

FUEL OIL DISTRIBUTOR INSPECTIONS APPLIANCES - COMPREHENSIVE

#8094559

REPORT NUMBER:

1022

OWNER / OPERATOR: [REDACTED]

LOCATION: 1790 Hwy 592

TELEPHONE NO. _____

OWNER'S ADDRESS (If different from above): EMSDALE

	1 st . APPLIANCE	2 nd . APPLIANCE
Type of Appliance	FORCED AIR	
Manufacturer	OLSEN	
Model	BFL-120	
Date of Manufacture or Age in Years	N/A	
Size (BTU/Hr)	117,000	
Serial No.	2306 A014593	
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:

Technician's Signature: Terry Bechtel

Certificate No.: 1569

Date: Sept 29/15

3019- #8094559

FUEL OIL DISTRIBUTOR INSPECTIONS

ABOVEGROUND TANKS ☒ INSIDE ☐ OUTSIDE

REPORT NUMBER:

1022

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

	1 ST TANK	2 ND TANK
Type of Tank i.e. ULC-S602	STEEL	4m
Manufacturer	GRANBY	
Date of Manufacture or Age in Years	04-2006	
Serial No.	AA-299150	
1. Is the tank approved for its present use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 in. pipe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is an approved shut-off valve installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is an approved filter installed?	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is the tank located at least 2 feet from the appliance or is the tank protected from the appliance by a fire rated wall. (for inside tank only)	<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
19. If required is the tank protected from vehicle damage?	<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
20. If required is the tank (over 2500L) protected with appropriate secondary containment?	<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:

Technician's Signature:

Levy Bechtel

Certificate No.:

1569

Date:

Sept 29/15