

Date: [Insert Date]

To: [Recipient Name/Department]

Facility Name: [Insert Facility Name]

Location: [Insert Building/Room Number]

Subject: Clearance for Medical Gas Cylinder Storage Area

Dear [Name/Safety Officer],

This letter serves to formally certify that the designated medical gas cylinder storage area located at [Specific Location] has been inspected and cleared for use in accordance with safety regulations and facility protocols.

The inspection confirmed the following requirements have been met:

- **Ventilation:** Adequate natural or mechanical ventilation is present.
- **Segregation:** Full and empty cylinders are clearly separated and labeled.
- **Security:** All cylinders are secured with chains or racks to prevent falling.
- **Signage:** Required "No Smoking" and "Oxygen Storage" signs are visible.
- **Compliance:** The area is free of combustible materials and heat sources.

Based on these findings, the storage area is authorized for the housing of [Type of Gas, e.g., Oxygen, Nitrous Oxide] cylinders effective immediately.

This clearance is valid until [Insert Expiration Date] or until the next scheduled safety audit.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Job Title]

[Your Contact Information]