

Cylinder Statement

This form, duly completed, must accompany cylinders being sent to ISOTEC for filling, testing, etc.

Name: _____
Institution: _____ Dept: _____
Address: _____
City: _____ State/Prov.: _____ Zip: _____
Country: _____
Phone: (_____) _____ Fax: (_____) _____
Email: _____ May we contact you via email? Y N

Cylinder serial number (or identification number): _____
Cylinder size: _____
Product to be filled or tested for: _____
Customer purchase order number: _____
This cylinder:
 Has been evacuated Is under vacuum Contains residual gas

If there is residual gas in this cylinder, please specify gas and pressure (psig):

Other Notes/Comments:

Authorized Signature: _____ Date: _____

Please print and complete the form above and send with cylinder to the following address:

**ISOTEC
3858 Benner Road
Miamisburg, OH 45342**