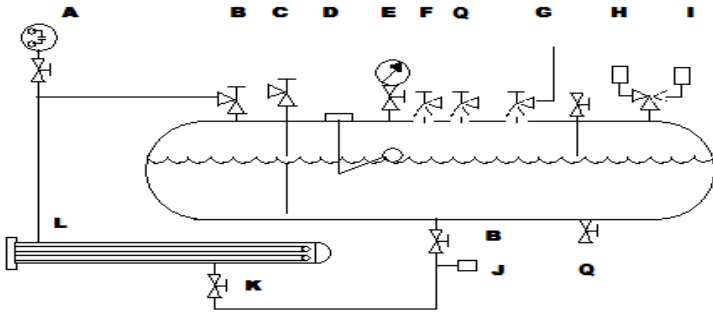


TANNER INDUSTRIES, INC.

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

Customer:		Cust#:		Date:	
City:		State:			
Tank Size:		Serial#:		N.B. #:	
Tank Manufacturer		Date of Manufacture:		Tank OK:	



Below: Mark all problem with an X and explain. Mark Replaced if part replaced at time of inspection.

		Problem	Replaced		Problem	Replaced
A Pressure Switch Type	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Pressure Relief Valves		
Isolating Value: Part#	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Way Valve (1)	<input type="text"/>	<input type="checkbox"/>
B Vaporizer Isolating Valves:				PRV 1 Part#	<input type="text"/>	<input type="checkbox"/>
TOP	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRV 2 Part#	<input type="text"/>	<input type="checkbox"/>
BOTTOM	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mfg Date:	<input type="text"/>	<input type="text"/>
C Liquid Fill Valve:				Exp Date:	<input type="text"/>	<input type="text"/>
Part#	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Way Valve (2)	<input type="text"/>	<input type="checkbox"/>
D Float Gauge:				PRV 1 Part#	<input type="text"/>	<input type="checkbox"/>
Top/Side Mount	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRV 2 Part#	<input type="text"/>	<input type="checkbox"/>
Float Gauge Part#	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mfg Date:	<input type="text"/>	<input type="text"/>
Tank Diameter	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exp Date:	<input type="text"/>	<input type="text"/>
Float Gauge Dial	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	J Hydrostatic Relief Valves		
E Pressure Gauge:				Valve 1 Part#	<input type="text"/>	<input type="checkbox"/>
PSI range	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valve 2 Part#	<input type="text"/>	<input type="checkbox"/>
* Isolating Valve:				Mfg Date:	<input type="text"/>	<input type="text"/>
Part#	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exp Date:	<input type="text"/>	<input type="text"/>
F Vapor Fill Valve:				K Vaporizer Drain Valve:		
Part#	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Part#	<input type="text"/>	<input type="checkbox"/>
G Customer Supply Valve:				L Vaporizer Heating Element		
Part#	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	KW/Volts/Phase	<input type="text"/>	<input type="checkbox"/>
H 85% Valve	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	M Anhydrous Ammonia Decals	<input type="text"/>	<input type="checkbox"/>
If None, is opening available?	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	N Hazard Warning Decals	<input type="text"/>	<input type="checkbox"/>
Opening Size	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	O Acme Valve Caps	<input type="text"/>	<input type="checkbox"/>
Were all connections leak checked with Litmus Paper?	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	P Safety Relief Valve Caps	<input type="text"/>	<input type="checkbox"/>
Valve stems lubricated and exercised during inspection?	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q Auxiliary/Drain/Spare	<input type="text"/>	<input type="checkbox"/>
Is data plate Intact?	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the three Way Valve tested for operation?	<input type="text"/>	<input type="checkbox"/>
Any Excessive Corrosion, Dents,Pitting, Etc?	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is it Legible?	<input type="text"/>	<input type="checkbox"/>
Condition of vaporizer assembly(shell and piping)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of Paint	<input type="text"/>	<input type="checkbox"/>
Tank Inspected By:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Tank Type:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Computer Updated By:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			