



## FUEL OIL DISTRIBUTOR INSPECTIONS

Owner/Operator:	Tel:
Location:	
Owners Address (if different from above):	

**Note: Inspection is limited to external observation of tanks and components in their operating position.**

	1 <sup>st</sup> Tank	2 <sup>nd</sup> Tank
Type of Tank i.e. (ULC-S602)		
Manufacturer		
Date of Manufacturer or Age in Years		
Serial No.		
1. Is the tank approved for its present use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the tank appear to have been installed in accordance with the fuel oil code, the certification document, and the manufacturer's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are the tank vent and fill pipes properly installed and terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the tank equipped with a proper fill cap?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the tank equipped with a proper gauge and overfill protection device (whistle)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the tank properly supported on a firm base?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the tank support system in good condition, non-combustible and stable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If two tanks are joined, are they installed on a common slab?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. If two tanks are bottom connected, are they connected with 2-inch pipe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. Is the system free of leaks or any signs of weepage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is the tank and piping painted or coated to prevent external corrosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are burner supply/ return lines free of compression fittings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are burner supply/ return lines installed above grade and protected or underground and chased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are burner supply/return lines installed to code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is an approved shut- off valve installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is an approved filter installed with a temperature rating above 538°C (1000°F)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is the fill/vent pipe steel or galvanized construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is the tank located at least 5 feet from the appliance or is the tank protected from the appliance by a fire rated wall?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTES: (any "NO" answers must be explained in this section)**

Comments	Technicians Signature
	Certificate No.
	Date



## FUEL OIL DISTRIBUTOR INSPECTIONS – APPLIANCES – COMPREHENSIVE

Owner/Operator:	Tel:
Location:	
Owners Address (if different from above):	

	1 <sup>st</sup> Appliance	2 <sup>nd</sup> Appliance
Type of Appliance		
Manufacturer		
Model		
Date of Manufacturer or Age in Years		
Size (BTU/Hr.)		
Serial No.		
1. Is the appliance approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the appliance installed in accordance with the fuel oil code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the appliance being used in accordance with its approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the appliance venting installed in accordance with the fuel oil code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the venting system free of defects, debris, or corrosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the vent sized properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the proper combustion and ventilation air openings installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Is the installation free of indications of heat exchanger cracks, defects in the refractory, pot and/or heat shields?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are all limits and safety controls properly installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is the appliance installed with appropriate clearances from combustibles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are the results of combustion analysis acceptable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. If required, is there a proper chimney cleanout?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. Is the chimney properly lined?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14. Is the vent liner fitted with proper flashing, cap, and base T?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15. If there is a sidewall vent attached to the appliance, is it installed according to code and the manufacturer's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**NOTES: (any "NO" answers must be explained in this section)**

Comments	Company Name
	Technician Signature
	Print Name
	Certificate No.
	Name of Inspectors Insurance Company