



*INSPECTION*  
**Tank & Supply System Installation Checklist**



Fax: 867-668-8395

Fax: 867-393-6249

To be completed & submitted by the installer before final inspection

Installation Location: \_\_\_\_\_

Municipal or Legal Address

Permit #: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Inspection Date: \_\_\_\_\_

Owner Information:	Installer Information:		
<b>Owner's Name:</b> _____ <b>Address:</b> <input type="checkbox"/> Same as above _____ _____ _____ <b>Contact #s:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell _____	<i>Inspector's</i> <b>Installer's Name:</b> _____ <b>Company Name:</b> _____ <b>Location:</b> _____ <b>Contact #s:</b> _____ <b>E-mail:</b> _____		
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%; text-align: center; background-color: #d3d3d3;"><b>Tank Information</b></td><td style="padding: 5px;"><b>Type:</b> <input type="checkbox"/> Steel Single-wall <input type="checkbox"/> Steel Double-wall <input type="checkbox"/> FRP Single-wall <input type="checkbox"/> FRP Double-wall <input type="checkbox"/> Plastic/Steel Double-wall <input type="checkbox"/> Other (specify): _____ <b>Number of tanks:</b> _____ <input type="checkbox"/> Auxiliary tank <input type="checkbox"/> Multiple bottom-connected <input type="checkbox"/> Pressure-filled multiple top-connected <b>Tank Standard:</b> <input type="checkbox"/> S602 <input type="checkbox"/> C80.1 <input type="checkbox"/> Other (specify): _____ <b>Size:</b> _____ <input type="checkbox"/> Litres <input type="checkbox"/> Gallons <b>Manufacturer:</b> _____ <b>Date of Manufacture:</b> _____ <b>Serial #:</b> _____ <b>Location:</b> <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors Describe: _____ <input type="checkbox"/> Distance is acceptable from building exits (6.3.12), fuel-fired appliances (6.4.9), and property lines (6.5.4) <input type="checkbox"/> Clearance around tank(s) meet B139-04 Code requirements for inspection (6.3.2 to 6.3.6) <input type="checkbox"/> Protection is provided from vehicular damage or other conditions incidental to outdoor use (6.5.4; 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**See over for supply system checklist.**

**Supply System  
Information****Material(s):** ☐ Piping ☐ Copper tubing ☐ Flexible connector ☐ Other (specify): \_\_\_\_\_Describe standard, schedule, grade of materials used: \_\_\_\_\_  
\_\_\_\_\_**Location:** ☐ Indoors ☐ Outdoors ☐ Aboveground ☐ Underground ☐ In or below concrete floor**Configuration:** ☐ One-line system ☐ Two-line system ☐ Other (specify): \_\_\_\_\_**Fittings and Joints:** Meets requirements of ☐ B139-04 Code ☐ Manufacturer's installation instructionsDescribe materials and method: \_\_\_\_\_  
\_\_\_\_\_**Aboveground Supply Line Support and Protection:** ☐ Supported in compliance with the B139 Code☐ Protected from physical damage and corrosive atmospheres and meets B139-04- Sec.8.3.1.6☐ Protected from contact with concrete or any material that can cause a galvanic (rust) reaction**Underground Supply Line:** ☐ Certified and suitable for the application☐ Installed with secondary containment☐ Equipped with a means of detecting a leak from the primary pipe or tube☐ Installation and testing meets the requirements of the B139 Code and the manufacturer**Valves:** Type: ☐ Ball ☐ Globe ☐ Gate ☐ Plug ☐ Fusible ☐ Anti-siphon ☐ Other (specify): \_\_\_\_\_☐ Suitable and certified for intended use☐ Located at the tank outlet and at other service locations (8.4.1)☐ Readily accessible and protected from damage**Filter(s):** ☐ Certified for the intended use  
☐ Mesh size and installation complies with Code and the manufacturer's instructions (filter, burner, appliance)☐ Installed indoors. If not, provide justification: \_\_\_\_\_☐ Temperature rating or fire protection meets requirements of B139 Code**Deaerator:** Make and model: \_\_\_\_\_☐ Certified for the intended use☐ Installation complies with B139 Code and the manufacturer's instructions (deaerator, burner, appliance)☐ Filter and fusible link valve installed upstream☐ Temperature rating or fire protection meets requirements of B139 Code**Pumps:** Type(s): ☐ Integral to burner ☐ Lift pump ☐ Booster ☐ Other (specify): \_\_\_\_\_☐ Installation complies with B139 Code and the manufacturer's instructions (pump, burner, appliance)**Leak Test Method and Results:** ☐ Entire Supply system is oil tight Describe method of test: \_\_\_\_\_  
\_\_\_\_\_

Name, signature, and OBM certificate number of person attesting that this checklist is accurate:

Printed name		Signature	OBM #	Date:
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