

ANNUAL INDOOR TANK INSPECTION SHEET

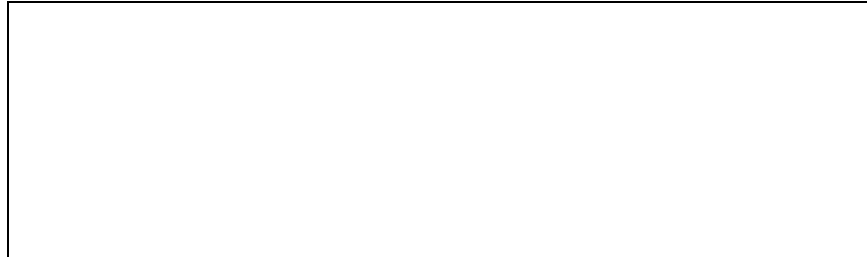
Dealer Name: _____

Customer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

**Property Map for
Tank Site:**



Special Service Instructions: _____

TANK IS OWNED BY: Customer Company Size of Container(s): _____

Condition of the tanks? _____ Any Corrosion? _____

Location of the tank(s)? (basement, 1st floor, etc.) _____

What product(s) are in the tank(s)? _____

Are tanks larger than 10 gallons located at least 5 feet from a flame or fire source? Yes No

Is the container base substantial and noncombustible? Yes No

Are all unused tank openings capped or plugged? Yes No

Is there a usable shutoff valve at the tank piping connection? Yes No

Is all piping iron, steel, copper or brass? Yes No

Are all fill and vent openings piped to the exterior of the building? Yes No

Is there a liquid level alarm or vent whistle installed on all vent pipes? Yes No

CUSTOMER SECTION:

Your fuel storage tank and piping system were inspected: _____ Date: _____

****If your system changes or is removed, contact us at: _____ IMMEDIATELY!**

Comments: _____

Technician's Signature: _____ Date: _____

Customer's Signature: _____ Date: _____



This inspection does not warrant that the system is in compliance with any applicable laws.