



# Tank & Supply System Installation Checklist

Clause references to CSA B139.2-15



Fax: 867-668-8395

Fax: 867-393-6249

**To be completed & submitted by the OBM responsible for the controlled installation before final inspection**

**Installation Location:** \_\_\_\_\_

Permit #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Municipal or Legal Address

Owner Information:	Installer Information:
Owner's Name: _____	Installer's Name: _____
Address: <input type="checkbox"/> Same as above _____	Company Name: _____
_____	Location: _____
_____	Contact #s: _____
Contact #s: <input type="checkbox"/> Home <input type="checkbox"/> Cell _____	E- mail: _____

Tank Information	Type: <input type="checkbox"/> Steel Single-wall <input type="checkbox"/> Steel Double-wall <input type="checkbox"/> FRP Single-wall <input type="checkbox"/> FRP Double-wall <input type="checkbox"/> Plastic/Steel Double-wall <input type="checkbox"/> Other (specify): _____
Number of tanks: _____ <input type="checkbox"/> Auxiliary tank <input type="checkbox"/> Multiple bottom-connected <input type="checkbox"/> Pressure-filled multiple top-connected	
<b>Tank Standard:</b> <input type="checkbox"/> S602 <input type="checkbox"/> C80.1 <input type="checkbox"/> Other (specify): _____	
<b>Size:</b> _____ <input type="checkbox"/> Litres <input type="checkbox"/> Gallons	<b>Date of Manufacture:</b> _____
<b>Manufacturer:</b> _____	<b>Serial #:</b> _____
<b>Location:</b> <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors Describe: _____	
<input type="checkbox"/> Distance is acceptable from building exits (6.4.2), fuel-fired appliances (6.2.3.2.2), and property lines (7.3.3)	
<input type="checkbox"/> Clearance around tank(s) meet B139-15 Code requirements for inspection (7.3.2 to 7.3.6)	
<input type="checkbox"/> Protection is provided from vehicular damage or other conditions incidental to outdoor use (5, 6.4.1 & 7.3.3)	
<b>Support:</b> <input type="checkbox"/> Pipe legs with flanges <input type="checkbox"/> Elevated Stand <input type="checkbox"/> Manufacturer's support <input type="checkbox"/> Other	
<b>Base/Foundation:</b> Meets requirements of <input type="checkbox"/> B139-15 Code <input type="checkbox"/> Manufacturer's installation instructions	
Describe base/foundation: _____	
<b>Tank Restraint/Anchorage:</b> Meets requirements of <input type="checkbox"/> B139-15 <input type="checkbox"/> Manufacturer's specs for seismic restraint	
Describe restraint method: _____	
<b>Fill &amp; Vent Pipes:</b> Size, material, & configuration meet requirements of <input type="checkbox"/> B139-15 Code <input type="checkbox"/> Manufacturer's instructions	
<input type="checkbox"/> Termination cap and location meet requirements of the B139-15 Code	
<b>Gauge &amp; Whistle:</b> Meets requirements of <input type="checkbox"/> B139-15 Code <input type="checkbox"/> Manufacturer's installation instructions	
<b>Tank Leak Test:</b> Test method met requires of <input type="checkbox"/> 6.9 of B139.2-15 Code <input type="checkbox"/> Manufacturer's instructions	
Describe test method and results: _____	
Name & signature of person who conducted test: _____	
Print Name	Signature
Date of Test: _____	<b>See over for supply system checklist.</b>

**Supply System Information**

**Material(s):**  Piping  Copper tubing  Flexible connector  Other (specify): \_\_\_\_\_

Describe standard, schedule, grade of materials used: \_\_\_\_\_

**Location:**  Indoors  Outdoors  Aboveground  Underground  In or below concrete floor

**Configuration:**  One-line system  Two-line system  Other (specify): \_\_\_\_\_

**Fittings and Joints:** Meets requirements of  B139-15 Code  Manufacturer's installation instructions

Describe materials and method: \_\_\_\_\_

**Aboveground Supply Line Support and Protection:**  Supported in compliance with the B139 Code

Protected from physical damage and corrosive atmospheres (5.2)

Protected from contact with concrete or any material that can cause a galvanic (rust) reaction

**Underground Supply Line:**  Certified and suitable for the application

Installed with secondary containment

Equipped with a means of detecting a leak from the primary pipe or tube

Installation and testing meets the requirements of the B139 Code and the manufacturer

**Valves:** Type:  Ball  Globe  Gate  Plug  Fusible  Anti-siphon  Other (specify): \_\_\_\_\_

Suitable and certified for intended use

Located at the tank outlet and at other service locations (5.6.2.2)

Readily accessible and protected from damage

**Filter(s):**  Certified for the intended use

Mesh size and installation complies with Code and the manufacturer's instructions (filter, burner, appliance)

Installed indoors. If not, provide justification: \_\_\_\_\_

Temperature rating or fire protection meets requirements of B139 Code

**Deaerator:** Make and model: \_\_\_\_\_

Certified for the intended use

Installation complies with B139 Code and the manufacturer's instructions (deaerator, burner, appliance)

Filter and fusible link valve installed upstream

Temperature rating or fire protection meets requirements of B139 Code

**Pumps:** Type(s):  Integral to burner  Lift pump  Booster  Other (specify): \_\_\_\_\_

Installation complies with B139 Code and the manufacturer's instructions (pump, burner, appliance)

**Leak Test Method and Results:**  Entire Supply system is oil tight Describe method of test: \_\_\_\_\_

Name, signature, and OBM certificate number of person attesting that this checklist is accurate:

Printed name

Signature

OBM #

Date: