



Fire Safety & Aerodrome Fuelling – Inspection Checklist

Aerodrome Name:

Company:

Facility:

| | | REMARKS |
|--------------------------------|--|--|
| PERSONNEL TRAINING | | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 1. | Supervisor Completed Fire Safety Training? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 2. | Personnel who handle fuel received Fire Safety Training? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| PLACARDING | | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 3. | Tank owner – Contact phone number (two sides)? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 4. | Tank contents – Fuel Type, Capacity & Flammable (four sides)? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 5. | No Smoking (four sides)? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| ELECTRICAL | | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 6. | Is the electrical system in a safe and in serviceable condition? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| EMERGENCY FUEL SHUT-OFF | | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 7. | Does fuel system have an approved emergency fuel shut-off? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 8. | Is the emergency fuel shut-off placarded correctly? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 9. | Is the emergency fuel shut-off located no closer than 6m but no further than 30m from the dispenser? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| FIRE CONTROL | | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 10. | Are there a minimum of two 20kg B:C or 40kg B:C extinguishers within close proximity of the fuel | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 11. | Is the extinguisher(s) located correctly and clearly marked? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 12. | Is the extinguisher(s) 'quick checked' inspected monthly? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 13. | Is the extinguisher(s) annual inspection current? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 14. | Is the inspection tag(s) in place and current? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 15. | Is the vehicle ignition sources controlled? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 16. | Are there fire fighting equipment and extinguishing agents, foam and dry chemical powder available? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| FUEL HOSES | | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 17. | Is the fuel hose free of blistering, saturation, cuts & nicks? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 18. | Proper fuel hose(s) being used? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |



| | | REMARKS |
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| 19. | Are hose(s) free of improper hose connection(s), worm gear clamps or taped connections? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 20. | Are there any fuel leaks? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 21. | Is the hose(s) reeled up or pulled back to cabinet? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| | NOZZLES | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 22. | Is there a drip container or nozzle end cap? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 23. | Are there any fuel leaks? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 24. | Is the nozzle free of any hold open device? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 25. | Are there Deadman controls? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| | BONDING | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 26. | Is the fuel system bonded? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 27. | Does the bonding cable appear to be damaged, have frays or kinks? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 28. | Is the bonding system attached to a point of zero electrical potential? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 29. | Is the Plug, Jack Assembly & Spacing clamp unpainted metal? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| | FIXED TANKS SINGLE DOUBLE DW-FR | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 30. | Is the tank other than gravity feed delivery? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 31. | Are the tanks(s) distances correct to property boundaries and buildings? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 32. | Is the tank(s) properly fenced and placarded? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 33. | Is the tank(s) in a properly lined, bermed or diked containment area? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 34. | Are there any fuel leaks? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 35. | Are bollards installed? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 36. | Is area free of trash? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 37. | Are the tanks fitted with sprinklers | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| | <input type="checkbox"/> MOBILE TANK <input type="checkbox"/> FUEL TRUCK | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 38. | Is the mobile fueller authorized by GCAA? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 39. | Is there a ``NO SMOKING`` sign in the cab of the vehicle? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 40. | Is the cigarette lighter removed? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 41. | Is the exhaust system correct? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 42. | Is the emergency shut-off properly placarded with shut-off procedures? (i.e. PUSH, PULL, DISCONNECT ELECTRICAL, etc.) | <input type="checkbox"/> OK <input type="checkbox"/> Finding |



| | | REMARKS |
|-----------------|---|--|
| 43. | Is the fuel hose(s) or pipes free of leaks? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 44. | Is the electrical system correct? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 45. | Is the vehicle parked the correct distances building and premises lot boundary? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 46. | Are the mobile tank wheels chocked when not in use? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 47. | Is the mobile tank or motor vehicle fueler mobile? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 48. | Are there extinguishers on fuel truck or mobile trucks? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| SECURITY | | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 49. | Is access to fuel farm controlled? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 50. | Is area enclosed and secured? | <input type="checkbox"/> OK <input type="checkbox"/> Finding |
| 51. | | |
| 52. | | |

Observations (Attach a separate sheet when required):

Personnel Briefed:

Inspector's Name ASI # Signature Date