



# FUEL OIL DISTRIBUTOR INSPECTIONS ABOVEGROUND TANKS

OWNER/OPERATOR: Brian & Judy Uens ACCT #: \_\_\_\_\_

LOCATION: 83 Islandview Dr Fenelon Falls TEL. NO: \_\_\_\_\_

OWNER'S ADDRESS (if different from above): \_\_\_\_\_

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

	INSIDE	OUTSIDE
TYPE OF TANK i.e. ULC-S602		109503
MANUFACTURER		Granby
DATE OF MANUFACTURE OR AGE IN YEARS		2011
SERIAL NO.		555933
1. IS THE TANK APPROVED FOR IT'S PRESENT USE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5. IF REQUIRED, IS THE TANK PROTECTED FROM VEHICLE IMPACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
6. IS THE TANK EQUIPPED WITH A PROPER GAUGE AND OVERFILL PROTECTION DEVICE [WHISTLE]?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
7. IS THE TANK PROPERLY SUPPORTED ON A FIRM BASE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" 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 checked="" type="checkbox"/> N/A
9. IF TWO TANKS ARE BOTTOM CONNECTED, ARE THEY CONNECTED WITH 2 IN. PIPE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO
15. IS THE TANK SUPPORT SYSTEM IN GOOD CONDITION, NON-COMBUSTIBLE & STABLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
16. IF REQUIRED, IS THE TANK (OVER 2500L) PROTECTED WITH APPROPRIATE SECONDARY CONTAINMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
17. IS AN APPROVED SHUT-OFF VALVE INSTALLED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
18. IS THE FILL/VENT PIPE STEEL OR GALVANIZED CONSTRUCTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
19. IS AN APPROVED FILLER INSTALLED WITH A TEMPERATURE RATING ABOVE 538°C (1000°F)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20. IS THE TANK LOCATED AT LEAST 2 FT. 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NOTES: [ANY "NO" ANSWERS MUST BE EXPLAINED IN THIS SECTION AND THE AFFECTED EQUIPMENT REPAIRED, REPLACED OR TAGGED]		

COMMENTS: Pass

TECHNICIAN'S SIGNATURE: R. J. Ant CERTIFICATE NO. 00742744 DATE: Mar. 9/22



# FUEL OIL DISTRIBUTOR INSPECTIONS

## APPLIANCES - COMPREHENSIVE

REPORT NUMBER:  
**C - 490017**

OWNER / OPERATOR: Brion & Judy Uens

LOCATION: 83 Islandview Dr. Fenelon Falls TELEPHONE NO. \_\_\_\_\_

OWNER'S ADDRESS (if different from above): \_\_\_\_\_

	1st. APPLIANCE	2nd. APPLIANCE
Type of Appliance	o/f Furnace	
Manufacturer	Olsen	
Model	HML-80A	
Date of Manufacture or Age in Years	N/A	
Size (BTU/Hr)	91,000	
Serial No.	25514HLRL	
1. Is the appliance approved?	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the vent sized properly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is proper combustion and ventilation air openings installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are the results of combustion analysis acceptable?	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 and the affected equipment repaired, replaced or tagged)		
COMMENTS: <u>Pass</u>		

Technician's Signature: [Signature] Certificate No.: 00743744 Date: Mar-9/22