

Cylinder Requirement for Carry-on or Checked Baggage	① Cylinder must not exceed 5kg gross weight. ② Cylinder must be Medical Oxygen Cylinder filled with oxygen or air. ③ Cylinder must be within validity period. ④ Cylinder must be 70cm or less in length and 10cm or less in diameter.															
Passenger Name	Name: _____															
Flight number Date of boarding	【Outbound】 Flight NO: _____ DATE:        /        / (Connection Flight NO: _____ DATE:        /        / <hr style="border-top: 1px dashed black;"/> 【Inbound】 Flight NO: _____ DATE:        /        / (Connection Flight NO: _____ DATE:        /        /															
Product Name Size	Product Name: _____ Weight: _____ kg (Must be 5kg or less due to Civil Aeronautic Law in Japan) Length: _____ cm        Diameters: _____ cm															
How to store inside cabin	・Cylinder must be stowed under the passenger seat. ・Any cylinder that cannot be stowed under the passenger seat must be tied-down in an adjacent seat, for which you will be charged.															
Number of cylinders	【Outbound】 Carry-on _____ + Checked _____ = Total _____ 【Inbound】 Carry-on _____ + Checked _____ = Total _____															
Check list for the cylinders	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 30%;"><input type="checkbox"/> Choose Either <input type="checkbox"/></th> <th style="text-align: center; width: 35%;">&lt;Cylinder Number&gt;</th> <th style="text-align: center; width: 35%;">&lt;Date of next inspection&gt;</th> </tr> </thead> <tbody> <tr> <td>① <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound</td> <td>_____</td> <td>_____ / _____ / _____</td> </tr> <tr> <td>② <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound</td> <td>_____</td> <td>_____ / _____ / _____</td> </tr> <tr> <td>③ <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound</td> <td>_____</td> <td>_____ / _____ / _____</td> </tr> <tr> <td>④ <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound</td> <td>_____</td> <td>_____ / _____ / _____</td> </tr> </tbody> </table>	<input type="checkbox"/> Choose Either <input type="checkbox"/>	<Cylinder Number>	<Date of next inspection>	① <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound	_____	_____ / _____ / _____	② <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound	_____	_____ / _____ / _____	③ <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound	_____	_____ / _____ / _____	④ <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound	_____	_____ / _____ / _____
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Demand Valve	<input type="checkbox"/> Use <input type="checkbox"/> Not Use															
Name registrant	Please fill out your information if not the user. ■ Date: _____ / _____ / _____        ■ Company Name: _____ ■ Person in charge: _____        ■ Telephone: _____															
【ANA DISABILITY DESK】 (Business hours 9:00-17:00, JST/open 7 days a week) FAX 0120-029-366, TEL 0120-029-377 (Toll Free) FAX 03-6741-8710, TEL 0570-029-377, 03-6741-8900 (None-Toll Free)																