

ATTENDED SELF-SERVICE STATION

INSTALLATION LOCATION	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____ County: _____ Municipality Name: _____ Borough <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/>																					
TYPES OF SPECIAL DISPENSING DEVICES	Check each type of dispensing device on the premises and provide requested information for each. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 30%;">Remote-Preset</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 30%;">Console Maker: _____</td> <td style="width: 30%;">Model Number: _____</td> </tr> <tr> <td>Car-Operated</td> <td><input type="checkbox"/></td> <td>Console Maker: _____</td> <td>Model Number: _____</td> </tr> <tr> <td>Cash-Operated</td> <td><input type="checkbox"/></td> <td>Console Maker: _____</td> <td>Model Number: _____</td> </tr> <tr> <td>Key-Operated</td> <td><input type="checkbox"/></td> <td>Console Maker: _____</td> <td>Model Number: _____</td> </tr> <tr> <td>Other (Specify Below):</td> <td><input type="checkbox"/></td> <td>Console Maker: _____</td> <td>Model Number: _____</td> </tr> </table>	Remote-Preset	<input type="checkbox"/>	Console Maker: _____	Model Number: _____	Car-Operated	<input type="checkbox"/>	Console Maker: _____	Model Number: _____	Cash-Operated	<input type="checkbox"/>	Console Maker: _____	Model Number: _____	Key-Operated	<input type="checkbox"/>	Console Maker: _____	Model Number: _____	Other (Specify Below):	<input type="checkbox"/>	Console Maker: _____	Model Number: _____	
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INSTALLATION SPECIFICATIONS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Does console bear an Underwriters Laboratories, Inc. approval?</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>Will there be an attendant on duty whenever the station is open to the general public?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>Will this attendant be qualified to perform the requirements found in §13.115(b) of the regulation?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>Will the emergency control be installed at an accessible location not more than 15 feet from the principal control location of the attendant?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>Will all dispensers be within 100 feet of an emergency shut-off device? (A variance may not be requested on this requirement.)</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>Will operation instructions be conspicuously posted on the dispenser or the dispenser island?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>Will emergency procedures and instructions be posted in the immediate vicinity of the attendant's principal control location?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>	Does console bear an Underwriters Laboratories, Inc. approval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will there be an attendant on duty whenever the station is open to the general public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will this attendant be qualified to perform the requirements found in §13.115(b) of the regulation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the emergency control be installed at an accessible location not more than 15 feet from the principal control location of the attendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will all dispensers be within 100 feet of an emergency shut-off device? (A variance may not be requested on this requirement.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will operation instructions be conspicuously posted on the dispenser or the dispenser island?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will emergency procedures and instructions be posted in the immediate vicinity of the attendant's principal control location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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INSTALLATION SPECIFICATIONS (CONTINUED)	<p>Will dispensing operations be in clear view of the attendant at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will attendant remain within an "arm's length" of remote controls, whenever flammable or combustible liquids are being dispensed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will a two-way ("hands-off") voice communications system be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will hose nozzle valves of gasoline dispensing devices be of an approved automatic-closing type? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will parking spaces between the attendant's principal control location and the dispensing devices be designated "For Cars Only (No Vans, Trucks, or SUVs)"? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will each dispensing island have signs, conspicuously posted with letters at least 1" in height, indicating the following? "WARNING – IT IS UNLAWFUL TO DISPENSE FLAMMABLE OR COMBUSTIBLE LIQUIDS INTO A PORTABLE CONTAINER UNLESS THE CONTAINER IS CONSTRUCTED OF METAL OR APPROVED BY THE FIRE MARSHAL." <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Persons (other than attendants) using a "hold-open" gasoline-dispensing nozzle must remain at the refueling point during the refueling operation. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>No smoking is allowed. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Vehicle motors must be turned off while refueling. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
APPLICANT ACKNOWLEDGEMENT OF COMPLIANCE RESPONSIBILITIES	<p>By signing this form, I acknowledge that I understand that approval of this installation is contingent upon compliance with all requirements (including any related to financial responsibility) found in Pennsylvania statute or regulation and that use of this installation requires a site inspection and final approval issued by the Department of Labor and Industry.</p> <p>_____</p> <p>Signature of Applicant Name of Applicant Date Signed</p> <p>Company: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Telephone: _____ E-Mail: _____</p>