

# SAFE TO CONNECT FLAMMABLE GAS CERTIFICATE



**BOC will not deliver flammable gases unless this certificate is displayed**

I the undersigned have been appointed by the Head of Department to manage the use and storage of flammable gases in:

**BUILDING**  **ROOM**

I confirm that:

1. A risk assessment has been documented and is available at the above location
2. The people working with the flammable gas are competent to use flammable gas and there is a record of the information, instruction and training they have received
3. The cylinder of compressed flammable gas is located free from sources of ignition or is housed in a suitable enclosure
4. A gas detector has been installed because an explosive atmosphere could occur  YES  N/A  
delete as appropriate
5. Details of who to contact if the detector alarm is sounding are posted on the door  YES  N/A  
delete as appropriate
6. The door to the area where the compressed gas cylinder is located displays this hazard signage



DECLARATION: I the undersigned confirm the above arrangements are in place

**MUST NOT BE DATED  
MORE THAN 5 DAYS  
PRIOR TO THE DELIVERY**

**NAME**  **SIGNATURE**  **DATE**

