

GENERAL LICENSE INSPECTION REPORT FOR DEVICES POSSESSED UNDER 0400-20-10-.10(2)

Facility Name _____

Facility Address _____

Location _____

General License Number _____ Inspection Date _____

(all reg references preceded by 0400-20-10-.10)

Y N N/A

1. Are all required devices registered correctly? [(2)(c)13(i)]
2. Are general license devices also permitted under a specific license at the facility?
If yes, what is the specific license number:
3. Are labels affixed to the device(s) as required in (2)(c)1?
4. Are devices leak tested at six-month intervals
or at intervals indicated on label as required in (2)(c)2?
5. Is the proper operation of the on-off mechanism and indicator tested at six-month
intervals or at intervals indicated on label as required in (2)(c)2?
6. Are tests referred to in questions 4 and 5 performed by personnel
authorized to do such testing as required in (2)(c)3?
7. Are records of required tests in questions 4 and 5 maintained for 3 years
or until the device is disposed of or transferred? [(2)(c)4]
8. Are devices only transferred to authorized recipients as required in (2)(c)8?
9. Are reports of transferred devices reported to the Division within 30 days?
[(2)(c)8]
10. Have there been any incidents involving generally licensed devices at the facility?
If yes, were they reported as required in 0400-20-10-.10(2)(c)10?
11. Are there any devices in storage? [(2)(c)17]
12. Are the devices reported to the Division annually as required in (2)(c)13?

Additional Information: