



THE LIQUEFIED PETROLEUM GAS ASSOCIATION OF SOUTH AFRICA

P.O.Box 456, Pingrowie, 2123, South Africa • 4 Kya Sand Road Kya Sand, Randburg Tel: +27 (0) 11 886 9702 • Fax: +27 (0) 11 886 9770 • E-mail: info@lpgas.co.za www.lpgas.co.za

INCIDENT/COMPLAINT FORM

1. COMPLAINANT'S DETAILS

Name: Aadil

Member of the LPGSA?

YES NO



Tel No: 0820798794



E-Mail: asuleman@live.co.za

2. INCIDENT/COMPLAINT DESCRIPTION

Date of the incident/complaint: 27/12/24

Address of the installation: 13 2nd street killarney st johns wood apt 41b

DESCRIPTION: Gas matter provided faradulent COC certificate

Hazard Analysis

High	Medium	Low
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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3. INSTALLATION DETAILS (if applicable)

YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
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Was the installation done by a registered installer?

Details of installer:

Name: David

SAQCC #: _____

E-mail: gasmatterptyltd@gmail.com

Tel #: 0834554978

Type of the installation: Domestic

Commercial

Industrial

Documents	Yes	No
1. Certificate of Conformity (CoC)		
2. Contact details of the installer		
3. Pictures of the gas installation		
4. Picture and details of the cylinder (If applicable)		
5. Pictures of the gas appliance (if applicable)		
6. Details of the gas appliance e.g models no and brand (If applicable)		

4. APPLIANCE DETAILS (if applicable)

Name of the appliance: details on fake COC attached

Model number: _____

Store Purchase: _____

Purchase Date: _____

Cylinder brand used: _____

Last date of the cylinder fill: _____

Documents	Yes	No
7. Certificate of Conformity (CoC)		
8. Contact details of the installer		
9. Pictures of the gas installation		
10. Picture and details of the cylinder (If applicable)		
11. Pictures of the gas appliance (if applicable)		
12. Details of the gas appliance e.g models no and brand (If applicable)		

5. CYLINDER DETAIL (if applicable)

Exchanged Cylinder	
Cylinder Brand Name:	
Did the cylinder had a seal branded same as the cylinder?	
Name of the store/place where the cylinder was filled:	
When last the components were replaced (orings, hose etc)	



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Customer Owned Cylinder	
Cylinder Brand Name:	
Name of the store/place where the cylinder was bought:	
Name of the store/place where the cylinder was filled:	
When was the last time the cylinder was maintained:	
When last the components were replaced (orings, hose , valve etc)	

6. DETAILS OF THE ILLEGAL FILLING (if applicable)

Name of the Filling Company: details on fake COC attached

Address: _____

Tell no: _____

Email Address: _____

I acknowledge that my signature to this form constitutes my consent and authorization to the Association, and the Association's directors to use collect and process any personal information that the complaint form has provided in support of this complaint, in terms of the Protection of Personal Information Act No.4 of 2013.

I acknowledge through my signature that the complainant to this complaint understands its right to privacy and the right to have its personal information processed in accordance with the conditions for the lawful processing of personal information, and hereby give consent on behalf of the Association to collect, process and distribute personal information where the Association is legally required to do so.

Signature 

Date