



The Commonwealth of Massachusetts

DEPARTMENT OF FIRE SERVICES



AST Use Permit Renewal Annual Inspection Form

for an aboveground storage tank, in excess of 10,000-gallon gross capacity, for the storage of fluids other than water.

FP-102

(Rev. 1.1.2015)

Pursuant to Massachusetts General Laws (M.G.L.) c. 148, § 37, all aboveground storage tanks, subject to the requirements of 502 C.M.R. 5.00, shall be inspected annually. All information must be typed or neatly printed. All fields must be completed or the Annual Inspection Form will be returned. A separate Annual Inspection Form shall be submitted for each individual tank. For tank construction or installation, use the Application for Construction and Installation. For tank maintenance, as defined in 502 CMR 5.00, use the Application for Maintenance.

Business/Site Information:

Business name:
Street address:
Business (mailing) address:
Address (or location) of tank:
Person principally in charge of the tank: Title:
Telephone number: Fax Number:
Contact name's e-mail address:

Corporate Information:

Same information as in Business/Site above

Business name:
Business (mailing) address:
Contact name: Title:
Telephone number: Fax Number:
Contact name's e-mail address:

Tank Information:

Office of the Massachusetts State Fire Marshal number: OSFM # None
The tank is: In-Service Out-of-Service (if tank is cleaned of product, see form FP-112)
Gross capacity (aggregate if compartmented) Gallons Barrels Cubic Feet
Operator's Tank Identification:
Tank description:
Compartmented tank? No Yes - you must fill out form FP-104 Compartmented Tanks.
Secondary Containment Type: Dike Doublewall Vault None Other:

Content Information:

Content Category (only from the approved list):
Content Description (only from the approved list):
527 CMR 1.00 Class: I II IIIA IIIB Non-Combustible Liquid Flammable Gas Non-Flammable Gas

Fire Department Presence:

Was the local fire department present for the inspection? No Yes: Name:
Any fire department comments must be put on a separate page. Separate page(s) included? Yes, number of pages included: No

Date of Inspection:

Office use only
Fee Paid: Date received: Date entered: Entered by:

Inspector Information:

Inspector's name: _____

Business name: _____

Address: _____

Telephone number: _____ Fax Number: _____

Inspector's e-mail address: _____

Check one:

- API 653 Inspector. Number: _____ Exp: _____
- ASME Pressure Vessel Inspector. Number: _____ Exp: _____
- Mass. P.E. Number: _____ Discipline: _____ Exp: _____
- SP001 AST Certified Tank Inspector. Number: _____ Exp: _____
- FTPI 2007-1 Inspector. Number: _____ Exp: _____
- Other Inspector. All "Others Inspectors" must be previously approved in writing by the Office of the State Fire Marshal, AST Program.

All Inspectors are only allowed to inspect aboveground storage tanks within their license's scope of practice.

Is there a valid registration for this product? Yes No Not required

Are there valid fire department permits for this product?

 Yes, expiration date: __ No Not requiredHas this tank been inspected in the nature and frequency as prescribed in 502 CMR 5.05(1)? Yes NoDoes this tank have an accurate written record as prescribed in 502 CMR 5.05(2)? Yes NoHas the person principally in charge of the tank signed each inspection record, per 502 CMR 5.05(2)? Yes No

Have any permits for maintenance (502 CMR 5.04(1)) been issued since the last Annual Inspection Form was submitted?

 Yes No If "Yes", the date the permit was issued by the Office of the State Fire Marshal: _____Have any permits for emergency repair (502 CMR 5.04(3)(e)) been issued since the last Annual Inspection Form was submitted? Yes NoIf "Yes", the date the permit was issued by the Office of the State Fire Marshal: _____

Sign only one of the following:

- A.** By signing below, I certify that I inspected this AST (its installation, its related ancillary equipment, and secondary containment) in accordance with 502 CMR 5.00. During my inspection, **I found at least one unsatisfactory condition with the AST and/or its related ancillary equipment, or secondary containment/dike, that is unsafe to life, property and/or the environment. The use of the AST must be discontinued immediately.**

Inspector's signature: _____ Date: _____

- B.** By signing below, I certify that I inspected this AST (its installation, its related ancillary equipment, and secondary containment) in accordance with 502 CMR 5.00. During my inspection, **I found at least one unsatisfactory condition. I have attached to this form a letter from the person principally in charge of the tank acknowledging the unsatisfactory condition(s) and giving a timeline when each issue will be remedied. To the best of my knowledge, the tank, its installation, its related ancillary equipment and secondary containment or dikes, are: in working condition; do not pose a significant safety risk to life, property, and/or the environment; and, except as identified, are compliant with the applicable regulations and standards.**

Inspector's signature: _____ Date: _____

- C.** By signing below, I certify that I inspected this AST (its installation, its related ancillary equipment, and secondary containment) in accordance with 502 CMR 5.00. During my inspection, **I found at least one unsatisfactory issue that needed to be remedied (list attached). I have confirmed that each unsatisfactory issue has been remedied, and now, to the best of my knowledge, the tank, its installation, its related ancillary equipment and secondary containment or dikes, are all in good working condition and are compliant with the applicable regulations and standards.**

Inspector's signature: _____ Date: _____

- D.** By signing below, I certify that I inspected this AST (its installation, its related ancillary equipment, and secondary containment) in accordance with 502 CMR 5.00. **To the best of my knowledge, the tank, its installation, its related ancillary equipment and secondary containment or dikes, are all in good working condition and are compliant with the applicable regulations and standards.**

Inspector's signature: _____ Date: _____

- E.** By signing below, I certify that I have inspected this AST (its installation, its related ancillary equipment, and secondary containment) in accordance with 502 CMR 5.00. The tank is: no longer in service; has been altered so that it no longer contains product; fill connections are removed or capped; is marked "OUT OF SERVICE – DO NOT FILL"; **and, to the best of my knowledge the out of service tank, its installation, its related ancillary equipment and secondary containment or dikes, is in a condition such that they do not pose a safety concern to life, property or environment.**

Inspector's signature: _____ Date: _____
