

Details of Technical Institution: .....

1	NAME OF THE GAS TESTING CENTRE		
2	NAME OF THE TECHNICAL INSTITUTION		
3	JURISDICTION (REGION)		
4	LOCATION:-		
	VILLAGE		
	POST		
	DISTRICT		
	STATE		
5	TRANSPORT FACILITY:-		
	COMUNICATION FACILITY- FAX NO:- INTERNET FACILITY:- TELEPHONE NO:-		
	CONTACT DETAILS- LANDLINE NO.: MOBILE NO OF I/C: E-MAIL ID OF I/C:		
6	INFRASTRUCTURE /REQUIREMENT CHECK LIST		
	FACILITIES	AVAILABILITY	REMARKS
6.1	DARK ROOM		
6.2	INFRASTRUCTURE IN DARK ROOM DETAILS SUCH AS PROVISION OF: (A)EXHAUST FAN (B) LIGHTING (C) GAS TESTING CHAMBER (D) FIREFIGHTING EQUIPMENT'S (E) ETC.		
6.3	FLAME SAFETY LAMPS		
6.4	OTHER APPROVED APPARATUS/SYSTEM SUCH AS (A) METHANOMETERS (B) MULTI GAS DETECTORS (C) CO-DETECTOR (D) ETC.		
6.5	TESTING FACILITIES		
6.6	STRENGTH OF OFFICIALS TO IMPART TRAINING		
6.7	KNOWLEDGE OF OFFICIALS REGARDING RELEVANT STATUTE & BYE-LAWS		
6.8	NAME OF TRAINING CENTRE IN- CHARGE		
6.9	CONTACT DETAILS		
6.10	TRAINING FACILITY AVAILABLE		
7.	ANY OTHER RELEVANT INFORMATION		