

16545

OWNER/OPERATOR	[REDACTED]	
LOCATION	[REDACTED]	
OWNER'S ADDRESS (if different from above)	2216 Althorpe Rd Westport	

	1 ST APPLIANCE	2 ND APPLIANCE
Type of Appliance	Boiler	
Manufacturer	Burnham	
Date of Manufacture or Age in Years	2001	
Size (BTU/Hr)	79000 BTU	
Serial Number	41320179	
1. Is the fuel oil appliance or equipment approved for its current use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the appliance installed in accordance with the fuel oil code and the manufacturer's instructions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the appliance installed with appropriate clearances from combustibles?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Does the appliance combustion venting comply with the fuel code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the venting system free of defects, debris, or corrosion?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the combustion gas venting system properly sized?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the chimney properly lined?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Is the installation free of indications of heat exchanger cracks, defects in the refractory, pot, and/or heat shields?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are all limits and safety controls properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are the results of the combustion analysis acceptable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are proper combustion and ventilation air openings installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. Is the electrical wiring, disconnect switch, and overcurrent device properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

NOTE: Any "No" answers must be explained in the Comments section and the affected equipment repaired, replaced, or tagged.

COMMENTS

CONTRACTOR'S NAME	McNamee Plumb + Htg	TSSA #	36590001
TECHNICIAN'S NAME	GIVEN MALONEY	PHONE NO.	613-267-2378
TECHNICIAN'S SIGNATURE	<i>GIVEN MALONEY</i>		
CERTIFICATE NO.	00748669 CB70	DATE	03/03/2025

**FUEL OIL DISTRIBUTOR INSPECTIONS
ABOVEGROUND TANKS**

REPORT NUMBER:

16545

INSIDE OUTSIDE

NOTE: INSPECTION IS LIMITED TO EXTERNAL OBSERVATION OF TANKS AND COMPONENTS IN THEIR OPERATING POSITION

	1 ST TANK	2 ND TANK
Address of Tank Location	2216 A.H. Horpe Rd, Westport	
Type of Tank	ULC/ORD-C80.1	
Manufacturer	Velco	
Date of Manufacture or Age in Years	2013	
Serial Number	5-782407	
1. Is the tank approved for its current use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the tank appear to have been installed in compliance with the fuel oil installation code, the TSSA adoption document, and manufacturer's instructions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the indoor tank have a proper gauge, vent alarm (whistle), and additional overfill protection device or release device?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Are the tank vent and fill pipes of proper materials, properly installed, sloped, and terminated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Is the tank support system located on a firm, stable, non-combustible base, and in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If two tanks are bottom connected, are they connected with 2-inch pipe and both located on a common slab?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Is the tank and piping painted or coated to prevent external corrosion where required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Is the system free of leaks or any signs of weepage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are the burner supply/return lines installed to code and free of compression fittings?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are the burner supply lines installed above grade and protected or underground in a compliant manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is a fusible link valve installed on the oil line where required by code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is there an approved shut off valve and oil filter installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is the tank (over 2500L) protected with appropriate secondary containment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14. Is the tank protected from vehicle impact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

NOTE: Any "No" answers must be explained in the Comments section and the affected equipment repaired, replaced, or tagged.

COMMENTS

CONTRACTOR'S NAME	McNamee Plumb & Hk	TSSA #	36590001
TECHNICIAN'S NAME	Gwen Maloney	PHONE NO.	613 267 2378
TECHNICIAN'S SIGNATURE	Gwen Maloney		
CERTIFICATE NO.	00 748669 0872	DATE	03/03/2025