



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

Bureau of LP Gas Inspection
2005 Apalachee Parkway
Mail Stop R-8
Tallahassee, Florida 32399-6500
Attention: Field Administrator

ADAM H. PUTNAM
COMMISSIONER

Section 527.021, 527.055, 527.06 and 527.061, Florida Statutes
Rule 5F-11.004, Florida Administrative Code

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

VEHICLE INSPECTION REPORT

Inspector ID:	Inspection Type:	Facility Type:	County Code:	Total Storage:
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BUSINESS NAME: _____ **STATUS:** ____ **STATUS DATE:** ___/___/___ **LICENSE #:** _____

PHYSICAL LOCATION: _____ **BUSINESS PHONE:** (____) ____-____ **FAX:** (____) ____-____

TRUCK INFORMATION:		UNIT #:	
TRUCK TAG #:	IS TRUCK IN SERVICE?	YES	NO (EXPLAIN BELOW)
CONTAINER MFG & SERIAL NUMBER:	CONTAINER SIZE:		
VEHICLE MILEAGE:	% GAS IN CONTAINER:		
TOTALIZER:	OFF TRUCK REMOTE?	YES	NO

DEALER INSPECTION INFORMATION	
VK DATE (VISUAL/LEAK):	P DATE (PRESSURE):
M DATE (MECHANICAL):	EMERGENCY DISCHARGE SYSTEMS TEST DATE:
HOSE INSPECTION DATE:	DOT DAILY LOG – LAST ENTRY DATE:

METER INFORMATION	TEMPERATURE COMPENSATED?	YES	NO
METER MFG & SERIAL NUMBER:			

NOTE: Code deficiencies noted below must be corrected within the time frame(s) specified. THIS DOES NOT INCLUDE "PAST DUE" DEFICIENCIES WHICH MUST BE CORRECTED IMMEDIATELY before further use or operation. "Past Due" deficiencies may result in a Stop Use Order (Red Tag) (FDACS-03564 Rev. 02/14) being applied. REMOVAL OF A RED TAG IS PROHIBITED BY LAW unless authorized by the Bureau of LP Gas Inspection. Re-inspection will be conducted at the end of the designated time period to verify correction. "Past Due" deficiencies and any deficiencies not corrected at the time of re-inspection will be subject to penalties provided in Rule 5F-11.080, F.A.C. Requests for time extensions to correct deficiencies not indicated as "Past Due" **must be submitted in writing before the time for correction has expired** to the address in the upper right hand corner of this form stating the reason(s) for and length of the requested extension. Such requests are subject to approval of the Bureau of LP Gas Inspection.

REFERENCE	DESCRIPTION OF CONDITION FOUND	CORRECT BY	PREVIOUS CITE

INSPECTOR TIME OF ARRIVAL: _____ **LP GAS INSPECTOR NAME:** _____

I ACKNOWLEDGE RECEIPT OF THIS REPORT (SIGNATURE): _____

PRINTED NAME/TITLE OF SIGNEE: _____ **DATE:** _____