

# DEFECTIVE CYLINDER RETURN

Return for Inspection Tag

## RA#

CUSTOMER P.O.#

(If applicable)

Customer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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CN-4226 Rev. 3/98 (H-43891) **ONE TAG PER PALLET IF PRODUCT IN CYLINDER IS THE SAME; OTHERWISE, ONE TAG PER CYLINDER**