



NIGERIA CIVIL AVIATION AUTHORITY

Corporate Headquarters
Nnamdi Azikiwe Int'l Airport, Domestic Wing, Abuja, Nigeria

AVIATION FUELLING EQUIPMENT INSPECTION CHECK LIST

Operating Company:	Name of ASI:
Region/Airport facility	Date of Inspection:
Vehicle Registration no.:	Time:
Name of Fueling Operator:	STATIONARY / AIRCRAFT FUELLING:
<p>Note: "/" Satisfactory (Use C if wish to comment) – "N" Needs improvement – "U" Unsatisfactory "N/A" Not Applicable – "N" Not observed. List all recommendations for items marked "N" and "U" in the inspection follow up report and indication estimated date of completion. List comments ("C") as appropriate on a separate sheet</p>	

1. PERSONNEL	COMMENTS
a. Attire	
b. Job knowledge	
c. Equipment knowledge	

2. FUELLING EQUIPMENT				COMMENTS	
a.	Appearance		n.	Lights working	
b.	Logo/grade ID marking		o.	Meter operation	
c.	General condition		p.	Spark arrestor	
d.	Tank manhole covers and vents		q.	Drain samples from tanker	
e.	Tank Valves and drains		r.	Operating Panel Gauges	
f.	Filter operation		s.	Dust covers in place	
g.	Hose condition (Inlet/Outlet)		t.	Fire extinguishers	
h.	Condition of nozzles/screens		u.	Filter membrane – colour / weight	
i.	Pressure control operation		v.	Vehicle log sheets	
j.	Driveaway interlocks working		w.	Vehicle filter delta Ps	
k.	Surge suppressor Setting		x.	Sealing of access points	
l.	Deadman operation				
m.	Bonding of grounding cable				

3. FUELLING PROCEDURES	COMMENTS
a. Positioning of equipment	
b. Hook-up disconnection procedures	
c. Hydrokit test performed	
d. Safety	

4. SAFETY			COMMENTS		
a.	Periodic fire fighting practices		i.	Fuel spill response plan/equipment	
b.	No smoking signs posted		j.	Personnel protective equipment	
c.	First aid provision		k.	Operating procedures	
d.	Safety procedures status		l.	Fire Alarm system	
e.	Samples properly discarded				
f.	Fuelling pressure rate				
g.	Equipment security and lighting				
h.	Emergency plans issued to staff				

Note: Personnel protective equipment shall include the following:

		COMMENTS
i.	Ear protector	
ii.	Safety glasses / goggles	
iii.	Safety foot wear (Fuel/oil resistant)	
iv.	Fuel resistant gloves	
v.	Overalls. (Non static)	

Comments:-

Inspection Follow-up Report

Item No.	N/U	Brief Recommendation	Status	Comment

Comments.

ASI Name

Signature

Date