

# Annual Propane Dispenser Inspection Checklist

Customer Name

Location

Date

**Instructions:** Complete this checklist for all dispensers operating in your market area. Review deficiencies with the customer and ensure corrective actions are completed on a timely basis. Place a check in the box under "OK" if the operation is safe or otherwise compliant. Place a check in the box under "N/A" if it is not applicable.

**N/A OK**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does site have appropriate crash protection?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are emergency response telephone numbers posted?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does site have appropriate signs, decals, and warnings posted?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Are "No Smoking" signs posted in the area?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there evidence of discarded smoking materials in the no smoking area?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there combustibles and other fire hazards present?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the site have at least one 18 lb. B:C rated fire extinguisher within immediate reach? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does site have appropriate levels of security that prohibits unauthorized use?             |
| <input type="checkbox"/> | <input type="checkbox"/> | Are suitable propane-resistant gloves available for employees to use?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Are flexible transfer hoses and related adaptors/hardware in acceptable condition?         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are piping, hoses, and valves leak-free?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are hydrostatic relief valves installed between two liquid shutoff points as required?     |
| <input type="checkbox"/> | <input type="checkbox"/> | If a scale is present, is it accurate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is electrical service and wiring appropriate for the installation?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an approved leak detection solution present for employees to use?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the tank and related piping in acceptable condition?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the site have "1075" cyclinder label decals present?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there emergency shutoff controls in close proximity to the transfer area?              |
| <input type="checkbox"/> | <input type="checkbox"/> | Can and does the operator shut off the liquid supply line out of the tank after hours?     |
| <input type="checkbox"/> | <input type="checkbox"/> | Can operator safely purge cylinders, if required?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are filling instructions present and posted in a conspicuous location?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there evidence that the operator is filling cylinders not equipped with an OPD?         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there evidence that the operator is filling out of date cylinders?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Is operator safely disposing of rejected cylinders?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are only trained employees operating unit?   |
| <input type="checkbox"/> | <input type="checkbox"/> | If operator is visually requalifying cylinders, has the necessary training been provided?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does operator have adequate insurance coverage for the operation?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the proper and complete Lease Agreement on file?  |

Comments/Action Plan: \_\_\_\_\_

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Signature of Inergy Representative

Signature of Dispenser Representative