

Customer Name:			
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
Warranted 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		<input type="checkbox"/> Yes <input type="checkbox"/> No
Outside tanks anchored to foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<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		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			
Piping			Deficiency
Fill Pipe Size			<input type="checkbox"/> Yes <input type="checkbox"/> No
Fill Pipe Adequate Size? (At least 1 1/4" nominal pipe size) <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vent Cap Secure? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vent Cap have Screen? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vent Clear? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Piping pitched toward tank? <input type="checkbox"/> Yes <input type="checkbox"/> No			<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			<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			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vent pipe visible from fill point? <input type="checkbox"/> Yes <input type="checkbox"/> No			<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			<input type="checkbox"/> Yes <input type="checkbox"/> No
Fill and vent pipe constructed of proper material? <input type="checkbox"/> Yes <input type="checkbox"/> No			<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			<input type="checkbox"/> Yes <input type="checkbox"/> No
Fill pipe tagged or labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vent Alarm Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vent Alarm Working? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Old piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			
Oil Lines			Deficiency
Line size?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Line size adequate? (At least 3/8" pipe or tubing) <input type="checkbox"/> Yes <input type="checkbox"/> No			<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			<input type="checkbox"/> Yes <input type="checkbox"/> No
OSV valve installed? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of fuel oil leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Compression fittings used? <input type="checkbox"/> Yes <input type="checkbox"/> No			<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			<input type="checkbox"/> Yes <input type="checkbox"/> No
Fusible valves installed? <input type="checkbox"/> Yes <input type="checkbox"/> No			<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: