

# Tank Inspection Check List (Form #TICL-1)

Customer:  #  Date:

City:  State:

Tank Size:  Serial No.:  National Board No.:

Circle Problem Area or Areas on Drawing Below:

Tank OK:

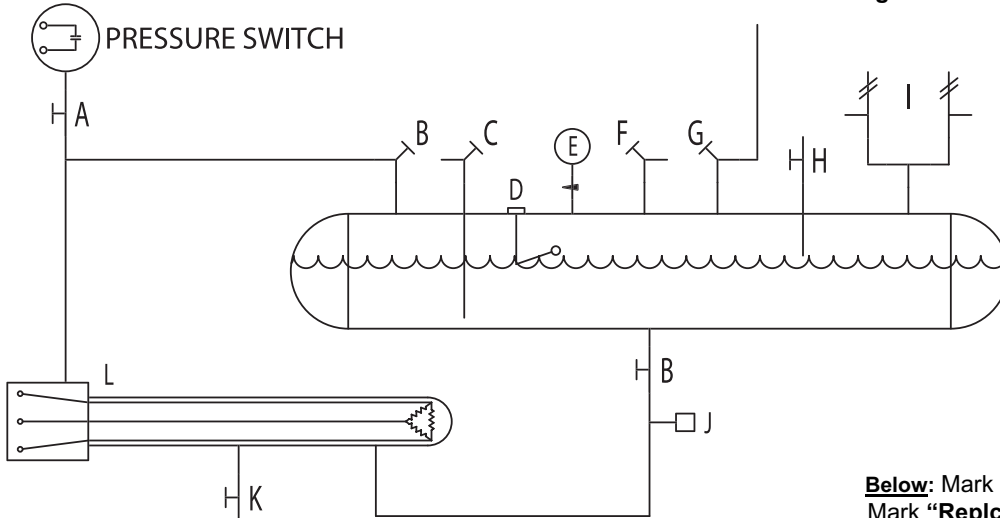


Diagram Notes

**Below:** Mark all problems with an "X" and explain. Mark "Replc" if part replaced at time of inspection.

	Problem	Replaced		Problem	Replaced
<b>A. Pressure Switch</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>H. 85% Valve *</b>	<input type="checkbox"/>	<input type="checkbox"/>
Type <input type="text"/>			If none, is opening available opening? <input type="text"/>		
* Isolating Valve	<input type="checkbox"/>	<input type="checkbox"/>	Size of opening <input type="text"/>		
Part # <input type="text"/>			<b>I. Pressure Relief Valves</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Vaporizer Isolating Valve *</b>	<input type="checkbox"/>	<input type="checkbox"/>	Exp. Date <input type="text"/>		
Top/Bottom <input type="text"/>			Part # <input type="text"/>		
Part # <input type="text"/>			* Three Way Valve	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Liquid Fill Valve *</b>	<input type="checkbox"/>	<input type="checkbox"/>	Part # <input type="text"/>		
Part # <input type="text"/>			<b>J. Hydrostatic Relief Valve</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Float Gauge *</b>	<input type="checkbox"/>	<input type="checkbox"/>	Part # <input type="text"/>		
Top or Side Mount <input type="text"/>			<b>K. Vaporizer Drain Valve</b>	<input type="checkbox"/>	<input type="checkbox"/>
Diam. of Tank <input type="text"/>			Part # <input type="text"/>		
Float Gauge Dial Only <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>L. Vaporizer Heat Element</b>	<input type="checkbox"/>	<input type="checkbox"/>
Type <input type="text"/>			KW/Volt/Phase <input type="text"/>		
<b>E. Pressure Gauge</b>	<input type="checkbox"/>	<input type="checkbox"/>	Type <input type="text"/>		
PSI Range <input type="text"/>			<b>M. "Anhydrous Ammonia" Decals</b>	<input type="checkbox"/>	<input type="checkbox"/>
* Isolating Valve	<input type="checkbox"/>	<input type="checkbox"/>	<b>N. "Hazard Warning" Decals</b>	<input type="checkbox"/>	<input type="checkbox"/>
Part # <input type="text"/>			<b>O. ACME Valve Caps</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. Vapor Fill Valve *</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>P. Relief Valve Caps</b>	<input type="checkbox"/>	<input type="checkbox"/>
Part # <input type="text"/>					
<b>G. Customer Supply Valve *</b>	<input type="checkbox"/>	<input type="checkbox"/>			
Part # <input type="text"/>					

*(Explain all findings on back of this form if necessary)*

\* Perform Evaporation Test if Pump Out Required for Valve Replacement.

Is Tank Date Plate Intact?  Is it Legible?  Condition of Paint?

Any Excessive Corrosion, Pitting, Dents, etc.?

Condition of Vaporizer (Shell & Piping)

Inspected By:  (Rev. 4/95 Approve: Tech. Serv.)

Service Agree  Computer Update  Sales Order Entered