# Special Equipment Checklist - Bulk Propane Suggested frequency minimum once per year 

| Municipality | Inspection Date: | I | I20 |
| :--- | :--- | :--- | :--- |
| Name of Inspector: | Title: |  |  |
| Location Surveyed: | Tank capacity: | WC |  |

Reference: Chapter 8 of the Liquefied Petroleum Gas Code, NFPA 8-2014

| If own more than one, each is uniquely identified, Use separate sheet for each tank |  |  |  |  |
| :--- | :--- | :---: | :---: | :---: |
| \# | Needs <br> work | OK | N/A | Write line \# \& comments on back for each needs work item |

Propane Tanks Municipality does not own this equipment $\square$


