Office of the Controller of Legal Metrology, State /UT…………………..

Format for Recording Vertical Storage Tank Measurements
Part II and III of Schedule IX-A, SoWM(general) Rules, 1987

Name of the Inspector…………………………………………. ID No. …………………
District …………… …………………. Area ……………………………………………
Report No……………… Date…………………………

Tank No:
Owner's Name:
Location of the Tank;

1. General

| 1. Type of Tank Joints: Riveted / Lap-welded / But-welded. | 7. Height of Datum-plate: ……cm. |
| 2. Type of Roof: | 8. Angle of Tilt from Vertical: |
| 3. Type of Bottom; | 9. Name of liquid stored: |
| 4. Height of Tank: | 10. Nominal Tank capacity: |
| 5. Dip-Reference Height: | 11. Avg liquid temperature: ……°C |
| 6. Dip-Reference Point: Height of dip-hatch is ….cm and its distance from the roof-edge is ……….cm. | 12. Automatic Level gauge present: Yes/ No |
| 13. Method of Calibration: Strapping / ORLM/ OTM |

2. Shall Circumference /Diameters

| 1st Course …………………….mm | 5th Course …………………….mm |
| 2nd Course …………………….mm | 6th Course …………………….mm |
| 3rd Course …………………….mm | 7th Course …………………….mm |
| 4th Course …………………….mm | nth Course …………………….mm |

3. Description of Shell Plates and joints

<table>
<thead>
<tr>
<th>Course No</th>
<th>Shell Plate Thickness</th>
<th>Width of Lap of Strap</th>
<th>Thickness of Strap</th>
<th>No of Vertical joints</th>
<th>Exposed Course Height</th>
<th>Inside Course Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>nth course</td>
<td>……mm</td>
<td>……..mm</td>
<td>……..mm</td>
<td>………</td>
<td>……mm</td>
<td>………mm</td>
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<td>7th course</td>
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<td>4th course</td>
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</tr>
<tr>
<td>1st course</td>
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:Page 1 of 2
### 4. Bottom Course Shell Connections

<table>
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<th>No</th>
<th>Description</th>
<th>Elevation, top of floor to bottom connections</th>
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</tr>
<tr>
<td>2</td>
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<tr>
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### 5. Deadwood and Remarks

<table>
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<th>No</th>
<th>Description</th>
<th>Size</th>
<th>Elevation</th>
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<tbody>
<tr>
<td></td>
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<td>From (mm) To (mm)</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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</tbody>
</table>

Repaired / Calibrated by:

Total fees collected Rs. ………… vide MR no……… …dated……………………

Next calibration due on :………………

Signature of Inspector with seal