



TOWN OF WAKEFIELD

DEPARTMENT OF PUBLIC WORKS

FUEL DELIVERY FORM

Date: _____

Time of Arrival: _____

Time of Departure: _____

Truck Number: _____

Name of Truck Driver: _____

Name of Town Employee: _____

Before Unloading:

Is all spill response equipment and personal protective equipment in place?

Yes ☐ No ☐

In the case of bulk fuel delivery, does tank capacity exceed the amount of delivery?

Yes ☐ No ☐ N/A ☐

In the case of drum fuel delivery, are all drums free of leaks and punctures?

Yes ☐ No ☐ N/A ☐

Commence unloading. Remain with vehicle at all times.

After Unloading is Complete:

Have all fuel containers, including the vehicle, been inspected for leaks?

Yes ☐ No ☐

Has the ground at the unloading point been inspected for evidence of leaks?

Yes ☐ No ☐

If there are any leaks or spills, has the material been properly cleaned?

Yes ☐ No ☐

Has the correct amount of fuel been delivered?

Yes ☐ No ☐

Has a receipt been collected?

Yes ☐ No ☐

Delivery is Complete.

