

FUEL OIL DISTRIBUTOR INSPECTIONS

APPLIANCES - COMPREHENSIVE

REPORT NUMBER: _____

OWNER / OPERATOR: Greenstone Municipality

LOCATION: Paplar Lodge Park Beardmore. TELEPHONE NO. _____

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

Type of Appliance	1st APPLIANCE	2nd APPLIANCE
Type of Appliance	Cummins.	
Manufacturer	Onan.	
Model	125DGEA	
Date of Manufacture or Age In Years	1997/11/24	
Size (BTU/Hr)	120 kw	
Serial No.	L970665694	
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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are the results of combustion analysis acceptable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>NA</u>	<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 checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. Is the chimney properly lined?	<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
14. Is the vent liner fitted with proper flashing, cap and base T?	<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
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>No Fire Valve/Filter hanging.</u>		

Technician's Signature: _____

Certificate No.: _____

Date: Nov 16/16

FUEL OIL DISTRIBUTOR INSPECTIONS

ABOVEGROUND TANKS INSIDE OUTSIDE

REPORT NUMBER:

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	ULC-5643	
Manufacturer	Clemmer	
Date of Manufacture or Age in Years	1998	
Serial No.	56C	
1. Is the tank approved for its present use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the tank equipped with a proper fill cap?	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are burner supply/return lines free of compression fittings?	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is the fill/vent pipe steel or galvanized construction?	<input type="checkbox"/> Yes <input checked="" 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 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
19. If required is the tank protected from vehicle damage?	<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
20. If required is the tank (over 2500L) protected with appropriate secondary containment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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: There is No Vent Pipe or fill container / No Gauge of overfill / Copper is Not Galval. There are Compression Fittings on both Lines / Lines Go ~~Under~~ Under Ground outside. There is No Filter or Fire Valve / Tank has Lost Secondary Vacuum

Technician's Name (please print clearly) _____

Telephone: _____

Technician's Signature: _____

Certificate No.: _____

Date: Nov 16/12

FUEL OIL DISTRIBUTOR INSPECTIONS

ABOVEGROUND TANKS INSIDE OUTSIDE

Municipality of Greenstone
High Hill Harbour Beardmore on.

REPORT NUMBER:

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	ULC-5643	
Manufacturer	CLIMMER	
Date of Manufacture or Age in Years	1999	
Serial No.	3032	
1. Is the tank approved for its present use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are the tank vent and fill pipes properly installed and terminated?	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are burner supply/return lines free of compression fittings?	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is the fill/vent pipe steel or galvanized construction?	<input type="checkbox"/> Yes <input checked="" 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 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
19. If required is the tank protected from vehicle damage?	<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
20. If required is the tank (over 2500L) protected with appropriate secondary containment?	<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
NOTES: (any "No" answers must be explained in this section and the affected equipment repaired, replaced or tagged).		

COMMENTS:

There is No Vent Pipe on tank of Fill Container / No Overfill or Gauge on tank / Tank is on wood Beams / Lines are all connected with Compression Fittings / Copper Lines are Not Cotted Copper / No filter installed / No fire valve on Generator. Also Double Wall tank has Lost It Vacuum.

Technician's Name (please print clearly): _____

Telephone: _____

Technician's Signature: _____

Certificate No _____

Date: Nov 16/16

FUEL OIL DISTRIBUTOR INSPECTIONS

APPLIANCES - COMPREHENSIVE

REPORT NUMBER:

OWNER / OPERATOR: Municipality of Greenstone

LOCATION: High hill harbour Beardmore on TELEPHONE NO. _____

OWNER'S ADDRESS (if different from above): _____

Type of Appliance	1st APPLIANCE	2nd APPLIANCE
Manufacturer	<u>Cat Generator</u>	
Model	<u>Olympian</u>	
	<u>D50P3</u>	
Date of Manufacture or Age in Years	<u>2004</u>	
Size (BTU/Hr)	<u>45 KW</u>	
Serial No.	<u>OLY00000ENPF03914</u>	
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No <input 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 type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are the results of combustion analysis acceptable?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. If required, is there a proper chimney cleanout?	<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
13. Is the chimney properly lined?	<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
14. Is the vent liner fitted with proper flashing, cap and base T?	<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
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 checked="" type="checkbox"/> No <input 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: _____

Certificate No.: _____

Date: Nov 16/2016