MISSISSIPPI LIQUEFIED COMPRESSED GAS DIVISION

Report of Installation, replacement, and/or repair of liquefied eqo r tguugf 'i cu'u{ usgo ."eqpvckpgtu "gs wkr o gpv'qt "cr r ncpegu0"

CYLINDER CAGE INFORMATION

This installation report must be completed and forwarded to the L.C. Gas Division within <u>15 days</u> after installation, replacement or repair has been done.				Please use this space to give directions to premises either by sketch or brief statement or both.
EMAIL TO:	L.C. Gas Divisio	on: lcgas@mid.ms.gov		
	PHONE: L.C. Gas Division Office: (601) 359-1064 Toll Free: 1-800-595-6504			
Items denoted by an	* are required			
INSPECTOR:aa	aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	"*COUNTY:	_ [
CUSTOMER<			"'AD]	DRESS<
(Please Print) """"""(City)				
Date of complet			msu	aller's name<
Work Performed	d<			
		CYLINDER CA	GE IN	FORMATION
Number of Cylinders:		Number of Cages:		Number of Doorways:
Cage Distance from doorway (1):		Cage Distance from Doorway (2):		Fire Extinguisher: 12 lbs. Dry Chemical'C D E 'T c kpi 'Service Date:
REMARKS:				
inspected and appro firm or corporation	wed by a L.C. Gas I who shall violate th (5,000.00). It is requ	inspector or installed by a person hold re provisions of the paragraph may be	ding a punis	be filled any L.C. Gas container unless the installation first has been valid installer's certificate issued by the L.C. Gas Division. Any person, shed by a fine of not less than one thousand dollars (1,000.00) nor more s Division send an inspector to further inspect the installation.
FORM COMPLETED BY< DATE<				
		SECTION BELOW FOR L.C. GA	S IN	SPECTOR'S USE
I have inspected the above installation, it is: Approved Disapproved Condemned				
REMARKS:				