



CANADIAN  
OIL HEAT  
ASSOCIATION

# FUEL OIL DISTRIBUTOR INSPECTIONS APPLIANCES - COMPREHENSIVE

REPORT NUMBER:

**C - 345146**

OWNER / OPERATOR: Brent Sidor

LOCATION: 470 Hwy 641

TELEPHONE NO. \_\_\_\_\_

OWNER'S ADDRESS (If different from above): \_\_\_\_\_

	1st. APPLIANCE	2nd. APPLIANCE
Type of Appliance	Forced air Furnace	
Manufacturer	LENNOX	
Model	023Q3-105\120-3B	
Date of Manufacture or Age in Years	8/4/1998	
Size (BTU/Hr)	85,000	
Serial No.	8498M29274	
1. Is the appliance approved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the appliance installed in accordance with the fuel oil code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the appliance being used in accordance with its approval?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the appliance venting installed in accordance with the fuel oil code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the venting system free of defects, debris or corrosion?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the vent sized properly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is proper combustion and ventilation air openings installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Is the installation free of indications of heat exchanger cracks, defects in the refractory, pot and/or heat shields?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are all limits and safety controls properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is the appliance installed with appropriate clearances from combustibles?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are the results of combustion analysis acceptable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. If required, is there a proper chimney cleanout?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. Is the chimney properly lined?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14. Is the vent liner fitted with proper flashing, cap and base T?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15. If there is a sidewall vent attached to the appliance is it installed according to code and the manufacturer's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NOTES: (any "No" answers must be explained in this section and the affected equipment repaired, replaced or tagged)		

**COMMENTS:**

Technician's Signature:

*Tom Tashchuk*

Certificate No.:

0798931

Date:

09/11/14



# FUEL OIL DISTRIBUTOR INSPECTIONS

## ABOVEGROUND TANKS    INSIDE    OUTSIDE

REPORT NUMBER:  
~~476487~~  
 345146

*Note: Inspection is limited to external observation of tanks and components in their operating position.*

	1st. TANK	2nd. TANK
Type of Tank i.e. ULC-S602	Roth 1000 L	
Manufacturer	Roth Nonmetallic	
Date of Manufacture or Age in Years	10/11/2013	
Senal No.	0851305361347	
1. Is the tank approved for its present use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the tank appear to have been installed in accordance with the fuel oil code, the certification document and the manufacturer's instructions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are the tank vent and fill pipes properly installed and terminated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the tank equipped with a proper fill cap?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the tank equipped with a proper gauge and overfill protection device (whistle)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the tank properly supported on a firm base?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the tank support system in good condition, non-combustible and stable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If two tanks are joined, are they installed on a common slab?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. If two tanks are bottom connected, are they connected with 2 in. pipe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. Is the system free of leaks or any signs of weepage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is the tank and piping painted or coated to prevent external corrosion?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are burner supply/return lines free of compression fittings?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are burner supply/return lines installed above grade and protected or underground and chased?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are burner supply/return lines installed to code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is an approved shut-off valve installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is an approved filter installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is the fill/vent pipe steel or galvanized construction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is the tank located at least 2 feet from the appliance or is the tank protected from the appliance by a fire rated wall. (for inside tank only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
19. If required is the tank protected from vehicle damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20. If required is the tank (over 2500L) protected with appropriate secondary containment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NOTES: (any "No" answers must be explained in this section and the affected equipment repaired, replaced or tagged)		

**COMMENTS:**

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