



Mobile Aviation Fuel Checklist

THIS FORM IS NOT INTENDED TO REPLACE THE SUPPLIER'S OWN QUALITY CONTROL PROCEDURES AND LOGS

SUPPLIER MUST COMPLY WITH CSA STANDARD B836-14, STORAGE, HANDLING AND DISPENSING OF AVIATION FUELS

Date: _____ Time (24:00): _____ Incident/Project #: _____
 Company Name: _____ Company Unit #: _____
 Refueller Name: _____ Refueller Signature: _____
 AOBD/Designate Name: _____ AOBD/Designate Signature: _____

DAILY FUEL QUALITY CONTROL

QC checks are rated as per fuel sample visual rating - Clean (1) and Bright (A) must be obtained before fueling.

Solid Contaminant Indicators		Moisture content indicators	
1 Clean	3 Particulate Matter	A Bright	D Wet (Free water)
2 Slight Particulate Matter	4 Dirty	B Hazy	E Surfactants
		C Cloudy	

Tank Sumps C/B: (Low Point) Sample #1 _____ Sample #3 _____
 Sample #2 _____ Sample #4 _____ Achieved IA

Filter Sumps C/B: (before filter, under operating pressure) Sample #1 _____ Sample #3 _____
 Sample #2 _____ Sample #4 _____ Achieved IA

Fuel at Nozzle Point: (after filter, under operating pressure) Sample #1 _____ Sample #3 _____
 Sample #2 _____ Sample #4 _____ Achieved IA

Water Test: Test Type _____ Satisfactory

Filter Check: Weekly: Differential Pressure _____ Corrected: _____ Satisfactory

QC Results Recorded Nozzle Sample Observed Nozzle Sample Retained

Current Fuel Amount _____ Next Expected Fuel Delivery _____

FUEL RECEIPT

QC checks on received fuel to be completed as per company's operating procedures.

Personnel on site to monitor delivery Sufficient capacity to receive load
 Clear and bright checks performed on fuel received API gravity/density performed Results recorded

Setting Times:

1 hour if filtered during transfer 3 hr/m if not filtered during transfer

EQUIPMENT CHECKS

S = Satisfactory U = Unsatisfactory NU = Not Used NA = Not Applicable

Sampling Equipment	<input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> NU <input type="checkbox"/> NA	Nozzle Screens	<input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> NU <input type="checkbox"/> NA
Hose Condition	<input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> NU <input type="checkbox"/> NA	Nozzle Dust Cap	<input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> NU <input type="checkbox"/> NA
Bonding Cables	<input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> NU <input type="checkbox"/> NA	Operator PPE	<input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> NU <input type="checkbox"/> NA
Bonding (ohms)	<input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> NU <input type="checkbox"/> NA	Waste Containment	<input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> NU <input type="checkbox"/> NA
Tank Hatches:	<input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> NU <input type="checkbox"/> NA	Fire Extinguishers	<input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> NU <input type="checkbox"/> NA

COMMENTS, CONCERNS, ISSUES:
