

Customer Name:		Account #:		Telephone:	
Address:		City:		State:	Zip Code:
Fuel Container (Tank)					Deficiency
Container Location (Check all that apply)		<input type="checkbox"/> Inside Building	<input type="checkbox"/> Outside	<input type="checkbox"/> Above Ground	<input type="checkbox"/> Below Ground
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Warrantied Tank				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Container Size?			Tank Type?		
Manufacturer?			Tank Age?		
Evidence of corrosion?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Below Ground			<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of leaks?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Below Ground			<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank leg condition?		<input type="checkbox"/> Adequate <input type="checkbox"/> Needs Improved <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No
Tanks rest on solid concrete?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outside tanks anchored to foundation?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inches of water in fuel tank?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank gauge installed and working?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:					
Piping					Deficiency
Fill Pipe Size Adequate? (At least 1 ¼" nominal pipe size)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vent Pipe Size Adequate? (Min. 1 ¼" 660 or less gallons / Min. 1 ½" for 661 to 3,000 gallons)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vent Cap Secure?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vent Cap have Screen?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vent Clear?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Piping pitched toward tank?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Piping positioned to avoid build up of ice and snow?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Piping at least 2 feet from building opening (Door, Window, Etc.)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vent pipe visible from fill point?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vent pipe no more than 12 feet from fill pipe?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fill and vent pipe constructed of proper material?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fill pipe have tight metal cover and identified as a heating fuel fill opening?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fill pipe tagged or labeled?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vent Alarm Installed?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vent Alarm Working?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Old piping removed?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:					
Oil Lines					Deficiency
Line size adequate? (At least 3/8" pipe or tubing)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Thermally actuated automatic shutoff installed as close as practical to the tank?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
OSV valve installed?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence of fuel oil leaks?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Compression fittings used?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fuel Oil filter or strainer installed within 6" of thermally actuated automatic shutoff valve?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fusible valves installed?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:					
Deficiencies to be corrected before delivery can be made?					
1.		4.			
2.		5.			
3.		6.			
Additional Comments:					
Deficiencies discussed with homeowner?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fuel tank acceptable for delivery?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspected By:				Date:	
Customer Signature:				Date:	