



FACILITY INFORMATION SHEET

FACILITY NAME	FACILITY TYPE	FACILITY NUMBER
FACILITY STREET ADDRESS (PO BOX NOT ACCEPTABLE)	CONTACT PERSON (AT LOCATION)	AREA CODE & TELEPHONE NUMBER
CITY	STATE	ZIP CODE
TANK OWNER'S NAME	STREET ADDRESS	AREA CODE & TELEPHONE NUMBER
CITY	STATE	ZIP CODE

CONTRACTOR, LPG OR CNG GAS SUPPLIER INFORMATION

COMPANY NAME	AREA CODE & TELEPHONE NUMBER	
MAILING ADDRESS	CONTACT PERSON	TITLE
CITY	STATE	ZIP CODE

TANK INFORMATION

TANK #	PRODUCT	SERIAL NUMBER	MANUFACTURER	YEAR	CAPACITY	UPGRADE REQUIREMENTS MET (FL/CL)

FACILITY TYPE

AST		LPG	CNG
<input type="checkbox"/> BULK PLANT	<input type="checkbox"/> PIPELINE	<input type="checkbox"/> DISTRIBUTION PLANT	<input type="checkbox"/> PRIVATE SS
<input type="checkbox"/> REFINERY	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> DISTRIBUTION POINT	<input type="checkbox"/> PUBLIC SS
<input type="checkbox"/> MARINE SS	<input type="checkbox"/> PRIVATE SS	<input type="checkbox"/> INDUSTRIAL PLANT	
<input type="checkbox"/> PUBLIC SS	<input type="checkbox"/> OIL WELL	<input type="checkbox"/> MOTOR FUELING	
<input type="checkbox"/> OIL BURNING FACILITY	<input type="checkbox"/> FL/CL	<input type="checkbox"/> LPG	

INSPECTOR NAME: _____ DATE: _____