylinders). | | |
| ☐ Container made of fiberglass (Fiber Reinforc | ed Plastics) must not lapsed | 15 years after manufacturing. | | |
| [If other than traveler, please provide following | ng information】 | | | |
| Name of person prepare the document : | | | | |
| Company Name: | , Position: | | | |