

# 3rd Party Hot Water Heater Inspection Form

Remit to:  
**OKLAHOMA DEPARTMENT OF LABOR**  
409 NE 28th Street, 3rd Floor  
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<br><b>OK</b> | 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 #<br>SERIAL # | Certificate of<br>Operation Issued | Specific location/room/floor at facility | MANUFACTURER | BTU<br>WATTS | MAWP | T&P SET/PROBE<br>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"

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|-------------------------------|-------------------------------------------------------|-----------------------------------------|
| Inspector Name Print          | Inspector State Lic# and Issued by (i.e. ODOL or CIB) | Owner/User Name and Email Address Print |
| Inspector Email Address Print | Inspector Phone#                                      | Owner/User Signature                    |