



RESIDENTIAL HEATING OIL TANK SELF-INSPECTION REPORT

Date of the job:
City permit #:
Project address:
Contractor:
Licensed Supervisor:
Other Credentialed Employees:
CHECKLIST
<input type="checkbox"/> CGI, Combustible gas indicator
<input type="checkbox"/> Fire Extinguisher, 40 BC
<input type="checkbox"/> City Permit
<input type="checkbox"/> First Aid Kit, eye wash
<input type="checkbox"/> Telephone
<input type="checkbox"/> Absorbent brooms, pad
REMOVAL SEQUENCE
<input type="checkbox"/> Conduct a safety tailgate meeting, identify the location of a telephone, hospital route, utilities, any potential ignition sources, and discuss employee responsibilities
<input type="checkbox"/> Prevent spillage during operations. Protect sensitive environments.
<input type="checkbox"/> Pump the tank, check the LEL and inert if not below 10% of the LEL. Use grounding equipment.
<input type="checkbox"/> Excavate tanks.
<input type="checkbox"/> Expose, flush, and remove product lines. Use grounding equipment.
<input type="checkbox"/> Triple rinse tank, if necessary, to lower LEL to 10%.
<input type="checkbox"/> Pump tank again. Use grounding equipment.
<input type="checkbox"/> Check LEL before removal.
<input type="checkbox"/> Before transport, paint in large letters on the tank: date, content, and the LEL.
Tank Sizes:
Date of Last Calibration:
Oxygen Reading at the time of Removal:
LEL Reading at the time of Removal:
Date and Time of Tank Removal:
Supervisor Signature: