

FUEL FORCE

FUELING SYSTEM SITE INFORMATION

Facility Information

Site Name: _____ Date: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Phone: _____
Fax: _____ Email: _____

Equipment information

Tanks

Tank area inspection items: Check each tank / sump for the following indicated items.
Note any discrepancies below in the notes section. Initial sections when complete.

	Tank 1	Tank 2	Tank 3	Tank 4
Product:				
Cathodic Protection readings:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tank sump maintenance / cleaning:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check for water in tank:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Remove and dispose of water:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tank Cleaning:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes: _____

Spill / Overfill

Items to inspect: Initial each section when complete.

	Tank 1	Tank 2	Tank 3	Tank 4
Inspect components & test for operation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clean out spill container	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check drains / valves on spill containers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inspect fill pipe cap and adaptor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes: _____

Tank Gauge

Items to inspect: Initial each section when complete.

- Diagnostic check: Attach printout to this checklist
- Probe maintenance - cleaning: Pull probe - wipe down and check floats
- Sensor maintenance - check and clean: Trip to check for operation
- System setup check: Verify programing

Notes: (List any alarms) _____

Piping

Items to inspect: Initial each section when complete

- Inspect piping connections: Note any leaks below in notes section
- Cathodic protection testing: Diagram piping and readings on back
- Leak detector test - mechanical:
- Leak detector test - electronic:
- Precision piping test:

Notes: _____

Point Of Sale

Items to inspect: Initial each section when complete
If multiple POS on site - perform checks on all

- Diagnostic check:
- System set up check:
- Cleaning:
- Back up programming:

Notes: _____

Dispensers / Pumps

Items to inspect: Use additional sheets if necessary.

Pump #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inspect for leaks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inspect and exercise impact valves	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inspect anchoring	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Verify programming	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inspect and clean cooling fans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inspect lighting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inspect and clean electronics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inspect hoses, nozzles, and accessories	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clean screens	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Change customer supplied filters	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lubricate totalizer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lubricate cabinet / other moving parts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clean Exterior	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Calibration check (per hose):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes: _____

Canopy Services

If canopy services are included, perform the following tasks and initial:

Clean and Flush:

Clean lights:

Notes: _____

Additional site notes:

Notes: _____

