3rd Party Hot Water Heater Inspection Form

Print Form

Remit to:
OKLAHOMA DEPARTMENT OF LABOR
3017 N. Stiles, Suite 100
Oklahoma City, OK 73105
(405) 521-6100
EMAIL: odolboilers@labor.ok.gov

LOCATION			BILL TO			INSPECTION DATE
LOCATION ADDRESS			BILLING ADDRESS			EXPIRATION DATE
LOCATION CITY	LOCATION ST: OK	LOCATION ZIP	BILLING CITY	BILLING ST	BILLING ZIP	COUNTY

To Issue Certificate of Operation for Each Tank Check Box Next to OK# ☐ SCHOOL ☐ COUNTY ☐ CITY ☐ STATE ☐ OTHER

OKLAHOMA # SERIAL #	Certificate of Operation Issued	Specific location/room/floor at facility	MANUFACTURER	BTU WATTS	MAWP	T&P SET/PROBE RELIEVING CAPACITY
1. H						
2. H						
3. H						
4. H						
5. H						
6. H						
7. H						
8. H						
9. H						
10. H						

NO ADVERSE CONDITIONS OBSERVED, EXCEPT AS NOTED BELOW--PLEASE NOTIFY DEPT. OF LABOR IN WRITING AFTER DISCREPANCIES HAVE BEEN CORRECTED.
Please list any Tank number that has been made inactive or scrapped below, " Inactive # 123456, 654321" or "Scrapped # 123456, 654321"

Inspector Name and State Lic# (print) | Owner/User Name and Email Address(print) | Telephone

Inspector Signature | Date | Owner/User Signature | Date