

Initial Fuel Storage Tank **Evaluation** Above ground tanks

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Name	· · · · · · · · · · · · · · · · · · ·		
Address			
Town	State	Zip	
Telephone ()	Email		
Tank location? If outside, is the tank protected by an end is the tank installed with full secondary contains type? Tank size? Tank type? Tank exterior, including legs and pad or for Evidence of excessive external corrosion Tank securely mounted in flood prone are Any evidence of oil spils? Tank checked for oil staining? Tank gauge properly installed? Tank bottom at least 6 inches off the ground Tank at least 5 feet from open flame or further unused openings properly plugged? Comments:	ontainment? Tank height? oundation satisfa ? eas?	Yes No inches No inches No inches No No No No No No No N	
Tank Contents Amount of oil in the tank? Is there water in the tank? If yes, how many inches? Comments:		□Yes□No	
Fill Pipe Pipe size Pitched toward tank? Proper material? In good condition? Positioned to avoid buildup of water and significant (including gasket if applicable) in peroperly piped, outside at least 2 feet from Fill properly identified? Old fill pipe removed? Comments:	snow?lace/in good con m windows or op	□Yes□No□Yes□No□Yes□No dition?□Yes□No enings? □Yes□No	



Vent Pipe Proper size?	ΠYes ΠNo
Pitched toward tank?	
Proper material?	
In good condition?	
Vent visible from fill?	
Vent alarm installed?	
Vent cap in place and in good condition?	
Positioned to avoid buildup of water and snow?	
Higher than fill pipe?	
Properly piped, outside at least 2 feet from windows or opening	
Properly piped, outside at least 5 feet from appliance air inlets Comments:	
Oil Lines Line size?	
Proper material?	
Oil lines encapsulated?	
Working shutoff at tank?	
OSV installed?	
Lines properly connected back to burner?	
Outside exposed lines insulated?	
Any compression fittings? Oil filter properly installed?	
Fusible valves properly located?	
System checked for oil leaks?	
Comments:	
This tank is acceptable for fuel deliver	'y □Yes□No
This tank will be acceptable for delivery once the fo	llowing defects are corrected:
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•	
•	
•	
Inspected by:	Date:
Company:	Phone:
Town:	