

# 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 <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 # 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"**

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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 \_\_\_\_\_

Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_ Owner Phone# \_\_\_\_\_ Date \_\_\_\_\_

**Inspector-Must provide a copy of current license and all contact info, Incomplete reports will be rejected and returned.**