emc INSURANCE

Keeping insurance human®

Annual indoor tank inspection sheet

Dealer name: _____

Customer name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Describe the location of the 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.

Reset form