

RCMP STS Checklist

Precision Leak Tests Location _____ EC# _____

Date of Inspection: _____

Name of company performing testing	
Address:	
Telephone	
Email :	
Technician Name	
<i>Technician Signature:</i>	
<i>Date:</i>	

Name of on-site contact:	
Address:	
Telephone	
Email :	

Name of Technical Authority:	
Address:	
Telephone	
Email :	

Name of fuel company:	
Address:	
Telephone	
Email :	

STORAGE TANK SYSTEM (STS)		1
Is the identification number displayed in a readily visible location on or near the STS? (ss.28(4)) <i>The number may be found on the fill pipe.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the last date of delivery of fuel? What company delivered it?		
Does the STS have a product transfer area that is designed to contain spills during transfer of product into the STS? (s.15)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe what is being utilized to minimize the likelihood of spills during product transfer (ie. Containment pool, spill box at fill port, concrete structure, etc.)		
Does the STS have clear instructions posted for use of the product transfer area device (if present) during the delivery of fuel?		<input type="checkbox"/> Yes <input type="checkbox"/> No

TANK		1	2	3
GENERAL	What is the date of installation of the tank?			
	If there is a serial number from the tank's manufacturer? Specify the number.			
	If the tank bears a CM certifying conformity to a standard? Specify CM.			
	How is the tank installed? ▪ Partially buried (s.7); <i>OR</i> ▪ Installed below grade but designed to be aboveground (s.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	What is the capacity of the tank?	L	L	L
	What is the tank orientation?	vertical <input type="checkbox"/> horizontal <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	What is the tank material?			
	What product is stored in the tank? (ss.2(1))			
	Are the product stored and the tank material compatible? (s.11)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are a fill pipe and a vent line installed in the tank and are all other openings sealed or connected to piping? (s.12)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If there is secondary containment, is the secondary containment area used for storage purposes? (s.13)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

(FILL IN IF APPLICABLE ONLY)				
SINGLE-WALLED TANK	Is the tank a single-walled tank? <i>If so, fill in present section. If N/A, go to the 'Piping – General' section.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
	Was the tank installed prior to 12 June 2008? (par.9(1)(b)) <i>If yes, check the applying case</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	▪ leak detection; <i>OR</i> ▪ groundwater monitoring wells; <i>OR</i> ▪ vapour monitoring wells; <i>OR</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<i>AND</i> In case of steel tank, does the piping also have a cathodic protection? (par.9(1)(a))	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

<p>If the tank does not abide to applicable requirements above, have the following actions been performed? (s.9)</p> <ul style="list-style-type: none"> is the STS permanently withdraw from service before 12 June 2012 in accordance with s.44? <i>AND</i> is the STS removed before 12 June 2012 in accordance with s.45? <p><i>To verify conformity with s.43, s.44 and s.45, fill in the section 'Withdrawal from service and removal' p.8</i></p>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished	<input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished	<input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished
	<input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished	<input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished	<input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished
<p>Has a tank precision leak detection test been performed between 12 June 2008 and 12 June 2010? <i>If yes, specify date</i> <i>AND</i> After that test or without any test, has one of the following procedures been performed? (s.16) <i>If yes, check applying procedure</i></p> <ul style="list-style-type: none"> <u>immediate</u> automatic tank gauging ¹; <i>OR</i> <u>immediate</u> continuous in-tank leak detection ²; <i>OR</i> tank precision leak detection test performed annually ⁴ 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Late <input type="checkbox"/> <input type="checkbox"/> Late <input type="checkbox"/> <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Late <input type="checkbox"/> <input type="checkbox"/> Late <input type="checkbox"/> <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Late <input type="checkbox"/> <input type="checkbox"/> Late <input type="checkbox"/> <input type="checkbox"/> Not yet

PIPING		1	2	3
GENERAL	What is the date of installation of the piping?			
	What is the type of piping?	UGP AGP	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	What is the piping material?			
	Are product stored and material used in construction of piping compatible? (s.11)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If there is a SC, is the SC area used for storage purposes? (s.13)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

(FILL IN IF APPLICABLE ONLY)				
SINGLE-WALLED UGP	Is the piping a single-walled UGP? <i>If so, fill in present section. If N/A, go to the 'AGP without SC' section.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
	For piping that was installed prior to 13 June 2008, does the piping have one of the following? (par.10(2)(b)) <i>If yes, check the applying case</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
	<ul style="list-style-type: none"> leak detection; <i>OR</i> groundwater monitoring wells; <i>OR</i> vapour monitoring wells; <i>OR</i> single vertical check valves; <i>OR</i> mechanical line leak detection devices. <i>AND</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	In case of steel piping, does the piping also have a cathodic protection? (par.10(2)(a))	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
	If the tank doesn't abide to applicable requirements above, has 1 of the 2 following choices of action been performed?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
	1 st choice of actions to take: (par.10(1)(a))	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	<ul style="list-style-type: none"> is the STS temporarily withdraw from service before 13 June 2012 in accordance with s.43? <i>AND</i> is the piping permanently withdraw from service before 13 June 2012 in accordance with s.44? <i>AND</i> is the piping removed before 13 June 2012 in accordance with s.45? <i>AND</i> is the piping replaced before 13 June 2012 in accordance with s.14? <i>Fill in the sections about piping in the 'Underground tank(s) on 1 system installed on or after June 12th 2008' checklist.</i> <i>To verify conformity with s.43, s.44 and s.45, fill in the section 'Withdrawal from service and removal' p.8</i>	<input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished	<input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished	<input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished

<p>2nd choice of actions to take: (par.10(1)(b))</p> <ul style="list-style-type: none"> ▪ is the STS permanently withdraw from service before 13 June 2012 in accordance with s.44? <i>AND</i> ▪ are the appropriate components removed before 13 June 2012 in accordance with s.45? <i>If so, check applying case</i> <ul style="list-style-type: none"> ○ is all the system removed in the case of horizontal tank; <i>OR</i> ○ are all piping and components outside the tank removed in case of vertical tank <p><i>To verify conformity, fill in section 'Withdrawal from service and removal' p.8</i></p>	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> In process <input type="checkbox"/> Finished	<input type="checkbox"/> In process <input type="checkbox"/> Finished	<input type="checkbox"/> In process <input type="checkbox"/> Finished
	<input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Finished <input type="checkbox"/> <input type="checkbox"/>
Has a piping precision leak detection test been performed between 13 June 2008 and 12 June 2010? <i>If yes, specify date</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
<i>AND</i>			
Has one of the following procedures been performed? (ss.17(1)) <i>If yes, check applying procedure</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ immediate continuous external underground pipe leak monitoring ⁵ ; <i>OR</i>	<input type="checkbox"/> <input type="checkbox"/> Late	<input type="checkbox"/> <input type="checkbox"/> Late	<input type="checkbox"/> <input type="checkbox"/> Late
▪ immediate automatic tank gauging ¹ ; <i>OR</i>	<input type="checkbox"/> <input type="checkbox"/> Late	<input type="checkbox"/> <input type="checkbox"/> Late	<input type="checkbox"/> <input type="checkbox"/> Late
▪ immediate continuous in-tank leak detection ² ; <i>OR</i>	<input type="checkbox"/> <input type="checkbox"/> Late	<input type="checkbox"/> <input type="checkbox"/> Late	<input type="checkbox"/> <input type="checkbox"/> Late
▪ piping precision leak detection test performed annually ⁴	<input type="checkbox"/> <input type="checkbox"/> Not yet	<input type="checkbox"/> <input type="checkbox"/> Not yet	<input type="checkbox"/> <input type="checkbox"/> Not yet

(FILL IN IF APPLICABLE ONLY)

AGP WITHOUT SC	Is the piping an AGP without SC? <i>If so, fill in present section. If N/A, go to the 'Turbine, transition, dispenser or pump sumps' section.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
	Has a visual inspection of the walls piping been performed between 12 June 2008 and 12 June 2010? Inspection reports located in ERP. <i>If yes, specify date</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
	<i>AND</i>			
	Has one of the following procedures been performed? (ss.23(1)) <i>If yes, check applying procedure</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ immediate continuous external aboveground pipe leak monitoring ¹¹ ; <i>OR</i>	<input type="checkbox"/> <input type="checkbox"/> Late	<input type="checkbox"/> <input type="checkbox"/> Late	<input type="checkbox"/> <input type="checkbox"/> Late	
▪ immediate implementation of a corrosion analysis program including at least an annual inspection;	<input type="checkbox"/> <input type="checkbox"/> Late	<input type="checkbox"/> <input type="checkbox"/> Late	<input type="checkbox"/> <input type="checkbox"/> Late	
▪ visual inspection once a month; <i>OR</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ piping precision leak detection test performed annually ⁴	<input type="checkbox"/> <input type="checkbox"/> Not yet	<input type="checkbox"/> <input type="checkbox"/> Not yet	<input type="checkbox"/> <input type="checkbox"/> Not yet	

TURBINE, TRANSITION, DISPENSER OR PUMP SUMPS
(FILL IN IF APPLICABLE ONLY)

	1	2	3
Are there containment sumps? <i>If yes, specify where and fill in present section. If N/A, go to the 'Oil-water separator' section.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A _____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A _____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A _____
Has a visual inspection of the sumps been performed between 12 June 2008 and 12 June 2010? <i>If yes, specify date</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
<i>AND</i>			
After that inspection or without any inspection, has one of the following procedures been performed? (ss.25(1)) <i>If yes, check applying procedure</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ immediate continuous sump leak monitoring (par.25 (1)(a)) ¹² ; <i>OR</i>	<input type="checkbox"/> <input type="checkbox"/> Late	<input type="checkbox"/> <input type="checkbox"/> Late	<input type="checkbox"/> <input type="checkbox"/> Late
▪ visual inspection once a year (par. 25(1)(b))	<input type="checkbox"/> <input type="checkbox"/> Not yet	<input type="checkbox"/> <input type="checkbox"/> Not yet	<input type="checkbox"/> <input type="checkbox"/> Not yet

FIRE SAFETY		1	2	3
GENERAL	The secondary containment is free of liquids, debris, and precipitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	The tank system has collision protection around dispenser and tank (large bollards)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the tank at minimum 3m away from the nearest building?	Distance: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Combustibles – area around tank is clear of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are the tank and fill pipe connections color coded with labels (should be shaped labels example hexagon/white for regular gasoline)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the tank on firm foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the piping supported?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the system have an explosion proof connector at meter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there an Emergency Instructions sign posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there a sign with the capacity and content of tank posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
FUEL-DISPENSING STATIONS	Is the fuel hose length longer then 4.5m?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there an emergency electrical shut off and is it labeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are product stored and material used in construction of piping compatible? (s.11)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If there is a SC, is the SC area used for storage purposes? (s.13)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there a No Smoking sign posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there an Ignition Off while refuelling sign posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there two fire extinguishers near the dispensing area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVENTATIVE MAINTENANCE		1	2	3
GENERAL	Was the tank level gauge tested and/or in working order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was the high level alarm tested and/or in working order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was the leak sensors tested and/or in working order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was the monthly inspection procedure reviewed with the detachment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are there locks installed on the tank system		<input type="checkbox"/> Yes <input type="checkbox"/> No	

