

C.A.S.E.
AIR CARRIER SECTION
Guidance Checklists

Oxygen Vendor/Supplier
Guidance Checklist

Audit Date: _____ Vendor Allocation #: _____

C.A.S.E. Member #: _____ Auditor: _____

Vendor Name: _____

U.S./Canadian Certificate #: _____ EASA Certificate #: _____

Expiration Date: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State/Province: _____

Country: _____ Zip code: _____

Website: _____

Accountable Manager: _____

Personnel Contact:

Name	Title
1. _____	_____

2. _____	_____
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Phone #: 1. _____ Phone #: 2. _____

E-mail: 1. _____

E-mail: 2. _____

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NOTE: Sections of this supplement that are not applicable to the specific facility audited shall be marked as N/A.

C.A.S.E.

AIR CARRIER SECTION

Guidance Checklists

General

YES NO N/A

- | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|
| 1. | Is the designated area and/or separate room clean and FREE of all hydrocarbons (no storage permitted)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Is there a dedicated manifold for oxygen ONLY? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is use of hydrocarbons, such as oil, grease, paraffin, or Vaseline, prohibited on oxygen systems and connections? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are hands, tools, and clothing free of all noted hydrocarbons prior to oxygen servicing and maintenance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Are the system operating instructions and authorized operator list posted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Is there a (8" X 16") "WARNING – USE NO OIL" sign posted in the oxygen servicing area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Are bottles filled SLOWLY with oxygen to make sure filling conforms to MIL-O-27210? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Are required certifications and applicable specifications on file and current? (Reference DOT and MIL-O-27210 and airline requirements) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Are records for filling, testing, sniffing, purity checks, cylinder test, etc. maintained and up-to-date? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Training

- | | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|
| 10. | Is there a documented training program and is it being followed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-----|--|--------------------------|--------------------------|--------------------------|