

Events, festivals, Markets

Gas Safety Check List

This check list is for use by stall holders and authorised personnel.
 The check list should form part of the stall holders safety plan

Event Name

Stalls Holders Name

Stall Number

Mobile Catering Vehicle Compliance Number

Stall Holders Signature Date

Gas Safety	Yes	No	Action if No
Appliances			
Only certified appliances in use	<input type="checkbox"/>	<input type="checkbox"/>	_____
Service history available	<input type="checkbox"/>	<input type="checkbox"/>	_____
In good working condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety devices not tampered with	<input type="checkbox"/>	<input type="checkbox"/>	_____
Taps and knobs in good condition and marked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Not on a combustible surface	<input type="checkbox"/>	<input type="checkbox"/>	_____
In a well vented location	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clearances from LPGas cylinder	<input type="checkbox"/>	<input type="checkbox"/>	_____
External appliances not in an internal location	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appliance pressure does not exceed 3 kPa	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appliance number match appropriate supply cylinder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Consumer piping acceptable	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hoses for appliance acceptable	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regulators and hoses			
Regulators in good condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regulator hose of approved material	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hoses in good condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Protected from accidental damage	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hoses less than 3 m in length	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cylinders			
Cylinder within 10 year test date	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cylinder in good condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cylinder connections checked for leaks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cylinders secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Located away from flammable materials and ignition source.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cylinder not blocking exit or path of travel	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cylinder quantity not exceeded	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cylinder size not exceeded	<input type="checkbox"/>	<input type="checkbox"/>	_____

This check sheet should be kept at stall for viewing by authority, or handed to event organiser if requested.

Authority name who viewed this form Date

This Sheet is available from the ESV web site www.esv.vic.gov.au