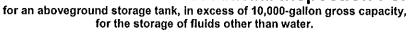


## The Commonwealth of Massachusetts DEPARTMENT OF FIRE SERVICES

## **AST Use Permit Renewal Annual Inspection Form**





Pursuant to Massachusetts General Laws (M.G.L.) c. 148, § 37, all aboveground storage tanks, subject to the requirements of 502 C.M.R. 5.00, shall be inspected annually. All information must be typed or neatly printed. All fields must be completed or the Annual Inspection Form will be returned. A separate Annual Inspection Form shall be submitted for each individual tank. For tank construction or installation, use the Application for Construction and Installation. For tank maintenance, as defined in 502 CMR 5.00, use the Application for Maintenance.

Business/Site Information:		
Business name:		
Street address:		
Business (mailing) address:		
	Title:	
	Fax Number:	
Contact name's e-mail address:		
Corporate Information:	☐ Same information as in Business/Site above	
Business name:		
Business (mailing) address:	11 (10 (13 (10 (10 (10 (10 (10 (10 (10 (10 (10 (10	
Contact name:	Title:	
elephone number: Fax Number:		
Contact name's e-mail address:		
Tank description:  Compartmented tank? □ No □ Yes – you mu	Gervice	
Content Description (only from the approved list):	lon-Combustible Liquid □ Flammable Gas □ Non-Flammable Gas	
Fire Department Presence: Was the local fire department present for the inspect Any fire department comments must be put on a separate p Date of Inspection:	tion? ☐ No ☐ Yes: Name: page. Separate page(s) included? ☐ Yes, number of pages included: ☐ No	
Faa Paid: Dala received:	Office use only	

initia (managaman)		
-	ector Information:	
	ctor's name:	a a a da a cara a c
	ess name:	***************************************
	hone number: Fax Number:	
	ctor's e-mail address:	
Check		
	J API 653 Inspector. Number:	
	ASME Pressure Vessel Inspector. Number: Exp:	
	Mass. P.E. Number: Discipline:	
	SP001 AST Certified Tank Inspector. Number: Exp:	
	FTPI 2007-1 Inspector. Number: Exp:	
	Other Inspector. All "Others Inspectors" must be previously approved in writing AST Program.	by the Office of the State Fire Marshal,
All Ins	nspectors are only allowed to inspect aboveground storage tanks within the	eir license's scope of practice.
Is there	e a valid registration for this product? ☐ Yes ☐ No ☐ Not required	
Are the	ere valid fire department permits for this product?	
0	☐ Yes, expiration date: ☐ No ☐ Not required	
Has this	is tank been inspected in the nature and frequency as prescribed in 502 CMR 5.	05(1)? □ Yes □ No
Does th	his tank have an accurate written record as prescribed in 502 CMR 5.05(2)?	∃Yes □ No
Has the	e person principally in charge of the tank signed each inspection record, per 502	CMR 5.05(2)? ☐ Yes ☐ No
Have ar	any permits for maintenance (502 CMR 5.04(1)) been issued since the last Annua	al Inspection Form was submitted?
	$\square$ Yes $\square$ No If "Yes", the date the permit was issued by the Office of the S	State Fire Marshal:
	any permits for emergency repair (502 CMR 5.04(3)(e)) been issued since the last ted? □ Yes □ No  If "Yes", the date the permit was issued by the Office o	
	only one of the following:  A. By signing below, I certify that I inspected this AST (its installation, its related a containment) in accordance with 502 CMR 5.00. During my inspection, I foun with the AST and/or its related ancillary equipment, or secondary contain property and/or the environment. The use of the AST must be discontinuinspector's signature:	d at least one unsatisfactory issue ment/dike are unsafe to life, ued immediately.
В.	3. By signing below, I certify that I inspected this AST (its installation, its related a containment) in accordance with 502 CMR 5.00. During my inspection, I foun have attached to this form a letter from the person principally in charge of issue(s) and giving a timeline when each issue will be remedied.	d at least one unsatisfactory issue. I of the tank acknowledging the
	Inspector's signature:	Date:
C.	C. By signing below, I certify that I inspected this AST (its installation, its related a containment) in accordance with 502 CMR 5.00. During my inspection, I foun that must be remedied. I have confirmed that each unsatisfactory issue.	d at least one unsatisfactory issue
	Inspector's signature:	Date:
D.	D. By signing below, I certify that I inspected this AST (its installation, its related a containment) in accordance with 502 CMR 5.00. To the best of my knowled related ancillary equipment and secondary containment or dikes are all in compliant with the applicable regulations and standards.	ge, the tank, its installation, its
	Inspector's signature:	Date: