



## **British Compressed Gases Association**

**4a Mallard Way  
Pride Park  
Derby  
DE24 8GX  
Tel: 01332 225120  
[www.bcga.co.uk](http://www.bcga.co.uk)**

**Ellen Daniels  
Chief Executive**

TO: THE COUNCIL OF THE BRITISH COMPRESSED GASES ASSOCIATION

Sirs

We .....

whose registered office is at:

and whose business address is at:

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POST CODE: .....

POST CODE:.....

TELEPHONE: .....

TELEPHONE: .....

MOBILE: .....

MOBILE: .....

E-MAIL: .....

E-MAIL:.....

being engaged in one or more of the fields of activity specified (within), hereby apply to be admitted as a member of the Association.

**Membership categories -**

BCGA has **two** categories of membership and applicants will naturally fit one or the other. It is not a matter of choice:-

**Full Membership** – is for companies or individuals who have any practical involvement in the manufacture, mixing, handling, sales, distribution, storage or transportation of industrial, medical or food gases or related equipment.

**Associate Membership** – is for companies or individuals who have no practical involvement as above – and is therefore for designers, consultants, training providers, academics, interested individuals involved with the industry, other associations or simply those that regularly use gases in their work environment.

Both Full and Associate members have the rights to attend Technical Committees, to download free copies of BCGA publications and to enjoy member discounts on hard copy publication purchases and on attendance at BCGA events, such as our Annual Conference. Full members have voting rights at AGM’s and EGM’s, whereas Associate members do not.

**To apply -**

Please tick one box below for the relevant membership category:

Full Membership.....

Associate Membership .....

**Please tick**

- (a) The manufacture, separation, compression, liquefaction and solidification of gases or kindred substances including acetylene, argon, ammonia, carbon dioxide, chlorine, hydrogen, oxygen, petroleum gases and nitrogen, or any combinations thereof, by any process.
- (b) The distribution and application of any such gases, substances and combinations for any purpose (medical, industrial, scientific or otherwise).
- (c) The design and manufacture of containers, including cylinders, pressure vessels and evaporators for use in connection with any such gases, substances or combinations.
- (d) The design and manufacture of apparatus and appliances of all kinds used, or capable of being used, in the consumption of any such gases, substances or combinations.
- (e) The design and construction of plant for the manufacture, separation, compression, liquefaction and solidification or distribution, including piped systems or vehicles of such gases, substances or combinations.
- (f) The selling or servicing of equipment, containers, installations or vehicles in any of the fields referred to in (a) to (e) above.
- (g) The provision of expert information, advice and training in any of the fields referenced in (a) to (e) above.

We **agree**, if elected to Membership, to be bound by the provisions of the Memorandum and Articles of Association of British Compressed Gases Association. In particular, we **undertake** to pay an initial subscription in respect of the current BCGA financial year, calculated according with prevailing fee scales, and adjusted pro-rata for the unexpired part of the calendar year.

A copy of the full Memorandum and Articles of Association of BCGA can be seen on the BCGA website under 'Membership' ([www.bcgaco.uk](http://www.bcgaco.uk)).

We **will**, if elected to Membership, follow the best practices of the gases industry as embodied in BCGA's Codes of Practice and will, wherever appropriate, contribute to the work of the Association's Technical Sub-Committees.

**Additionally, we understand that once we are a member of the Association, we will be bound by the terms of the Articles of Association, particularly, should we ever decide to resign from membership. These terms require that a resigning member must do so in writing to the Secretariat no later than the end of June in any year, or else shall be liable to pay due fees for the full following calendar year. In line with this, new members who join the Association within the second half of any calendar year also commit to remaining in membership and paying membership fees for the full calendar year which follows the year in which they are admitted.**

SIGNED:  
.....  
FOR AND ON BEHALF OF:  
.....

DESIGNATION:  
.....  
DATE:  
.....

# QUESTIONNAIRE FOR BCGA MEMBERSHIP

**Please complete for either Full or Associate Membership Category**

## INTRODUCTION

Applications for Membership of BCGA are considered by Members of its Technical Committee who need information in order to make a recommendation to BCGA's Council. The questions that follow are intended to generate a picture of how your Company operates. Please submit supplementary information that may be of relevance.

<b>COMPANY NAME:</b>	
<b>1 MANAGEMENT</b>	
(a) If accepted into Membership, who would be the person, with whom we would communicate? (Please quote name, position, contact email & telephone number).	(a)
(b) Who is your Technical Manager or authority on technical and safety issues?	(b)
(c) What are his/her qualifications and experience? Professional Registration e.g. C.Eng Professional Qualification e.g. Degree, HND Member of a Technical Institution e.g. IMechE	(c)
(d) Please outline his/her experience in engineering and safety matters, particularly any that relates to gases and equipment.	(d)
<b>2 OTHER KEY EMPLOYEES</b>	
(a) Who is your Safety Manager and what are his/her qualifications?	(a)
(b) Who is responsible for preparing procedures for safe working on customer sites?	(b)
(c) Who are your other key employees and what are their qualifications and experience?	(c)

### 3 EMPLOYEES

- |                                   |      |
|-----------------------------------|------|
| (a) How many people are employed: | (a)  |
| (i) Full-time                     | (i)  |
| (ii) Part-time                    | (ii) |
| (b) Do you use contractors?       | (b)  |

### 4 FORMAL CERTIFICATION

- |   |     |
|---|-----|
| (a) Has your Company been certified to ISO 9000, ISO 14001, OHSAS 18001?  | (a) |
| (b) Has your Company been assessed / holds accreditation by UKAS, Gas Safe etc.?<br>(Please give details)                     | (b) |
| (c) Do you hold any certificates to show that you have passed customer qualification procedures?<br>(Please provide details). | (c) |

### 5 HEALTH & SAFETY

- |  |     |
|--|-----|
| (a) Do you have a written Health & Safety policy?<br>(Please provide a copy)   | (a) |
| (b) Please provide a copy of your Employers Liability Insurance certificate.   | (b) |
| (c) Do you undertake hazard identification and risk assessment of your primary work activities?<br>(Please provide a copy of a typical risk assessment). | (c) |
| (d) How is Health and Safety information conveyed to your workforce?   | (d) |
| (e) Do you carry out regular assessments, e.g. for noise exposure, confined spaces, fire and manual handling? (Please provide examples).                 | (e) |
| (f) Do you operate a Permit to Work System?<br>(Please provide a typical example).   | (f) |
| (g) Please provide the following accident data for the past 12 month period:   | (g) |

Lost Time Injuries (LTI's)      *Note 1*

Restricted Work Cases (RWC)      *Note 2*

Medical Treatment Cases (MTC)      *Note 3*

RIDDOR reportable events      *Note 4*

*Notes:*

1. *Any injury at work, including death, suffered by an employee in the normal course of their duties and leading to unfitness for work for at least one full working day beyond the day the injury occurred.*
2. *Any injury at work that does not lead to absence after the day the injury occurred, but does mean the employee cannot carry out their normal work activity and is assigned to other duties.*
3. *Any injury at work requiring treatment by a doctor, or nurse in consultation with a doctor, before the injured person can resume normal work.*
4. *Any incident at work that falls within the scope of the "The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995"*

**6 QA SYSTEMS**

(a) Please quote details of your in-house quality assurance systems.      (a)

**7 TRAINING POLICY**

(a) Please provide details of your training policy, particularly for new employees.      (a)

**8 SCOPE OF YOUR WORK**

(a) Please provide a summary of your gases-related business activities as indicated on your completed application form.      (a)

(b) Please indicate the sectors of industry in which you work.      (b)

(c) Are you in a "high risk" business activity as defined below:

- filling beverage cylinders      Yes / No

*Note:*

*Applicants in a “high risk” category of business activity will be audited for compliance with the industry’s Codes of Practice and related standards.*

(d) The Codes of Practice to which you work. (d)

(e) Your areas of expertise. (e)

(f) Any involvement you may have in Standards Committees. (f)

(g) Any other Trade Associations and Technical Institutions of which you are a Member. (g)

## **9 REASONS FOR APPLYING**

(a) How do you expect Membership to be of benefit? (a)

(b) Are you likely to contribute to the work of BCGA’s Technical Committees? (b)  
If Yes, please list which are you interested in?

## **10 COMPANY DETAILS**

Please provide details of:

(a) Your Company’s legal status. (a)

(b) Your Company’s Parent Company (if applicable). (b)

(c) The number of years over which you have been trading. (c)

(d) The number of years of involvement in the gases and related equipment business. (d)

**Signed**.....

**Position**.....

**Company**.....

**Date**.....

To return, please either email / or post to:

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