



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Bureau of Weights and Measures
 P O Box 7837 Madison, WI 53707-7837
 (608) 224-4942

FOR OFFICE USE ONLY

 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.

IDENTIFICATION:									
OWNER NAME				CUSTOMER ID#			COMPANY NAME		
STREET ADDRESS					<input type="checkbox"/> CITY	<input type="checkbox"/> VILLAGE	<input type="checkbox"/> TOWN OF	STATE	ZIP
E-MAIL						PHONE () -		CELL () -	
FACILITY NAME				SITE ID #		FACILITY ID #		TANK#	CONSTRUCTION DATE
SITE ADDRESS				<input type="checkbox"/> CITY	<input type="checkbox"/> VILLAGE	<input type="checkbox"/> TOWN OF	STAT E	ZIP	COUNTY
INSPECTOR NAME				API CERT.##			COMPANY NAME		
STREET ADDRESS					<input type="checkbox"/> CITY	<input type="checkbox"/> VILLAGE	<input type="checkbox"/> TOWN OF	STATE	ZIP
E-MAIL						PHONE () -		CELL () -	

GENERAL INSPECTION INFORMATION:									
INSPECTION DATE:		TYPE: <input type="checkbox"/> External <input type="checkbox"/> Ultrasonic <input type="checkbox"/> Internal			PURPOSE: <input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled <input type="checkbox"/> Other: (specify)				
PRIOR INSPECTION DATE:				TYPE: <input type="checkbox"/> External <input type="checkbox"/> Ultrasonic <input type="checkbox"/> Internal					

TANK SPECIFICATIONS:									
Manufacturer:				Contents:			Specific Gravity:		
Dimensions:				Capacity:			Fill Height:		
Product heated: <input type="checkbox"/> Yes <input type="checkbox"/> No		Maximum Operating Temperature(F):			WI Regulated Object No. (If applicable):				

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

TANK INSPECTION: Non-Destructive Test Method (Check where test applied)														
	Bottom Weld		Plate		Shell Weld		Plate		Roof Weld		Plate			
Visual	<input type="checkbox"/>													
Ultrasonic (Spot)	<input type="checkbox"/>													
Ultrasonic (Scan)	<input type="checkbox"/>													
Liquid Penetrant	<input type="checkbox"/>													
Penetrating Oil	<input type="checkbox"/>													
Magnetic Particle	<input type="checkbox"/>													
Settlement Evaluation: <input type="checkbox"/> Yes <input type="checkbox"/> No														

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

API 653 INSPECTOR SIGNATURE(S): _____

DATE _____

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