



Florida Department of Agriculture and Consumer Services
 Division of Consumer Services
 Bureau of Liquefied Petroleum Gas Inspection

Bureau of LP Gas Inspection
 2005 Apalachee Parkway
 Tallahassee, FL 32399-6500
 Attention: Field Administrator

Phone: (850) 921-1600
 Fax: (850) 921-1612

ADAM H. PUTNAM
 COMMISSONER

Sections 527.055 and 527.061, Florida Statutes
 Rule 5F-11.004, Rule 5F-11.078 Florida Administrative Code

FACILITY INSPECTION REPORT

Inspector ID	Type INSPECTION	TYPE FACILITY	COUNTY CODE	TOTAL STORAGE
--------------	-----------------	---------------	-------------	---------------

BUSINESS NAME: _____ LICENSE NO.: _____ EXP DATE: _____

PHYSICAL LOCATION: _____

SUPPLIER NAME: _____ LICENSE NUMBER: _____

SUPPLIER ADDRESS: _____

OWNED BY: SUPPLIER LICENSEE/OPERATOR OTHER CONTAINER SIZE (WATER CAPACITY) _____

CONTAINER MFG. & SERIAL NUMBER: _____

An inspection of the LP gas facility listed above was conducted on this date and the findings of this inspection are indicated below. Any code deficiencies noted must be corrected. Deficiencies marked "Past Due" are required to be corrected immediately and deficiencies with a "Correct By" time frame must be corrected within the time frame specified. Re-inspection will be conducted at the end of the designated time period to verify correction. Any deficiencies not corrected at the time of re-inspection will be subject to the penalties provided in Rule 5F-11.080, F.A.C..

Requests for time extensions will be considered if submitted in writing to the address in the upper right hand corner of this form **prior to** the end of the "Correct By" time frame. The reason(s) for and length of the requested extension must be clearly stated. The department will approve or deny the request pursuant to Rule 5F-11.078, F.A.C. **NOTE: Deficiencies noted as "Past Due" are not eligible for time extensions.**

REFERENCE	DESCRIPTION OF CONDITION	CORRECT BY	PREVIOUS CITE?

DATE OF THIS REPORT: _____ LP GAS INSPECTOR NAME: _____

I ACKNOWLEDGE RECEIPT OF THIS REPORT (SIGNATURE): _____

PRINTED NAME/TITLE OF SIGNEE: _____ DATE: _____

INSPECTOR TIME OF ARRIVAL: _____ ATTACHMENTS: _____