

TANK ROOM INSPECTION DOCUMENT

Management Company:	Contact Person:
Building Address:	
Building Super Name: S	uper Phone Number:
TANK AND TANK ROOM DETAILS	
Tank Size: Gallons Grade of Oil in Grade o	ed: Last date cleaned: PBS Number available: Yes No
Tank Room Floor: Concrete Dirt Is tank in contact with floor: Yes No Is tank encased: Yes No Secondary containment exists: Yes No Tank coating visible: Yes No	Is tank on Saddles: Yes No Is bottom of tank visible: Yes No Are weep holes clear & visible: Yes No Epoxy coating to code: Yes No Are all FO pipes exposed: Yes No
Does leak detection exist: Yes No Antiphon valve exists: Yes No Visible leak at manhole gasket: Yes No Working vent alarm: Yes No	Proper fittings used on tank: Yes No
Self-Closing door: Yes No Tank room "Placard" exist: Yes No Fuel type marker at fill port: Yes No Tank registration number stenciled on tank: Yes Type of gauge for reading:	Hatchway to tank room: Yes No Proper Fill Box Containment: Yes No Fresh air available in tank room: Yes No No Internet in boiler room: Yes No
Condition of Lights: Good Poor Does debris exist in tank room: Yes No Environment of tank room: Dry Moist	<u>Drains in close proximity:</u> Yes No

Disclaimer:

This check list is a compilation of tank and tank room items that are extrapolated from the DEC Code 6NYCRR Part 613 – Oct.11, 2015 and items required by the DOB. The Code does not specify items to be inspected by the DEC, therefore this list is intended to highlight as many items as possible to ensure compliance.

Original Energy is not responsible for items not included and that may be found to be in violation by the DEC. Original Energy is not responsible for any violations or payments thereof.



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Contact Person:

Management Company:

Building Address:
<u>Comment Section:</u> Inspection notes to be applied here. Please note anything observed not covered on the checklist that should be noted to owner /property management firm.
Inspection By:
Date: