

FOSTER FUELS INC.  
 16720 Brookneal HWY // Brookneal, VA 24528  
 800-344-6457 // Fax: 434-376-5969  
 FOSTERFUELS.COM



### PROPANE SITE INSPECTION

#### CUSTOMER INFORMATION

Submitted to: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Site Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_ Sales Representative: \_\_\_\_\_  
 Site Name/Code: \_\_\_\_\_ Site Access: \_\_\_\_\_  
 Date of Inspection: \_\_\_\_\_

#### CONTAINER INFORMATION

Container Count: \_\_\_\_\_ Size(s): \_\_\_\_\_ Type: \_\_\_\_\_  
 Manufacturer:  ASME  DOT Manufacturer Date: \_\_\_\_\_ Last Certification Date: \_\_\_\_\_  
 Month/Year: \_\_\_\_\_ S/N \_\_\_\_\_

*Disclaimer: This inspection covers gas equipment and appliances visible and readily accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal workings of sealed equipment or structural components, and cannot be construed to cover future or unforeseen happenings.*

#### CHECKLIST

Complete	Notes:
<input type="checkbox"/> <b>Container Visual Inspection</b> <i>Paint condition, drop tank, surface rust, and pitting, etc.</i>  LP Gas System Type:                      Pumps present. <input type="checkbox"/> Liquid <input type="checkbox"/> Vapor <input type="checkbox"/> Yes <input type="checkbox"/> No Site with vaporizer.                      Motors present. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>Relief Valve</b>  Manufacturer: _____ Suitable for continued service? <input type="checkbox"/> Yes <input type="checkbox"/> No Model: _____ Serial: _____	
<input type="checkbox"/> <b>Remote Monitoring System</b>  Remote monitoring installed?                      Monitored by: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Foster Fuels <input type="checkbox"/> Self-Monitored Type: _____ <input type="checkbox"/> Other Manufacturer: _____	