



Division of the Fire Marshal

**COMPRESSED GAS QUESTIONNAIRE**

**NOTE:** It appears this facility may use compressed gas as part of its operation. Please fill this form out for all compressed gases stored and used on site. If no gas is being used or stored on site, type N/A in each column and sign the form.

| COMPRESSED GAS CONVERSIONS                         |                  |               |                   |
|--|------------------|---------------|-------------------|
| PRODUCT NAME                                       | Cubic Feet/Pound | Pounds/Gallon | Cubic Feet/Gallon |
| Carbon Dioxide (CO <sub>2</sub> )<br>CAS: 124-38-9 | 8.74             | 8.46          | 73.94             |
| Oxygen (O <sub>2</sub> )<br>CAS: 7782-44-7         | 12.08            | 9.53          | 115.05            |
| Nitrogen (N <sub>2</sub> )<br>CAS: 7727-37-9       | 13.80            | 6.75          | 93.1              |

- **NOTE ALL COMPRESSED GASES, INCLUDING INERT GASES, ON THIS FORM**
  - **INERT GASES ARE AN ASPHYXIATION HAZARD!**

An annual hazardous material permit is required when greater than 6,000 cubic feet of inert gas are stored.

An annual hazardous material permit is required when greater than 100 lbs of inert gas is in use.

Other types of compressed gases (oxidizing, flammable, corrosive) have different permit quantities; reference section 105 of the fire code for details.

| Column A   | Column B                         | Column C            | Column D<br>(Columns B x C)    | Column E  | Column F                               | Column G  |
|--|----------------------------------|---------------------|--------------------------------|---|--|---|
| Type of Gas<br>(CO <sub>2</sub> , O <sub>2</sub> , N <sub>2</sub> , etc) | Capacity of Cylinder<br>(Pounds) | Number of Cylinders | Total Gas Capacity<br>(Pounds) | Cylinders Manifolder?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Cylinder Location?<br>(Inside/Outside) | Are these cylinders part of the scope of work for this project?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |                                  |                     |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|  |                                  |                     |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|  |                                  |                     |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|  |                                  |                     |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|  |                                  |                     |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Total Gas on Site (scf)</b>   |                                  |                     |                                |   |  |   |

**IF COMPRESSED GASES ARE ADDED, MODIFIED, OR REMOVED AS PART OF THE SCOPE OF WORK, PLANS MUST SHOW THE LOCATION OF ALL CYLINDERS AND OTHER REQUIRED INFORMATION SPECIFIC TO THE GAS SYSTEMS.**

| FACILITY/SITE INFORMATION (Print clearly or type) |      |                 |          |
|---|------|-----------------|----------|
| Facility/Company                                  |      | Phone           | Cell     |
| Local Contact Name/Title                          |      | Fax             | Email    |
| Street Address                                    | City | State <b>CO</b> | Zip Code |
| SIGNATURE BLOCK                                   |      |                 |          |
| Signature   |      | Date            |          |
| Print Name  |      |                 |          |
| Relationship to Project                           |      |                 |          |