

LP GAS ADDENDUM

A – LPG DELIVERY OPERATIONS

1. Annual gallons of LP Gas sold or delivered? _____ Gallons

2. Number of Bobtails _____

3. Are you a member of NPGA or a state/regional association affiliated with NPGA?
___ YES ___ NO
Please specify:

4. By what means do you distribute LPG?
 - a. Cylinders Annual Gallons _____
 - b. Bulk delivery Annual Gallons _____

 - c. Check all that apply to your customer base:

<input type="checkbox"/> Homeowners	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Hospitals/Nursing Homes	<input type="checkbox"/> Campgrounds/Recreational
Areas	
<input type="checkbox"/> Schools	<input type="checkbox"/> Trailer Parks
<input type="checkbox"/> Hotels or Motels	<input type="checkbox"/> Marinas
<input type="checkbox"/> Industrial Plants	<input type="checkbox"/> Military Installations
<input type="checkbox"/> Poultry Brooders	<input type="checkbox"/> Aviation
<input type="checkbox"/> Oil Well Rigs	<input type="checkbox"/> Governmental Agencies
<input type="checkbox"/> Rental Property	<input type="checkbox"/> Bottle Fillers
<input type="checkbox"/> Other Propane Dealers	<input type="checkbox"/> Other _____

 - a. Bulk Delivery by Tractor/Trailer? ___ YES ___ NO
 - b. Do you ever transfer LP Gas from Truck to Truck? ___ YES ___ NO

5. Describe cylinder inspection procedures: _____

6. Do you lease, loan or rent equipment to others for the purpose of filling or exchanging tanks or cylinders? ___ YES ___ NO. If YES, describe employee training and perimeter protection:

7. Are scales used when filling cylinders at all locations? ___ YES ___ NO. If NO, describe procedure used:

8. Describe your “out of gas calls” procedures when no one is home.

9. Describe your procedure for checking tanks, lines and equipment of new customers;
Is there a documented leak Test?

10. Do you sell Anhydrous ammonia, butane or other types of gases? ___ YES ___ NO.
If YES, list all gases and your annual receipts for each:

11. Do you have an automatic fill program? ___ YES ___ NO
If YES, what percentage of customers? _____%

12. Do you have a program to verify the condition of all customer regulators? ___ YES ___ NO
Please describe. _____

B -LPG SERVICE OPERATIONS

1. Do you install LP Gas tanks? ___ YES ___ NO. If YES, are any installations below ground?
___ YES ___ NO. Do you continue to own the below ground tanks? ___ YES ___ NO.
If YES, how many? _____

2. Do you sell LP Gas HVAC systems? ___ YES ___ NO

3. Do you sell/service LP Gas Space Heaters? ___ YES ___ NO
Do you sell/service LP Gas Water Heaters? ___ YES ___ NO
Do you do gasoline to LP conversions of vehicles? ___ YES ___ NO

4. Do you have a retail store for other LP Appliances? ___ YES ___ NO
If YES, what are the products?

5. Do you engage in LPG or Natural Gas conversion work? ___ YES ___ NO. If YES, how many
conversions made per year? _____ If performed for others, provide estimated annual
receipts: \$ _____

6. Do you participate in the "Gas Check" program? ___ YES ___ NO
If partially completed, what % completed? _____

7. Do you subscribe to a formalized training program? ___ YES ___ NO. Please
describe.

C – LPG Storage

Please provide a plot plan and list of all locations storing petroleum products in bulk including the size and product in each tank and whether they are UST's or AST's.

1. Have you attached a plot plan? YES NO
2. Have you attached a List of all locations storing petroleum products? YES NO
3. Do you have a Written Emergency Plan? YES NO. If yes, attach.
4. Are LP Gas Tanks properly grounded during loading and unloading? YES NO
5. Are electrical switches and lighting explosion proof? YES NO
6. Are the shut-off valves clearly visible? YES NO
7. Do others load at your bulk tank? YES NO If YES, what type of training do you provide to their drivers?

8. Who delivers to your Bulk tank?

Signature: _____ Position _____ Date _____