

Initial Fuel Oil Storage Tank Evaluation – above ground tanks
Revised May 2006

Name _____

Address _____

Town _____ State _____ Zip _____

Telephone () _____

Tank

Tank location		_____	
If outside, is the tank protected by an enclosure	N/A	Yes	No
Is the tank installed full secondary containment		Yes	No
Tank size		_____	
Tank height		_____	
Tank type		_____	
Tank age		_____	
Tank condition satisfactory, including legs and pad or foundation		Yes	No
Tank securely mounted in flood prone areas	N/A	Yes	No
Any evidence of historic oil spills		Yes	No
System checked for oil leaks		Yes	No
Amount of oil in tank		_____	
Any water in tank		Yes	No
If yes, how many inches		_____	
Tank gauge properly installed & accurate		Yes	No
Tank bottom at least 6" off ground		Yes	No
Tank at least 5 feet from burner or other sources of fire or flame		Yes	No
Evidence of external corrosion		Yes	No
Unused openings properly plugged		Yes	No

Comments: _____

Fill Pipe

Pipe size		_____	
Pitched toward tank		Yes	No
Proper material		Yes	No
In good condition		Yes	No
Fill cap in place & in good condition		Yes	No
Fill positioned to avoid buildup of water and snow		Yes	No
Properly piped, outside at least 2' from windows or openings		Yes	No
Fill properly tagged		Yes	No
Old fill pipe removed	N/A	Yes	No

Comments: _____

Vent Pipe

Pipe size		
Pitched toward tank	Yes	No
Proper material	Yes	No
In good condition	Yes	No
Vent visible from fill	Yes	No
Vent alarm installed	Yes	No
Vent cap in place & in good condition	Yes	No
Vent free of obstructions	Yes	No
Positioned to avoid buildup of water and snow	Yes	No
Higher than fill pipe	Yes	No
Properly piped, outside at least 2' from windows or openings	Yes	No

Comments: _____

Oil lines

Line size		
Proper material	Yes	No
Oil lines encapsulated	Yes	No
Working shutoff at tank	Yes	No
OSV valve installed	Yes	No
All lines properly connected to tank and burner	Yes	No
Outside exposed lines insulated	N/A	Yes No
Any compression fittings	Yes	No
Oil filter properly installed	Yes	No
Fusible valves properly located	Yes	No

Comments: _____

This tank is acceptable for fuel delivery. Yes No

This tank will be acceptable for delivery once the following defects are corrected: Yes No

This tank is NOT acceptable and must be replaced prior to delivery. Yes No

Comments: _____

Inspected by: _____ **Date:** _____

NORA ID: _____ **Date of NORA certification:** _____

Company: _____

Address: _____

Town: _____ **Tel: (_____) _____**