

Nurse Tank Waiver Agreement (3rd Party Inspection)

This document is to be used when a nurse tank is inspected by a third party inspection company, or the Safety Officer is inspecting tanks that they do not own, or are not the property of their employer.

Part 1: General Information - Current Tank Owner			
Current Company/Tank Owner Name:			
Address:			
Town:	Province:		
Postal Code:	Phone Number:		
Safety Officer Name:			
Part 2: Tank Information			
Serial Number:			
CRN/ASME Code:			
Manufacturer:			
Manufacture Date:			
Design Pressure:	SI	kPa	
Water Capacity:	Gallons	Litres	
Shell Thickness:	Inches	Millimetres	
Head Thickness	Inches	Millimetres	
Part 3: Disclaimer			
<p>The tank owner acknowledges that the nurse tank (listed in Part 2) has been inspected/tested under the protocol of the NTSCC. The tank owner _____ (print name) will hereby save harmless the Safety Officer _____ (print name) and their employer _____ (print name) from and against any and all liability of whatsoever kind and nature, for damages to property and loss thereof, for any act or omission of the tank owner, their employees, or agent in our about the tank owner's equipment or in the operation of equipment therein, or in the exercise of any right of obligation under this agreement.</p>			
Date of next External Visual Inspection (mm/yy): _____			
Date of next Hydrostatic Test (mm/yy): _____			
Part 4: Verification			
Name of Tank Owner:			
Company Name (if different from above):			
Signature of Tank Owner:			
Date:			