



ALBANY FIRE DEPARTMENT

ABOVEGROUND STORAGE TANK CLOSURE/REMOVAL CHECKLIST

SUBMIT 5 BUSINESS DAYS PRIOR TO TANK REMOVAL

Date: _____

Tenant/Operator: _____ Phone Number: _____

Address: _____

Property Owner: _____ Phone Number: _____

Address: _____

Type of Closure: Temporary Removal Expected Closure Date: _____

Reason for Closure: _____

Tank No.				
Material Stored				
Manufacturer				
Serial No.				
Capacity (gallons)				
Diameter (feet)				
Length (feet)				
Tank Material ^a	S F C J	S F C J	S F C J	S F C J
Tank Type ^b	SW DW	SW DW	SW DW	SW DW
Tank Listing (None circled denotes non-listed)	UL 142 / UL 2085	UL 142 / UL 2085	UL 142 / UL 2085	UL 142 / UL 2085

^a Material: S = Steel F = Fiberglass C = Composite J = Jacketed

^b Type: SW = Single Wall DW = Double Wall

Temporary Closure: (YES/NO)

Tank No.				
Tank Drained	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Corrosion Protection	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Vent Lines Open	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Other Lines Secured	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Planned Closure Time	_____ Months	_____ Months	_____ Months	_____ Months

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Closure by Removal of Tank: (YES/NO)

Tank No.																
Piping Drained	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Tanks Emptied	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Vapors Purged	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Sludge Removed	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Lines Removed	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Visual Inspection	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N

Leaks/corrosion noted during visual inspections and other remarks:

Tank Removal Contractor: _____

Contact: _____

Tank Disposal Site: _____

Liquid/Sludge Removal Contractor: _____

Contact: _____

Contents of Tank (From Test Report): _____

Attach sketch showing location of tanks and piping.

Inspecting Company: _____

Inspector: _____ Date: _____