



NURSE TANK INSPECTION REPORT

ADDENDUM

TO NTIP NUMBER: _____

**COMPLETE AND ATTACH TO THE
NURSE TANK INSPECTION REPORT**

29. TANK ORIGIN INFORMATION

PROVIDE THE FOLLOWING IF AVAILABLE: N/A
MANUFACTURER: _____
DATE MANUFACTURED: _____
SERIAL NO: _____
DOT SPECIFICATION NUMBER: _____
MAWP in psig: _____

30. TANK INFORMATION

(CHECK ALL THAT APPLY)

- Lined
- Insulated
- Dedicated Service: _____
- Special Service
- Other: _____

Comments:

31. INFORMATION ON ANY DEFECTS/DAMAGE

(MUST CHECK ONE) NO DEFECT OR DAMAGE DISCOVERED DEFECT(S) OR DAMAGE DISCOVERED

Location of Defect(s) or Damage:

Nature and Severity:

Method of Repairs: REPAIR CERTIFICATION REQUIRED REPAIR CERTIFICATION **NOT** REQUIRED

If YES, Certification/Registration No: _____

Post Repair Determination: Tank: MEETS FAILS TO MEET The DOT Inspection/Test Requirements

32. INFORMATION ON REPAIRING FACILITY

REPAIRED BY (Company)	REPAIRED BY (Person)	REPAIR DATE
ADDRESS	ASME or National Board Number of Repair Facility	MARKINGS APPLIED
SIGNATURE (Company Representative making repair)	DATE	SIGNATURE (Owner)
		DATE