# Initial Fuel Storage Tank Evaluation Above ground tanks

Name ____________________________________________

Address _________________________________________

Town_______________________________  State _____________  Zip __________________

Telephone (          )______________________Email___________________________________

## Tank

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tank location?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If outside, is the tank protected by an enclosure?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the tank installed with full secondary containment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank size?_______________gallons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank height?_____________ inches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank type?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank exterior, including legs and pad or foundation satisfactory?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of excessive external corrosion?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank securely mounted in flood prone areas?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any evidence of oil spills?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank checked for oil staining?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank gauge properly installed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank bottom at least 6 inches off the ground?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank at least 5 feet from open flame or fuel burning appliance?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unused openings properly plugged?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Tank Contents

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of oil in the tank?_______________gallons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there water in the tank?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, how many inches?_______________ inches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Fill Pipe

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe size</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pitched toward tank?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper material?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In good condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positioned to avoid buildup of water and snow?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fill cap (including gasket if applicable) in place/in good condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Properly piped, outside at least 2 feet from windows or openings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fill properly identified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Old fill pipe removed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised January 2020
## Vent Pipe

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proper size?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pitched toward tank?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper material?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In good condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vent visible from fill?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vent alarm installed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vent cap in place and in good condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positioned to avoid buildup of water and snow?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher than fill pipe?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Properly piped, outside at least 2 feet from windows or openings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Properly piped, outside at least 5 feet from appliance air inlets or flue gas outlets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:___________________________________________________________________

## Oil Lines

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line size?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper material?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oil lines encapsulated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working shutoff at tank?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSV installed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lines properly connected back to burner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside exposed lines insulated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any compression fittings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oil filter properly installed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fusible valves properly located?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System checked for oil leaks?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:___________________________________________________________________

**This tank is acceptable for fuel delivery.** □ Yes ..... □ No

This tank **will be** acceptable for delivery **once** the following defects are **corrected**:

- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________

Inspected by:______________________________________ Date: ______________________

Company:________________________________________  Phone: ______________________

Town:__________________________________________
**Initial Fuel Storage Tank Evaluation In ground tanks**

Name_______________________________________________________________________

Address_____________________________________________________________________

Town_______________________________  State _____________  Zip _________________

Telephone (             )____________________Email___________________________________

### Tank
Visual inspection of components to extent possible

- Tank location?____________________________________________________
- Tank size?_______________gallons
- Tank type?____________________
- Any evidence of oil spills? ............................................................
  - Yes ....
  - No
- Amount of oil in the tank?_______________gallons
- Is there water in the tank? ............................................................
  - Yes ....
  - No
- If yes, how many inches?_______________inches
- Comments:___________________________________________________________________

### Fill Pipe
Pipe size______________________

- Proper material? ............................................................
  - Yes ....
  - No
- In good condition? ............................................................
  - Yes ....
  - No
- Positioned to avoid buildup of water and snow? ............................................................
  - Yes ....
  - No
- Fill cap (including gasket if applicable) in place/in good condition? ....
  - Yes ....
  - No
- Properly piped, outside at least 2 feet from windows or openings? ........
  - Yes ....
  - No
- Fill properly identified? ............................................................
  - Yes ....
  - No
- Other fill pipes on property? ............................................................
  - Yes ....
  - No
- Comments:___________________________________________________________________

### Vent Pipe
Proper size? ............................................................

- Proper material? ............................................................
  - Yes ....
  - No
- In good condition? ............................................................
  - Yes ....
  - No
- Vent visible from fill? ............................................................
  - Yes ....
  - No
- Vent cap in place and in good condition? ............................................................
  - Yes ....
  - No
- Positioned to avoid buildup of water and snow? ............................................................
  - Yes ....
  - No
- Higher than fill pipe? ............................................................
  - Yes ....
  - No
- Properly piped, outside at least 2 feet from windows or openings ..
  - Yes ....
  - No
- Properly piped, outside at least 5 feet from appliance air inlets or flue gas outlets? ............................................................
  - Yes ....
  - No
- Comments:___________________________________________________________________

Revised January 2020

All NORA inspection forms at: noraweb.org/storage-tanks
Oil Lines

Line size?____________________

Inside lines in contact with concrete or dirt protected against corrosion? ................................................................. □ Yes ...... □ No

Any evidence of oil spills? ................................................................. □ Yes ...... □ No

Shutoff at wall? ............................................................................ □ Yes ...... □ No

OSV installed? ............................................................................... □ Yes ...... □ No

Lines properly connected back to burner? ........................................ □ Yes ...... □ No

Any compression fittings visible? ..................................................... □ 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:

- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________

Inspected by:______________________________________ Date: ______________________

Company:________________________________________  Phone: ______________________

Town:____________________________________________

Revised January 2020
# Routine Fuel Storage Tank Evaluation

**Above ground tanks**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Town</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Tank
- Tank securely mounted in flood prone areas?  
  - [ ] Yes  
  - [ ] No  
  - [ ] N/A  
- Any evidence of historic oil spills?  
  - [ ] Yes  
  - [ ] No  
- Tank checked for oil staining?  
  - [ ] Yes  
  - [ ] No  
- Amount of oil in the tank?  
  - [ ] Yes  
  - [ ] No  
- Is there water in the tank?  
  - [ ] Yes  
  - [ ] No  
- If yes, how many inches?  
  - [ ] Yes  
  - [ ] No  
- Tank gauge in good condition?  
  - [ ] Yes  
  - [ ] No  
- Tank at least 5 feet from burner or other sources of fire or flame?  
  - [ ] Yes  
  - [ ] No  
- Evidence of excessive external corrosion?  
  - [ ] Yes  
  - [ ] No  
- Unused openings properly plugged?  
  - [ ] Yes  
  - [ ] No  

Comments: __________________________________________________________________________________________

## Fill Pipe
- In good condition?  
  - [ ] Yes  
  - [ ] No  
- Positioned to avoid buildup of water and snow?  
  - [ ] Yes  
  - [ ] No  
- Fill cap (including gasket if applicable) in place/in good condition?  
  - [ ] Yes  
  - [ ] No  
- Fill properly identified?  
  - [ ] Yes  
  - [ ] No  

Comments: __________________________________________________________________________________________

## Vent Pipe
- In good condition?  
  - [ ] Yes  
  - [ ] No  
- Vent cap & screen in place and in good condition?  
  - [ ] Yes  
  - [ ] No  
- Positioned to avoid buildup of water and snow?  
  - [ ] Yes  
  - [ ] No  

Comments: __________________________________________________________________________________________

## Oil Lines
- Approved shutoff at tank?  
  - [ ] Yes  
  - [ ] No  
- All lines properly connected to burner?  
  - [ ] Yes  
  - [ ] No  
- Outside exposed lines insulated?  
  - [ ] Yes  
  - [ ] No  
  - [ ] N/A  

Comments: __________________________________________________________________________________________

This tank is acceptable for fuel delivery.  
  - [ ] Yes  
  - [ ] No  

Comments: __________________________________________________________________________________________

Inspected by: __________________________ Date: __________

Revised January 2020

All NORA inspection forms at: noraweb.org/storage-tanks
Routine Fuel Storage Tank
Evaluation In ground tanks

Name_______________________________________________________________________
Address_____________________________________________________________________
Town_______________________________  State _____________  Zip ________________
Telephone (        )______________________Email____________________________________

Tank
Any evidence of historic oil spills? ....................................................   Yes ...........   No
Amount of oil in the tank?_______________gallons
Is there water in the tank? ....................................................................   Yes ...........   No
If yes, how many inches?_______________inches
Coments:___________________________________________________________________

Fill Pipe
In good condition? .............................................................................   Yes ...........   No
Positioned to avoid buildup of water and snow? ...............................   Yes ...........   No
Fill cap in place and in good condition?.............................................   Yes ...........   No
Fill properly identified? .......................................................................   Yes ...........   No
Coments:___________________________________________________________________

Vent Pipe
In good condition? .............................................................................   Yes ...........   No
Vent cap in place and in good condition? ...........................................   Yes ...........   No
Positioned to avoid buildup of water and snow? ...............................   Yes ...........   No
Coments:___________________________________________________________________

Oil Lines
Shutoff at wall? ................................................................................   Yes ...........   No
All lines properly connected to burner? ..............................................   Yes ...........   No
Outside exposed lines insulated? .......................................................   Yes ...........   No...   N/A
Coments:___________________________________________________________________

This tank is acceptable for fuel delivery.  .  Yes...........   No

Comments:______________________________________________________________________________

Inspected by:________________________________________  Date: ______________

Revised January 2020
All NORA inspection forms at: noraweb.org/storage-tanks
Delivery Report Form
Above ground tanks

NOTE: This form is only to be completed when follow-up is needed.

Name_______________________________________________________________________
Address_____________________________________________________________________
Town_______________________________ State _____________  Zip __________________
Telephone (          )_____________________ Email____________________________________

Location
Address verified?...............................................................  Yes.........  No
Delivery instructions verified?...............................................................  Yes.........  No
Tank location verified?...............................................................  Yes.........  No

Tank
If the tank is readily accessible, check the following:
Tank gauge in good condition?...............................................................  Yes.........  No
Any evidence of historic oil spills?...............................................................  Yes.........  No
Tank condition satisfactory including legs and foundation?...............................................................  Yes.........  No
Unused openings properly plugged?...............................................................  Yes.........  No

Fill Pipe
In good condition?...........................................................................  Yes.........  No
Positioned to avoid buildup of water and snow?...............................................................  Yes.........  No
Fill cap in place and in good condition?...............................................................  Yes.........  No
Fill properly identified?...........................................................................  Yes.........  No

Vent Pipe
In good condition?...........................................................................  Yes.........  No
Vent cap in place and in good condition?...............................................................  Yes.........  No
Positioned to avoid buildup of water and snow?...............................................................  Yes.........  No
Vent alarm working properly ...............................................................  Yes.........  No

Oil Lines
Outside exposed lines insulated?...............................................................  Yes.........  No....  N/A

Final Scan
Verified that no oil spilled during delivery? ...............................................................  Yes.........  No

Comments:_____________________________________________________________________

Inspected by:________________________________________  Date: ______________

Revised January 2020
Delivery Report Form
In ground tanks

NOTE: This form is only to be completed when follow-up is needed.

Name__________________________________________
Address__________________________________________
Town_______________________________ State _____________ Zip __________________
Telephone (         )______________________Email___________________________________

Location
Address verified?..........................................................................................  Yes.......  No
Delivery instructions verified?.................................................................  Yes.......  No
Tank location verified? .................................................................................  Yes.......  No

Tank
Any evidence of historic oil spills? .................................................................  Yes........  No

Fill Pipe
In good condition? .........................................................................................  Yes.......  No
Positioned to avoid buildup of water and snow? ...........................................  Yes.......  No
Fill cap (and gasket if applicable) in place and in good condition? ...  Yes........  No
Fill properly identified? ..................................................................................  Yes.......  No

Vent Pipe
In good condition? .........................................................................................  Yes.......  No
Vent cap in place and in good condition? ......................................................  Yes.......  No
Positioned to avoid buildup of water and snow? ...........................................  Yes.......  No
Vent alarm working properly? ...........  NA used portable vent ...........  Yes.......  No

Final Scan
Verified that no oil spilled during delivery? ..................................................  Yes.......  No

Comments:_____________________________________________________________________

Inspected by:_______________________________ Date: ______________

Revised January 2020

NOTE:  This form is only to be completed when follow-up is needed.

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