|  |  |
| --- | --- |
| File Ref: EMSD/GSD-B/  | Page 1 of 4 |

###### FORM 109

**REPORT OF ANNUAL INSPECTION OF LPG STORAGE INSTALLATION PURSUANT TO**

**REGULATION 6C OF GAS SAFETY (GAS SUPPLY) REGULATIONS (Chapter 51B)**

To：The Gas Authority

**Section I Particulars of LPG Storage Installation**

|  |  |
| --- | --- |
| Location |   |
| Owner |   |
| Gas Supply Company |   |
| Maintenance Contractor |   |
| Type of Installation | LPG Compound / Piped-cylinder Store / Standby Cylinder Store \* |
| Storage Quantity |  k lit / cu. meter / kg \* |
| Mode of Storage | Aboveground tank / Mounded tank / Underground tank / Cylinder (Liquid withdrawal) / Cylinder (Vapour withdrawal) / Cylinder \* |

*\* delete as appropriate*

**Section IIa Inspection Checklist**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A** | **Site Condition** | ***Please specify*** |  |  | ***Please specify*** |
| 1 | Structures/fitments within safety distance | ✓ / X / NA | 4 | Date of pipework test  | D |
| 2 | Condition of sterile area | ✓ / X / NA | 5 | Date of HPRV replacement | D |
| 3 | Condition of fence/boundary walls/gates | ✓ / X / NA |  |
| 4 | Housekeeping | ✓ / X / NA | **E** | **Bulk Tanks & Tanker Bay\*** |
| 5 | Condition of catchment pits/drains/gully covers | ✓ / X / NA | 1 | Condition of valve chambers | ✓ / X / NA |
| 6 | Type and number of certified unexpired fire extinguishers | ✓ / X / NA | 2 | External condition of vessel chambers | ✓ / X / NA |
| 7 | Condition of warning signs/emergency notices | ✓ / X / NA | 3 | Internal condition of vessel chamber (ingress of water) | ✓ / X / NA |
|  | 4 | Provision of rain caps at PRV vent pipes, valve chamber covers, etc. | ✓ / X / NA |
| **B** | Record of Maintenance and Alterations | 5 | Condition of PRVs and vent pipes | ✓ / X / NA |
| 1 | Maintenance records  | D | 6 | External condition of aboveground tanks | ✓ / X / NA |
| 2 | Alteration records | D | 7 | Condition of earthing/bonding connection | ✓ / X / NA |
|  | 8 | Condition of breakaway coupling/loading arm | ✓ / X / NA |
| **C** | **Vaporiser Room\*** | 9 | Date of tank revalidation | D |
| 1 | Housekeeping of vaporiser room | ✓ / X / NA | 10 | Record of cathodic protection test | D |
| 2 | Condition of ventilation and explosion relief | ✓ / X / NA | 11 | Record of routine test of fire fighting system | ✓ / X / NA |
| 3 | Condition of vaporisers | ✓ / X / NA |  |
| 4 | Condition of PRVs and vent pipes | ✓ / X / NA | **F** | **Cylinder Store\*** |
| 5 | Date of vaporiser revalidation  | D | 1 | Housekeeping of cylinder store | ✓ / X / NA |
| 6 | Record of routine test of fire fighting system | ✓ / X / NA | 2 | Condition of ventilation and explosion relief | ✓ / X / NA |
|  | 3 | Date of replacement of flexible gas tubings | D |
| **D** | **Pipework/Equipment\*** | 4 | Record of routine test of fire fighting system | ✓ / X / NA |
| 1 | Condition of pipework/pressure regulators/valves/ gauges/fittings | ✓ / X / NA |  |
| 2 | Identification markings of pipework/valves/ fittings | ✓ / X / NA | **G** | Summary of Irregularities Observed/Other Information |
| 3 | Identification and functional markings of main control valve | ✓ / X / NA |  | (To be provided in Section IIb) | D |

*\* if applicable*

|  |  |
| --- | --- |
| *Note:*  | 〈 ✓ 〉*– Satisfactory.*〈 X 〉*– Equipment is unsafe / in adverse condition. A list of generally agreed unsafe conditions is attached in the Annex of this form. The installation shall be regarded as unsafe if any of those conditions was observed at the time of inspection.*〈 NA 〉*– Not applicable.* 〈 D 〉*– Information to be provided, if any, in Section IIb – Maintenance Record Summary.* |
|  |  |

|  |  |
| --- | --- |
| File Ref: EMSD/GSD-B/  | Page 2 of 4 |

**Section IIb Maintenance Record Summary**

**For Item B1 - Maintenance Records, Item C5 - Date of Vaporiser Revalidation and Item E9-Date of Tank Revalidation**

1. **Bulk Tanks**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Tank No. 1** | **Tank No. 2** | **Tank No. 3** |
| **Serial number** |   |   |   |
| **Last examination date** (dd/mm/yyyy) |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |
| **PRV manufactured date / last replacement date\*** (dd/mm/yyyy) |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |
| **Cathodic Protection System** | **Last test date** (dd/mm/yyyy) |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |
| **Second last test date**(dd/mm/yyyy) |   |   |   |
| **Remarks** |   |   |   |

*\* delete as appropriate*

1. **Vaporisers**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Vaporiser No. 1** | **Vaporiser No. 2** | **Vaporiser No. 3** |
| **Serial number** |   |   |   |
| **Last examination date** (dd/mm/yyyy) |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |
| **PRV manufactured date / last replacement date\***  (dd/mm/yyyy) |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |
| **Remarks** |   |   |   |
|  | **Vaporiser No. 4** | **Vaporiser No. 5** | **Vaporiser No. 6** |
| **Serial number** |   |   |   |
| **Last examination date** (dd/mm/yyyy) |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |
| **PRV manufactured date / last replacement date\***  (dd/mm/yyyy) |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |
| **Remarks** |   |   |   |

*\* delete as appropriate*

**For Item B2 – Alteration Records**

|  |  |
| --- | --- |
| **There was unauthorised major alteration against original approved plan.**  | ( Yes / No ) \* |

*\* delete as appropriate*

|  |  |
| --- | --- |
| File Ref: EMSD/GSD-B/  | Page 3 of 4 |

**For Item D4 - Date of Pipework Test/Inspection**

|  |  |  |
| --- | --- | --- |
|  | **Underground LPG pipes** **within Compound/Store** | **Exposed LPG pipes** **within Compound/Store** |
| **Date of pressure test** (dd/mm/yyyy) |   | Comply with requirement?( Yes / No )\* |  |
| **Date of inspection** (dd/mm/yyyy) |  |   | Comply with requirement?( Yes / No )\* |

*\* delete as appropriate*

**For Item D5 - Date of HPRV replacement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Batch No. 1** | **Batch No. 2** | **Batch No. 3** | **Batch No. 4** |
| **Number of HPRV** |   |   |   |   |
| **HPRV manufactured date / last replacement date\*** (dd/mm/yyyy) |   | Comply with requirement?( Yes / No ) |   | Comply with requirement?( Yes / No ) |   | Comply with requirement?( Yes / No ) |   | Comply with requirement?( Yes / No ) |

*\* delete as appropriate*

**For Item F3 - Date of Replacement of Flexible Gas Tubings**

|  |  |  |
| --- | --- | --- |
|  | **Batch No. 1** | **Batch No. 2** |
| **Number of Flexible Gas Tubings**  |   |   |
| **Last replacement date of flexible gas tubing (dd/mm/yyyy)** |   | Comply with requirement?( Yes / No )\* |   | Comply with requirement?( Yes / No )\* |

**For Item G - Summary of Irregularities Observed/Other Information**

(e.g. unsafe/adverse conditions, overdue examination/testing etc.)

|  |
| --- |
|  |
|   |
|   |
|   |
|   |

**Section III Recommendations and Remedial Work**

|  |  |
| --- | --- |
| 1. **Recommendations by Class 2 Competent Person**
 | 1. **Remedial work done by Owner**

(Tick if completed or put down planned completion date)# |
| **Checklist Item** |  **Description**  |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

Note: # Remedial work should be completed as soon as possible and in any case not later than 3 months from the date of inspection. Otherwise, substantiation should be provided. The Gas Authority may conduct follow up inspection on the irregularities.

|  |  |
| --- | --- |
| File Ref: EMSD/GSD-B/  | Page 4 of 4 |

**Section IV Overall Comments**

|  |
| --- |
| **Overall Comments** |
| [ ]  | I am of the opinion that at the time of inspection the above LPG storage installation **was** maintained and operated in a safe condition for the prevention of fire, explosion or other danger arising from the installation. |
| [ ]  | I am of the opinion that at the time of inspection the above LPG storage installation **was not** maintained and operated in a safe condition. |

🞏 Mark「✓」if appropriate

**Section V Declaration**

|  |
| --- |
| (A) Class 2 Competent Person1. This is to certify that the above installation was inspected on (Date)

 by (Competent Person) of (Company Name) and the foregoing is a correct report of the results of the inspection. 1. The owner has been reminded to complete Section III(B) and V(B), and submit a copy of this report to the Gas Authority, Electrical and Mechanical Services Department **within 4 weeks (i.e. before date: ) after the inspection**.

Signature： Company Chop：  |
| (B) Owner1. I/We hereby submit a copy of the inspection report of the above installation in accordance with Regulation 6C of Part IIA of the Gas Safety (Gas Supply) Regulations, Cap. 51B.
2. I/We understand that this report shall be submitted to the Gas Authority, Electrical and Mechanical Services Department **within 4 weeks after the inspection** and failure to do so is an offence.

Date of Submission： Signature： (Name of authorised representative: )Contact Telephone No : \_ Email :  |

|  |
| --- |
| **Explanatory Notes:**1. This report is to be used for annual inspection of LPG storage installation referred to in paragraph (f) of ‘notifiable gas installation’ interpretation, as stated under Part I Section 2 of the Gas Safety Ordinance, Cap. 51.
2. The owner shall employ a Class 2 competent person to inspect the LPG storage installation annually. The Class 2 competent person should complete appropriate Sections I, II, III(A), IV &V(A) of the report and the owner should complete Sections III(B) & V(B) of the report. The report shall be kept by the owner for the service life of the installation.
3. The owner shall submit a copy of the report to Gas Authority via. Electrical & Mechanical Services Department, 3 Kai Shing Street, Kowloon, Hong Kong by mail, by fax (2576 5945) or by email (gsdb@emsd.gov.hk) within 4 weeks after the inspection.
4. Failure to comply with the requirements of inspection by a competent person, late inspection of the installation and/or late submission of the inspection report is an offence against Regulation 6C(2)(a) & (b) of Gas Safety (Gas Supply) Regulations, Cap 51B. If convicted, the owner is liable to a fine of $5,000. The owner should therefore ensure the submitted report reach the Gas Authority within 4 weeks after the inspection. Report not received by Gas Authority within 4 weeks after the inspection is considered as late submission of the inspection report.
5. The owner shall carry out the necessary remedial work on the LPG storage installation as recommended in the inspection report.
 |