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| TR-WM-119 (9/16) Formerly ERS-10737 (6/13) | FOR OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionBureau of Weights and MeasuresP O Box 7837 Madison, WI 53707-7837(608) 224-4942 |  |
| Wis. Admin. Code §ATCP 93.440 |
| API 653 TANK INSPECTION SUMMARY |

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m) Wis. Stats.).

INSTRUCTIONS: Fill in ALL applicable data. A copy of this completed form shall be kept on site; available for viewing by the authorized Wisconsin Inspection Agency upon request.

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| IDENTIFICATION: |
| OWNER NAME      | CUSTOMER ID#      | COMPANY NAME      |
| STREET ADDRESS      | [ ]  CITY [ ]  VILLAGE [ ]  TOWN OF      | STATE   | ZIP      |
| E-MAIL      | PHONE(   )     -      | CELL(   )     -      |
| FACILITY NAME      | SITE ID #      | FACILITY ID #      | TANK#      | CONSTRUCTION DATE      |
| SITE ADDRESS      | [ ]  CITY [ ]  VILLAGE [ ]  TOWN OF      | STATE   | ZIP      | COUNTY      |
| INSPECTOR NAME      | API CERT.##      | COMPANY NAME      |
| STREET ADDRESS      | [ ]  CITY [ ]  VILLAGE [ ]  TOWN OF      | STATE   | ZIP      |
| E-MAIL      | PHONE(   )     -      | CELL(   )     -      |

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| GENERAL INSPECTION INFORMATION: |
| INSPECTION DATE: | TYPE: | PURPOSE: |
|       | [ ]  External | [ ]  Ultrasonic | [ ]  Internal | [ ]  Scheduled | [ ]  Unscheduled | [ ]  Other: (specify)  |       |
| PRIOR INSPECTION DATE: |       | TYPE: | [ ]  External | [ ]  Ultrasonic | [ ]  Internal |

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| TANK SPECIFICATIONS: |
| Manufacturer: |       | Contents: |       | Specific Gravity: |       |
| Dimensions: |       | Capacity: |       | Fill Height: |       |
| Product heated: | [ ]  Yes | [ ]  No | Maximum Operating Temperature(F): |       | WI Regulated Object No. (If applicable): |       |

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| TANK CONSTRUCTION: |
| [ ]  Bare Steel | [ ]  Cathodically Protected (Check one):  | [ ]  A. Galvanic or | [ ]  B. Impressed Current | Date Installed: |       |
| Bottom: | [ ]  Welded | [ ]  Riveted | Original Thickness: |       | [ ]  Leak Detection | Date Installed: |       |
| Shell: | [ ]  Welded | [ ]  Riveted | No. of courses: |       |  |
| Original Course Thickness | 1.       | 2.       | 3.       | 4.       | 5.       | 6.       | 7.       | 8.       |
| Foundation: | [ ]  Grade | [ ]  Concrete Pad | [ ]  Concrete Ringwall | [ ]  Stone Ringwall | [ ]  Other |       |
| Bottom Release Prevention/Detection: | [ ]  1. Impermeable Dike Liner (Description): |       |
| [ ]  2. Cathodic Protection: | Date of last survey: |       | Results: |       |
| [ ]  3. Internal Lining: | Date installed: |       | Type: |       |
| [ ]  4. Groundwater monitoring | [ ]  5. Vapor monitoring | [ ]  6. Interstitial monitoring |
| Roof: | [ ]  1. Open | [ ]  2. Fixed: | [ ]  Cone | [ ]  Dome | [ ]  Umbrella | [ ]  Other |       |
|  | [ ]  3. Floating: | [ ]  Internal | [ ]  External | [ ]  None |

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| TANK INSPECTION: Non-Destructive Test Method (Check where test applied) |
|  | Bottom | Shell | Roof |  | Bottom | Shell | Roof |
| Weld | Plate | Weld | Plate | Weld | Plate | Weld | Plate | Weld | Plate | Weld | Plate |
| Visual | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Radiography | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ultrasonic (Spot) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Mag Flux Scan | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ultrasonic (Scan) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Vacuum Box | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Liquid Penetrant | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Tracer Gas | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Penetrating Oil | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Holiday (Coatings) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Magnetic Particle | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Other (describe): |       |
| Settlement Evaluation: | [ ]  Yes | [ ]  No |

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| INSPECTION RESULTS: |
|  | Bottom | Bottom | Shell | Shell | Roof |
|  | (External) | (Internal) | (External) | (Internal) | Fixed | Floating |
| Min. Remaining Thickness |       |       |       |       |       |       |
| Min. Required Thickness |       |       |       |       |       |       |
| Max. Corrosion Rate |       |       |       |       |       |       |
| Release? | Bottom: | [ ]  Yes | [ ]  No | Differential: | [ ]  Yes | [ ]  No | (Suspected releases shall be investigated and reported per ATCP 93.470) |
| Settlement Within Tolerance? | Bottom (max.): | [ ]  Yes | [ ]  No | Differential: | [ ]  Yes | [ ]  No | Edge: | [ ]  Yes | [ ]  No | Bulges/Ridges: | [ ]  Yes | [ ]  No |
| Comments:  |
|       |
| REPAIR SUMMARY: (Include description, date completed, and date of post-repair inspection) |
| Foundation:  |
|       |
| Bottom: |
|       |
| Shell:  |
|       |
| Roof:  |
|       |
| Appurtenances: |
|       |
| Hydrostatic test required? | [ ]  Yes | [ ]  No | Test date: |       |
| Results: |
|       |
| INSPECTION SCHEDULE: (Supporting calculations must be available for review upon request)       |
| External (ultrasonic): Corrosion rate known?: | [ ]  Yes | [ ]  No | (Year) | #1      | #2      | #3      | #4      | #5      |
| External (visual): (Year) | #1      | #2      | #3      | #4      | #5      |
| Internal: (Year) |      |

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| API 653 INSPECTOR SIGNATURE(S): | DATE |

This document can be made available in alternate formats to individuals with disabilities upon request.