



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: Gerhard van Zyl

Member of the LPGSA?

YES NO



Tel No: 082 333 0618



E-Mail: gerhardvz@gmail.com

2. INCIDENT/COMPLAINT DESCRIPTION

Date of the incident/complaint: Ongoing

Address of the installation:

13 Robyn street, Jubster Park
Randburg
2188

DESCRIPTION:

There is an illegal LP gas filling
business working from his back yard
filling gas cylinders.
This is a residential area, so I don't
think he is doing it legally.
When they purge the gas cylinders I
can smell the gas in my house.

Hazard Analysis

High	Medium	Low



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3. INSTALLATION DETAILS (if applicable)

Was the installation done by a registered installer?

YES	NO
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Details of installer:

Name: _____

SAQCC #: _____

E-mail: _____

Tel #: _____

Type of the installation: Domestic

Commercial

Industrial

Documents	Yes	No
1. Certificate of Conformity (CoC)		
2. Contact details of the installer	N/A	
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: _____

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	N/A	
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:	



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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: I don't know
Address: 13 Robyn street, Jubster Park, Randburg 2188
Tell no: Don't know
Email Address: Don't know

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

10 November 2025