



Florida Department of Agriculture and Consumer Services  
 Division of Consumer Services  
 Bureau of Standards

Bureau of Standards  
 3125 Conner Blvd., Bldg. #2  
 Tallahassee, FL 32399-1650  
 Attention: Field Administrator

Phone: (850) 921-1545  
 Fax: (850) 921-1548

ADAM H. PUTNAM  
 COMMISSIONER

Sections 527.021, 527.055, 527.06 and 527.061, Florida Statutes  
 Rule 5J-20.004, Florida Administrative Code

**VEHICLE INSPECTION REPORT**

<b>Inspector ID:</b>	<b>Inspection Type:</b>	<b>Facility Type:</b>	<b>County Code:</b>	<b>Total Storage:</b>
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**BUSINESS NAME:** \_\_\_\_\_ **STATUS:** \_\_\_\_\_ **STATUS DATE:** \_\_\_ / \_\_\_ / \_\_\_ **LICENSE #:** \_\_\_\_\_

**PHYSICAL LOCATION:** \_\_\_\_\_ **BUSINESS PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**TRUCK INFORMATION:**

**UNIT #:**

TRUCK TAG #:	IS TRUCK IN SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO (EXPLAIN BELOW)
CONTAINER MFG & SERIAL NUMBER:	CONTAINER SIZE:
VEHICLE MILEAGE:	% GAS IN CONTAINER:
TOTALIZER:	OFF TRUCK REMOTE? <input type="checkbox"/> YES <input type="checkbox"/> 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**

METER MFG & SERIAL NUMBER:	TEMPERATURE COMPENSATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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 5J-20.080, 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:** \_\_\_\_\_

SAMPLE