

PROPANE CONTAINER REPORT FORM

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

Note: Any personal information collected is handled in accordance with the British Columbia *Freedom and Protection of Privacy Act*. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information and Privacy Analyst for the Technical Safety BC at 1-866-566-7233.

| | | | |
|---------------------|-------------|---|--|
| Site Address: | | Propane Supplier: | |
| City : | Postal Code | Address of supplier: | |
| Owner or Occupant : | | Container Information: Property of propane Supplier <input type="checkbox"/> Customer Owned <input type="checkbox"/> | |
| Contact number: | | *Number of Containers on site : _____ | |

**Each container requires its own report form*

CONTAINER INFORMATION
PERMIT INFORMATION

| | | | |
|---------------------------|--------|--|--|
| Storage Capacity: U.S.W.G | Liters | **Permit Number : GA - | |
| Container Serial Number: | | Gas Contractor: | |
| CRN: | | Container Dimensions (meters): Length: _____ Diameter: _____ | |

*** Please provide permit number if applicable*

| installation <input type="checkbox"/> Replacement <input type="checkbox"/> Upgrade <input type="checkbox"/> | | Code Clause | | INSTALLER | |
|---|--|-------------|--------|------------|------|
| Installer uses a <input checked="" type="checkbox"/> mark where applicable or n/a | | B149.1 | B149.2 | Applicable | Note |
| 1. | General | | 7.1 | | |
| 2. | Relief Valves Date Stamp Rain Cap <input type="checkbox"/> | | 7.2 | | |
| 3. | Emergency Shut Off Valves | | 7.3 | | |
| 4. | Excess Flow and Back Check Valves | | 7.4 | | |
| 5. | Pressure Gauges on Tanks | | 7.5 | | |
| 6. | Liquid Level Gauges on Tanks | | 7.6 | | |
| 7. | Installation of Underground Tanks | | 7.8 | | |
| 8. | Discharge from Tank Relief Valves | | 7.9 | | |
| 9. | Location of Consumer Tanks | | 7.10 | | |
| 10. | Tank Supports | | 7.11 | | |
| 11. | Regulators: Type: 1 st Stage 2 nd | 5.2 | 5.4 | | |
| 12. | Piping | 6 | | | |
| 13. | Other | | | | |

Installed in accordance with the applicable sections of the CSA B149.2-10 & B149.1-10 as per above.

Qualified Employee: _____

Date: _____

Gas Fitter's Number: CGA _____

Approved by Branch Manager: _____

Date: _____

Inspected by: _____

Date: _____

This form is required to be completed any time an installation of a Cylinder(s) or Tank(s) or the replacement of a Tank (s) has been made on consumer premises. When the filling of customer owned Cylinder(s) or Tank(s) is contracted to a new supplier this form also needs to be completed on initial fill

Technical Safety BC is working towards going paperless! Participate by signing up for email correspondence.