

Annual Inspection Report for a Jobsite Storage Tank System

PSF_CERT_002_01_2016



Conservation and Climate

Environmental Compliance and Enforcement

1007 Century St

Winnipeg, MB R3H 0W4

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**Storage and Handling of Petroleum
Products and Allied Products Regulation
M.R. 188/2001**

Instructions: The owner of the storage tank system must submit this inspection report, with the associated Application to Operate, to the Petroleum Storage Program, c/o Environmental Compliance and Enforcement. Incomplete application packages will be returned to the applicant unprocessed.

Storage Tank Information	
Tank Owner	
Name of Operation	
New Application	<input type="checkbox"/>
Renewal	<input type="checkbox"/>
Existing Permit Number	
Product Stored	
Nominal Tank Capacity	
Tank Manufacturer	
Serial #	
Tank ID #	
Tank Construction	
(1) ULC 601	<input type="checkbox"/> 1
(2) ULC 653	<input type="checkbox"/> 2
Internal Protection	<input type="checkbox"/> Y N
Spill Prevention, Spill Containment and Product Transfer	
Spill Prevention Systems	
(1) high level alarm	<input type="checkbox"/> 1
(2) overfill protection system	<input type="checkbox"/> 2
(3) overfill protection device	<input type="checkbox"/> 3
Leak Detection and Spill Prevention Information	
Spill Prevention Valves	
(1) anti-siphon valve (<i>top draw</i>)	<input type="checkbox"/> 1
(2) solenoid valve (<i>bottom draw</i>)	<input type="checkbox"/> 2
(3) gate valve (<i>bottom draw</i>)	<input type="checkbox"/> 3

Note any damage to body of the tank:

I, _____ employed by
(Name of licensed petroleum technician)

_____ do hereby certify that I have
(Company name)

completed the inspection of tank number _____ for:
(Tank serial number)

(Name of storage tank owner)

And have found the storage tank and the condition of the storage tank to be in accordance with Manitoba Regulation 188/2001 standards and requirements.

(Date)

(Licensed petroleum technician signature)

For Internal Use Only

Date Received: _____

EMS OP ID: _____

Complete: Yes No

Approval ID: _____

File No.: _____

MCCR: _____