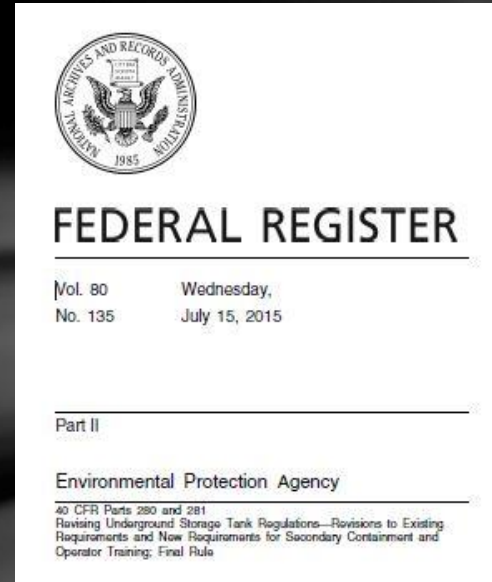
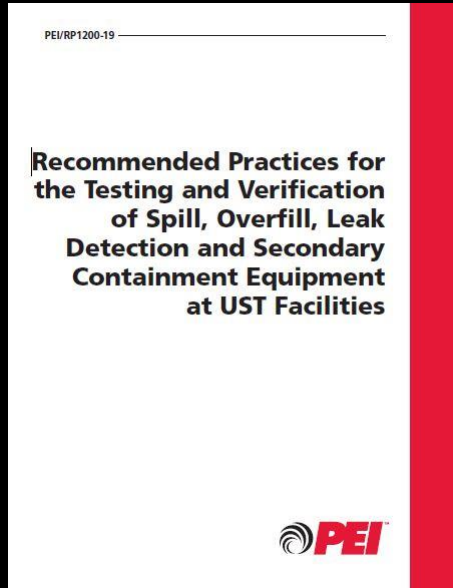


How the UST testing requirements of PEI RP1200 are (1) properly performed and (2) how to interpret the final test data to determine if the testing has been performed thoroughly and to the standards set forth in PEI RP1200.”



National Tanks Conference

Tuesday September 13th, 2022

Edward S. Kubinsky Jr.

Director of Regulatory Affairs, Training and Certification

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Tulsa, Oklahoma

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Tanknology
Austin, Texas

Bruce Garrett
Volta Oil Co.
Plymouth, Massachusetts

Ryan Haerer
U.S. EPA
Washington, D.C.

Brian Harmon
Tait Environmental Services, Inc.
Santa Ana, California

Kevin Henderson
Kevin Henderson Consulting LLC
Brandon, Mississippi

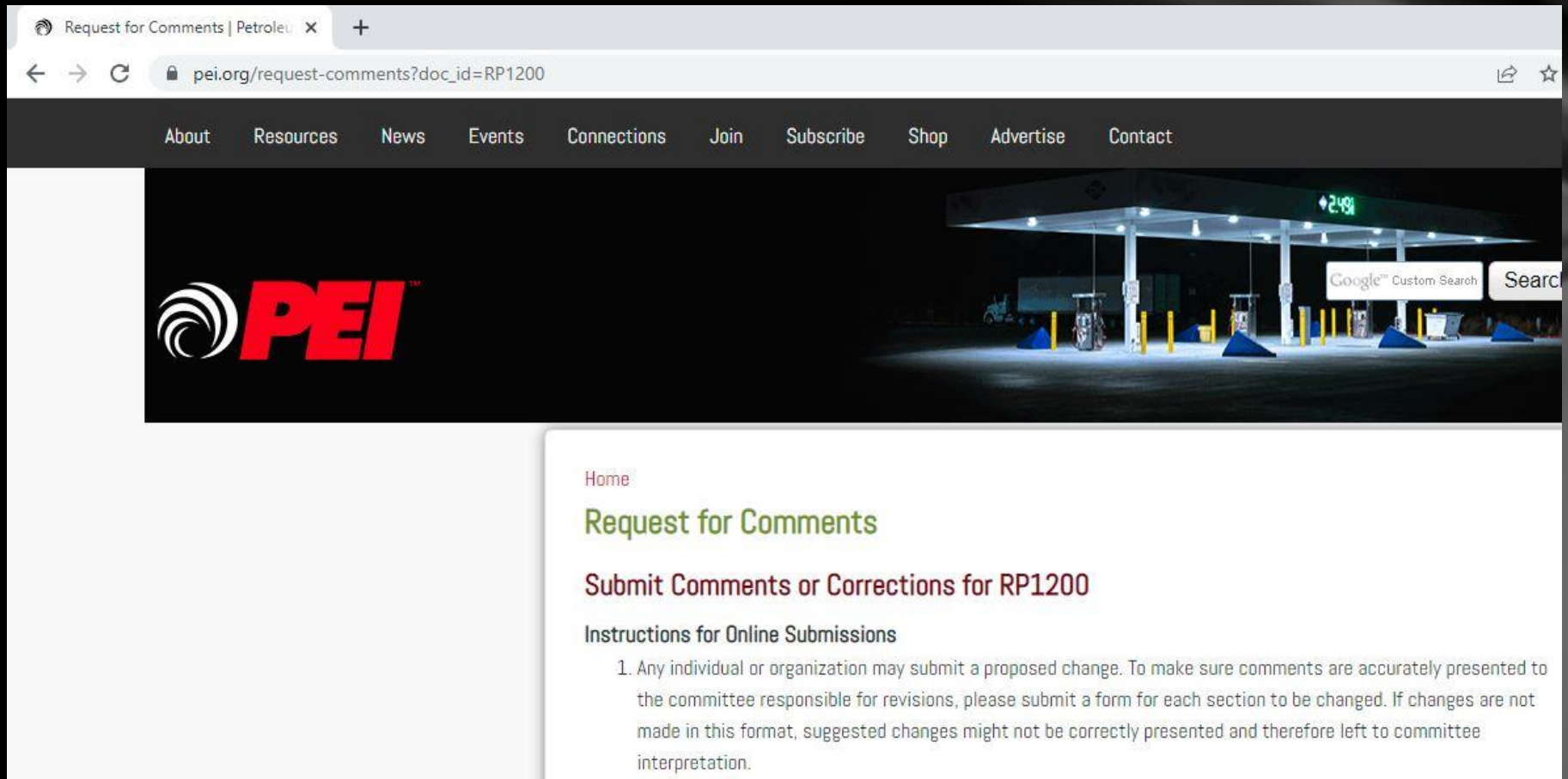
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UST Services Corporation
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To submit a comment:

https://www.pei.org/request-comments?doc_id=RP1200



The screenshot shows a web browser window with the URL https://www.pei.org/request-comments?doc_id=RP1200. The page features a dark navigation bar with links for About, Resources, News, Events, Connections, Join, Subscribe, Shop, Advertise, and Contact. Below the navigation bar is a large banner image of a PEI gas station at night, with the PEI logo on the left. The main content area is white and contains the following text:

[Home](#)

Request for Comments

Submit Comments or Corrections for RP1200

Instructions for Online Submissions

1. Any individual or organization may submit a proposed change. To make sure comments are accurately presented to the committee responsible for revisions, please submit a form for each section to be changed. If changes are not made in this format, suggested changes might not be correctly presented and therefore left to committee interpretation.

Next committee review will be in 2024

To download all PEI RP 1200 Test Forms (free):

<https://www.pei.org/rp1200>

Single-copy price is \$75 for PEI members and \$295 for nonmembers.

[View the RP1200 Table of Contents](#)

Download Appendix:

- [C-1 Tank Secondary Containment Integrity Testing Dry Test Method](#)
- [C-2 Piping Secondary Containment Integrity Testing](#)
- [C-3 Spill Bucket Integrity Testing Hydrostatic Test Method Single- and Double-Walled Vacuum Test Method](#)
- [C-4 Containment Sump Integrity Testing Hydrostatic Testing Method](#)
- [C-4-A Containment Sump Testing Low Liquid Level Test Method](#)
- [C-5 UST Overfill Equipment Inspection Automatic Shutoff Device and Ball Float Valve](#)
- [C-6 Overfill Alarm Operation Inspection](#)
- [C-7 Automatic Tank Gauge Operation Inspection](#)
- [C-8 Liquid Sensor Functionality Testing](#)
- [C-9 Mechanical and Electronic Line Leak Detectors Performance Tests](#)
- [C-10 Shear Valve Operation Inspection](#)
- [C-11 Emergency Stop Switch Operation Inspection](#)

Chapter 4: Secondary Containment Integrity Testing (Dry Tank Interstitials)

- Check interstice for liquid
- Pull 10" Hg vacuum (Steel or FRP tanks)
- Wait appropriate time based on tank volume
- Pass = no vacuum loss and no additional liquid pulled in to interstitial space



FIGURE 4-4. The plumber's plug provides a leak-tight connection to draw a vacuum on the tank interstitial space.

Chapter 4: Secondary Containment Integrity Testing (Dry Tank Interstitials)

Tanks under 20,000 capacity = 1-hour test

Tanks 20,000 or greater = 2-hour test

No vacuum loss allowed, no additional liquid drawn into the interstice during the test (if liquid was present at the start)

PEURP1200-19

APPENDIX C-1
TANK SECONDARY CONTAINMENT INTEGRITY TESTING
DRY TEST METHOD

Facility Name: _____ Owner: _____
 Address: _____ Address: _____
 City, State, Zip Code: _____ City, State, Zip Code: _____
 Facility I.D. #: _____ Phone #: _____
 Testing Company: _____ Phone #: _____ Date: _____

This data sheet is for testing the integrity of the dry secondary containment of a underground storage tank (UST). See PEI/PP1200 Section 4.2 for the test procedure.

Tank Number					
Tank Material					
Product Stored					
Tank Capacity * gallons					
Test Start Time					
Initial Vacuum Reading, inches Hg (See Table 4-1 below)					
Specified Test Duration (See Table 4-1 below)	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
Test End Time					
Final Vacuum Reading, inches Hg					
Is the Annular Space Dry After the Test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

TABLE 4-1

Vacuum, inches Hg	Capacity, gallons	Duration, hours
10	<20,000	1
	20,000+	2

Comments: _____

*Total tank capacity, including all compartments in a multi-compartment tank.

Tester's Name (print) _____ Tester's Signature _____

TABLE 4-1

Vacuum, inches Hg	Capacity, gallons	Duration, hours
10	<20,000	1
	20,000+	2

Chapter 4: Secondary Containment Integrity Testing (Wet Tank Interstitials)

APPENDIX A-1



HYDROSTATIC STAND PIPE TANK TEST CHECKLIST

Job Name: _____
 Address: _____ City: _____ State: _____
 _____ / _____ Record date / time when tank was last filled (wait 24 hours from last delivery)
 _____ / _____ Record today's date / time

Time	Testing Procedures	Groundwater Level	Tank #1	Tank #2
	Record tank U.L. number (if known)			
	Product stored			
	Tank nominal capacity (gallons)*			
	Preparation:			
	1. Measure and record groundwater table level.			
	2. Fill reservoir riser pipe approximately 12" over reservoir top. The level in the riser pipe must be at least 12" higher than the groundwater table.			
	3. Diameter of reservoir riser pipe.			
	4. Inspect all exposed monitoring fitting plugs for leaks.			
	Begin test:			
	5. Record time (wait 3 hours after step #2).			
	6. Measure and record liquid level in reservoir riser pipe.			
	7A. Measure and record groundwater table level.			
	7B. Record dispenser meter readings.			
	8. Record time (after steps #6 and #7, wait 4 hrs for 4'6/8" tanks or 6 hrs for 10' dia. tanks).			
	9. Measure and record liquid level in reservoir riser pipe.			
	10A. Measure and record groundwater table level.			
	10B. Record dispenser meter reading.			
	End test:			
	Calculate changes:			
	11A. Reservoir riser pipe level (step#6 minus step #9).			
	11B. Groundwater level (step #7 minus step #10A).			
	11C. Dispensed product (step #7 minus step #10B).			

Results Interpretation - The calculated changes (lines 11A, 11B, and 11C) must meet all of the criteria in column "B" below to pass the tightness test of .05 gallons per hour with a 95% probability of detection and a 5% probability of false alarm:

(A) Criteria	(B) Tank passes test if...	(C) Tank test is inconclusive if...
Line #11A	Less than 1"	More than 1"***
Line #11B	and less than 10"	or more than 10"***
Line #11C	and less than 600 gallons	or more than 600 gallons ***

You can use a tape measure and water/brine finding paste to determine accurate liquid levels in site wells and the reservoir.

* Max tank diameter 10'. Max capacity 30,000 gallons

** Repeat test steps 6-11

*** To improve test accuracy, discontinue dispensing, then repeat test steps 6-11

Note: A 99.9% PD and 1.2% PFA tightness test without dispensing is available by contacting CSI Field Service

Date

Technician's Name

APPENDIX A-2

ZCL | XERXES
 making a lasting difference®

TRUCHEK
 DATA LOG

Fill out the site location, tank information and test boxes below. Be sure to choose the correct test box according to the diameter of the tank being tested. Follow the test procedures on the other side of this form. A separate test form is needed for every tank. For additional copies of the form, contact the Customer Service Representative at the Xerxes manufacturing facility nearest you. (See back cover for information.)

SITE LOCATION AND TANK INFORMATION

Site Location: _____ **Tank Information:** _____
Address: _____ **Nominal Gallons:** _____
 _____ **Diameter:** _____
Phone: _____ **Approximate Standpipe Length:** _____
Contact Name: _____ **Product Type:** _____
Test Date: _____ **Person Performing Test:** _____

4-FOOT-, 6-FOOT- AND 8-FOOT-DIAMETER DOUBLE-WALL TANKS

95% - 5% TEST	99% - 1% TEST
1a. Start level (inches in standpipe)	1b. Start level (inches in standpipe)
2a. End level after 4 hours	2b. End level after 10 hours
3. Difference (subtract 2a from 1a)	3. Difference (subtract 2b from 1b)
4. Calibration factor	4. Calibration factor
5. Volume change	5. Volume change
6. Test hours	6. Test hours
7. Gallons-per-hour loss	7. Gallons-per-hour loss
(If 0.05 gallons/hour or less, tank passed.)	(If 0.05 gallons/hour or less, tank passed.)
Note: maximum allowable dispensing volume during test:	Note: No product dispensing allowed.
8-foot-diameter tank – 1,200 gallons maximum	
6-foot-diameter tank – 500 gallons maximum	
4-foot-diameter tank – 300 gallons maximum	

10-FOOT-DIAMETER DOUBLE-WALL TANKS

95% - 5% TEST	99% - 1% TEST
1a. Start level (inches in standpipe)	1b. Start level (inches in standpipe)
2a. End level after 6 hours	2b. End level after 10 hours
3. Difference (subtract 2a from 1a)	3. Difference (subtract 2b from 1b)
4. Calibration factor	4. Calibration factor
5. Volume change	5. Volume change
6. Test hours	6. Test hours
7. Gallons-per-hour loss	7. Gallons-per-hour loss
(If 0.05 gallons/hour or less, tank passed.)	(If 0.05 gallons/hour or less, tank passed.)
Note: Maximum allowable dispensing volume during test:	Note: No product dispensing allowed.
10-foot-diameter tank – 750 gallons maximum	

Chapter 4: Secondary Containment Integrity Testing (Wet Tank Interstitials)

Follow tank manufacturer's written procedures:

Containment Solutions:

- Fill reservoir 12" over reservoir top and 12" above groundwater level and **wait 3 hours**
- Measure level in reservoir and water table and record dispenser meter readings
- **Wait another 4 hours** for 4', 6' and 8' diameter tanks **or 6 hours** for 10' diameter tanks
- Measure level in reservoir and water table and record dispenser meter readings
- Calculate changes to determine if test is a "pass"
 - Reservoir change is less than 1"
 - Groundwater change is less than 10"
 - Dispensed product is less than 600 gallons (best to shut down tank for the test to be sure product dispensed is less than 600)

Chapter 4: Secondary Containment Integrity Testing (Wet Tank Interstitials)

Follow tank manufacturer's written procedures:

ZCL/Xerxes:

- Determine if you are performing a 95% - 5% test or a 99% - 1% test and tank diameter to determine test parameters (from owner or regulatory agency)
 - 95/5 test on 4', 6' and 8' tanks is **4 hours** with dispensing limits for each (suggest tank shutdown)
 - 99/1 test on 4', 6' and 8' diameter tanks is **10 hours** with no dispensing allowed
 - 95/5 test on 10' diameter tanks is **6 hours** with 750 gallon dispensing limit (suggest tank shutdown)
 - 99/1 test on 10' diameter tanks is **10 hours** with no dispensing allowed
- Fill reservoir 6" – 12" above reservoir into the riser
- Wait appropriate time
- Perform gallon-per-hour calculation on form. If calculation is 0.05 or less, the tank has passed the test.

Chapter 5: Secondary Containment Integrity Testing (Piping Interstitials)

- Install test boots/test equipment (ensure testing all sections of piping)
- Pressurize interstitial to 5 psig
- Pass = no pressure loss over test period of 1 hour
- Be sure interstitial is open to allow for proper interstitial monitoring after the test



FIGURE 5-1. Boots on piping transitions and through sump walls must be leak-tight when piping secondary containment integrity testing is performed.

Chapter 5: Secondary Containment Integrity Testing (Piping Interstitials)

Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection and Secondary Containment Equipment at UST Facilities

APPENDIX C-2

PIPING SECONDARY CONTAINMENT INTEGRITY TESTING

Facility Name:	Owner:	
Address:	Address:	
City, State, Zip Code:	City, State, Zip Code:	
Facility I.D. #:	Phone #:	
Testing Company:	Phone #:	Date:

This procedure is to test the integrity of the interstitial space of double-walled piping. See PEI/RP1200 Section 5 for the test procedure.

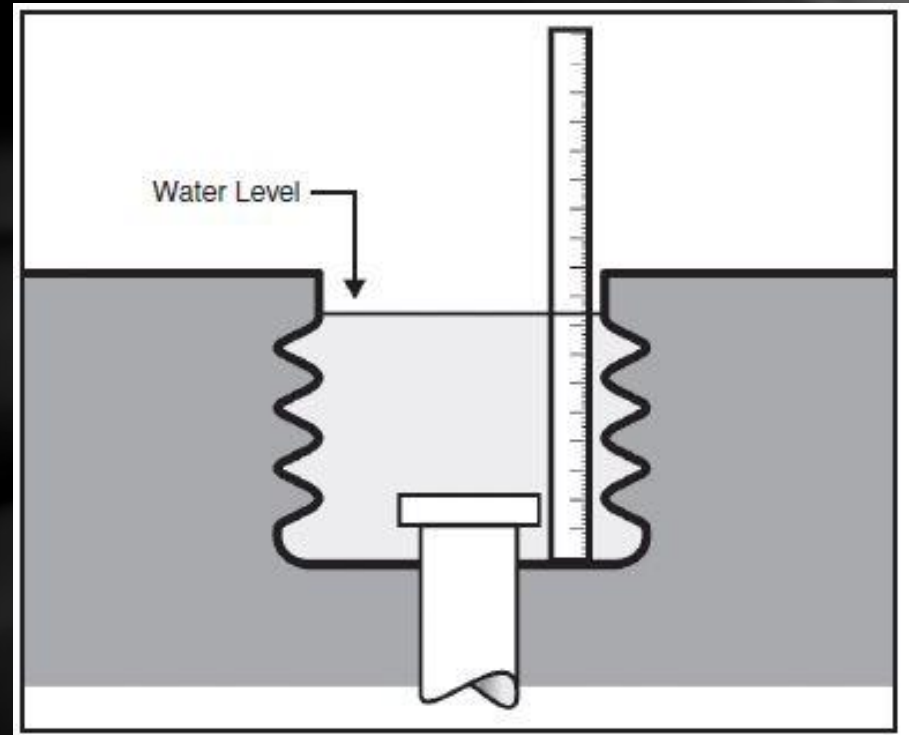
Tank Number						
Piping Run						
Piping Material						
Product Stored						
Test Start Time						
Initial Test Pressure, psig (Test procedure specifies 5 psig.)						
Test End Time						
Final Test Pressure, psig						
Pressure Change (No reduction in pressure allowed for pass.)						
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments:

Tester's Name (print): _____ Tester's Signature: _____

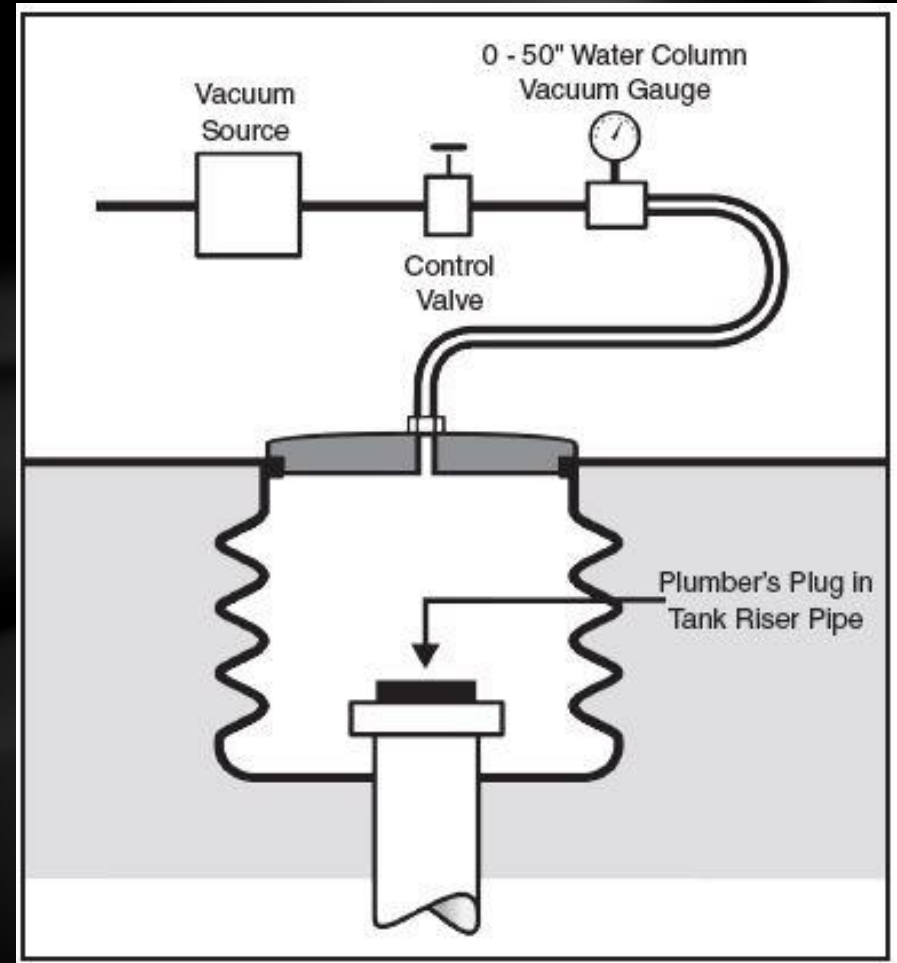
Chapter 6: Spill Bucket and Containment Sump Testing (Spill Bucket Hydrostatic)

- Visually inspect spill bucket, drain valve (if present, cap & adapter)
- Fill spill bucket with water to within 1.5" of the top of the bucket, wait 5 minutes and measure
- Wait 1 hour
- Measure water level again
- Pass = visual inspection is good and water level loss is less than 1/8"



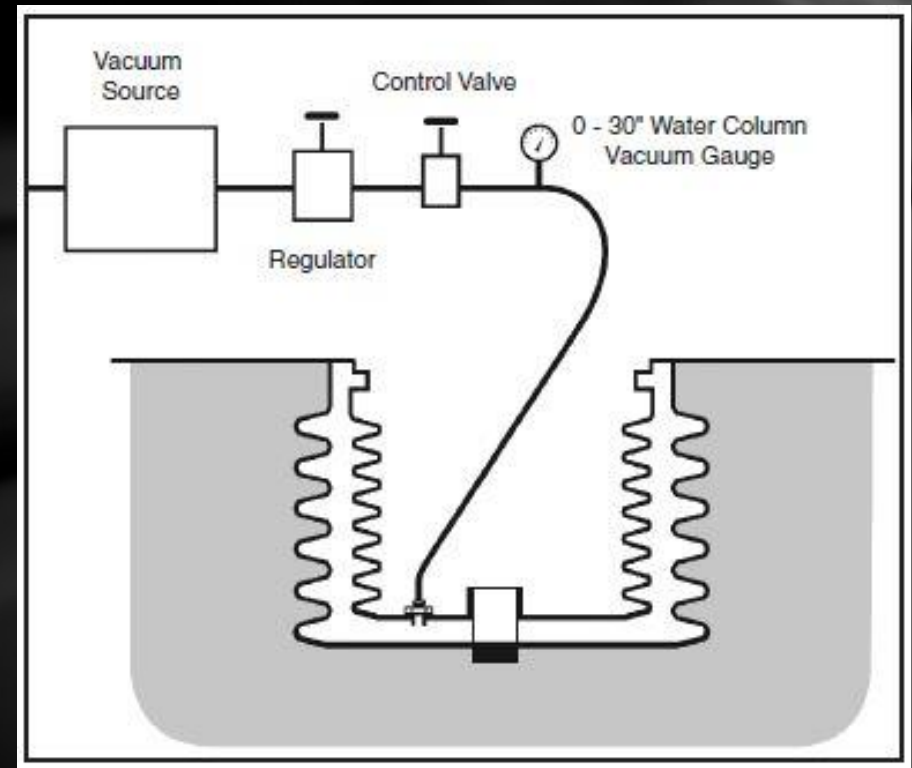
Chapter 6: Spill Bucket and Containment Sump Testing (Spill Bucket Vacuum Primary)

- Visually inspect spill bucket, drain valve (if present, cap & adapter)
- Attach to top of bucket and pull 30" water column vacuum
- Wait 1 minute
- Observe vacuum level
- Pass = visual inspection is good and vacuum level is 26" water column or greater



Chapter 6: Spill Bucket and Containment Sump Testing (Spill Bucket Vacuum Interstitial)

- Visually inspect spill bucket, drain valve (if present, cap & adapter)
- Attach to interstitial space and pull 15" water column vacuum
- Wait 1 minute
- Observe vacuum level
- Pass = visual inspection is good and vacuum level is 12" water column or greater



Chapter 6: Spill Bucket and Containment Sump Testing

APPENDIX C-3

SPILL BUCKET INTEGRITY TESTING HYDROSTATIC TEST METHOD SINGLE- AND DOUBLE-WALLED VACUUM TEST METHOD

Facility Name:		Owner:				
Address:		Address:				
City, State, Zip Code:		City, State, Zip Code:				
Facility I.D. #:		Phone #:				
Testing Company:		Phone #:			Date:	
This procedure is to test the leak integrity of single- and double-walled spill buckets. See PEI/RP1200 Section 6.2 for hydrostatic test method, Section 6.3 for single-walled vacuum test method and Section 6.4 for double-walled vacuum test method.						
Tank Number						
Product Stored						
Spill Bucket Capacity						
Manufacturer						
Construction	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Test Type	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Spill Bucket Type	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor
Liquid and debris removed from spill bucket?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Tank riser cap included in test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Drain valve included in test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Starting Level						
Test Start Time						
Ending Level						
Test End Time						
Test Period						
Level Change						
Pass/fail criteria: Must pass visual inspection. Hydrostatic: Water level drop of less than 1/8 inch; Vacuum single-walled only: Maintain at least 26 inches water column; Vacuum double-walled: maintain at least 12 inches water column.						
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments:						

Visual Inspection
(No cracks, loose parts or separation of the bucket from the fill pipe.)

Pass Fail

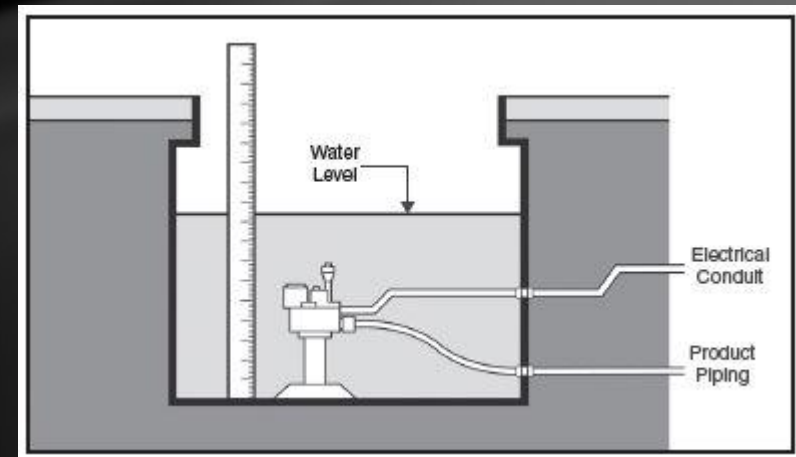
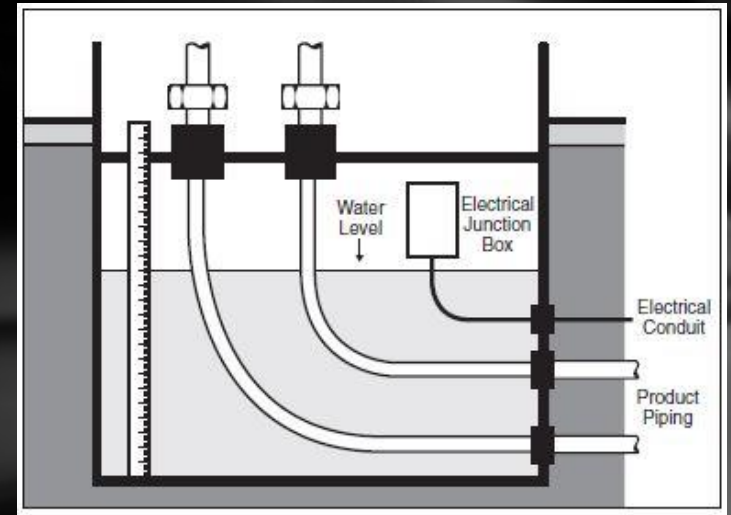
NOTE: Consult AHJ about testing double-wall buckets and what is allowed for testing. Some require the interstitial tested, some will accept a test of the primary or interstitial of the spill bucket.

*All liquids and debris must be disposed of properly.

Tester's Name (print) _____ Tester's Signature _____

Chapter 6: Spill Bucket and Containment Sump Testing (High-Level Hydrostatic)

- Visually inspect the **entire** containment sump
- Add water to **4" above** the highest penetration or sidewall seam or within 1" of the top of the sump
- Wait 15 minutes (deflection)
- Measure water level and begin test
- Wait 1 hour
- Pass = visual inspection is good and water level loss is less than 1/8"



Chapter 6: Spill Bucket and Containment Sump Testing (High-Level Hydrostatic)

APPENDIX C-4						
CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD						
Facility Name:			Owner:			
Address:			Address:			
City, State, Zip Code:			City, State, Zip Code:			
Facility I.D. #:			Phone #:			
Testing Company:			Phone #:		Date:	
This procedure is to test the leak integrity of containment sumps. See PEI/RP1200 Section 6.5 for the test method.						
Containment Sump ID						
Containment Sump Material						
Liquid and debris removed from sump?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the containment sump.)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Containment Sump Depth						
Height From Bottom to Top of Highest Penetration						
Starting Water Level						
Test Start Time						
Ending Water Level						
Test End Time						
Test Period (Minimum test time: 1 hour)						
Water Level Change						
Pass/fail criteria: Must pass visual inspection. Water level drop of less than 1/8 inch.						
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments:						

*All liquids and debris must be disposed of properly.

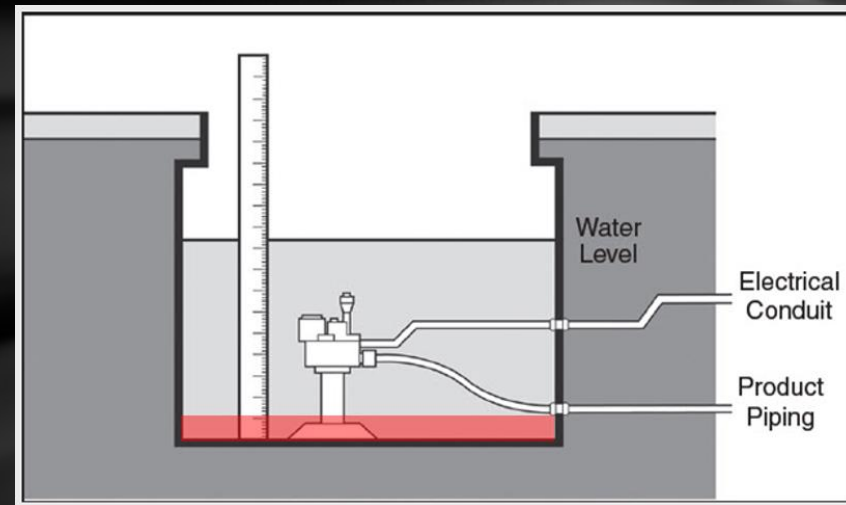
Tester's Name (print) _____ Tester's Signature _____

Visual Inspection (No cracks, loose parts or separation of the containment sump.)
Containment Sump Depth
Height From Bottom to Top of Highest Penetration

Ensure piping interstitials are isolated!

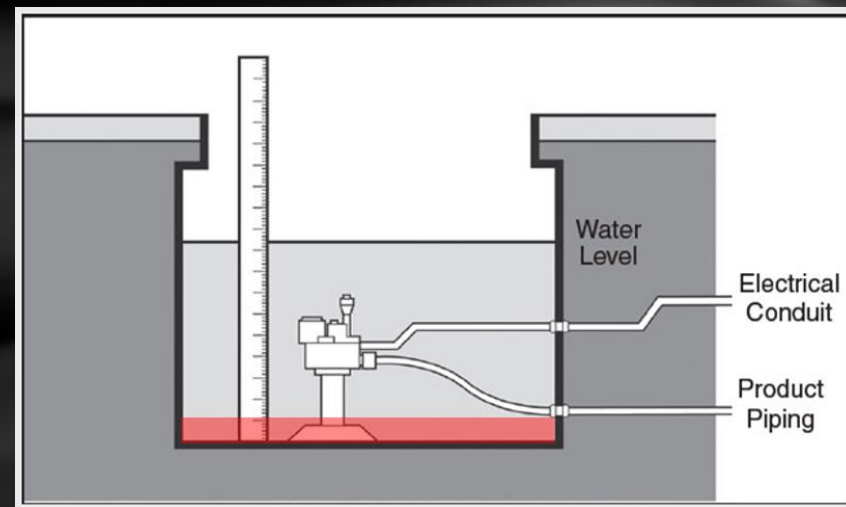
Chapter 6: Spill Bucket and Containment Sump Testing (Low-Level Hydrostatic)

- Visually inspect entire containment sump
- Test functionality of sensor or UDC mechanical float device
 - Sensor connected to ATG = must shut down STP(s) associated w/ sump
 - Sensor is "stand-alone" = must shut down dispenser or STP
- Add water to **4" above** the sensor activation level



Chapter 6: Spill Bucket and Containment Sump Testing (Low-Level Hydrostatic)

- Wait 15 minutes (deflection)
- Measure water level and begin test
- Wait 1 hour
- Pass = visual inspection is good, sensor or mechanical float device function properly and provide appropriate shut down and water level loss is less than 1/8"



Chapter 6: Spill Bucket and Containment Sump Testing (Low-Level Hydrostatic)

APPENDIX C-4-A						
CONTAINMENT SUMP TESTING LOW LIQUID LEVEL TEST METHOD						
Facility Name:				Owner:		
Address:				Address:		
City, State, Zip Code:				City, State, Zip Code:		
Facility I.D. #:				Phone #:		
Testing Company:				Phone #:	Date:	
This procedure is to test containment sumps using the low liquid level method. See PEI/RP1200 Section 6.6 for the test method.						
Containment Sump ID						
Containment Sump Material						
Visual Inspection (No cracks, loose parts or separation of the containment sump.)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Liquid and debris were removed from sump? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When tested, electronic sensor connected to EMS, stand-alone sensor or mechanical float device shuts down appropriate STP, dispenser or product as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Water Level						
Test Start Time						
Ending Water Level						
Test End Time						
Test Period (Minimum test time: 1 hour)						
Water Level Change						
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments:						

Visual Inspection (No cracks, loose parts or separation of the containment sump.)
Liquid and debris were removed from sump? *
When tested, electronic sensor connected to EMS, stand-alone sensor or mechanical float device shuts down appropriate STP, dispenser or product as required?

Ensure piping interstitials are isolated if water level reaches the piping!

*All liquids and debris must be disposed of properly.

Tester's Name (print) _____ Tester's Signature _____

Chapter 7: UST Overfill Equipment Verification, Inspection and Testing (Automatic Shutoff Devices)

- Remove from tank
- Visually inspect
- Manually move
- If it has a bypass valve, make sure it's open and free of blockage
- Measure to make sure shutoff occurs at no higher than 95% tank capacity
- Pass = ASO functions as designed and shuts off flow into the tank at no higher than 95% tank capacity



FIGURE 7-1. Check the drop tube and flapper for damage. Make sure that the flapper moves freely and will move into the product flow path.

Chapter 7: UST Overfill Equipment Verification, Inspection and Testing (Ball Float)

- Remove from tank
- Visually inspect
- Check ball & vent orifice
- Measure to make sure restriction occurs at no higher than 90% tank capacity
- Pass = ball float functions as designed and restricts flow at no more than 90% tank capacity



Chapter 7: UST Overfill Equipment Verification, Inspection and Testing (Ball Float)

- **Note: The PEI committee recognizes that there are alternative methods in the federal regulations for overfill (restrict 30 minutes before overfilling, alerting the operator 1 minute before overfilling or shutting off flow before wetting the top of the tank) however, from a practical standpoint, these were not included in the document and only restricting delivery at 90% was used for ball floats as a conservative approach.**

Chapter 7: UST Overfill Equipment Verification, Inspection and Testing (Automatic Shut Off & Ball Float)

APPENDIX C-5						
UST OVERFILL EQUIPMENT INSPECTION AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE						
Facility Name:			Owner:			
Address:			Address:			
City, State, Zip Code:			City, State, Zip Code:			
Facility I.D. #:			Phone #:		Date:	
Testing Company:			Phone #:		Date:	
This data sheet is for inspecting automatic shutoff devices and ball float valves. See PEI/RP1200 Section 7 for inspection procedures.						
Product Grade						
Tank Number						
Tank Volume, gallons						
Tank Diameter, inches						
Overfill Prevention Device Brand						
Type	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve
AUTOMATIC SHUTOFF DEVICE INSPECTION						
1. Drop tube removed from tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Drop tube and float mechanisms free of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Float moves freely without binding and poppet moves into flow path?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Bypass valve in the drop tube open and free of blockage (if present)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present
5. Flapper adjusted to shut off flow at 95% capacity?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A "No" to any item in Lines 1-5 indicates a test failure.						
BALL FLOAT VALVE INSPECTION**						
1. Tank top fittings vapor-tight and leak-free?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ball float cage free of debris?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ball free of holes and cracks and moves freely in cage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Vent hole in pipe open and near top of tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Ball float pipe proper length to restrict flow at 90% capacity?***	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A "No" to any item in Lines 1-5 indicates a test failure.						
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments:						
<p>* Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity. ** If a ball float is found to fail the inspection, another method of overfill must be used. *** Use manufacturer's suggested procedure for determining if flow restriction device will restrict flow at 90% capacity.</p>						
Tester's Name (print) _____			Tester's Signature _____			

BALL FLOAT VALVE INSPECTION**	
1. Tank top fittings vapor-tight and leak-free?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Visually inspect all tank-top fittings to determine if they are vapor-tight.

Chapter 7: UST Overfill Equipment Verification, Inspection and Testing (High-Level Alarm)

- Measure and compare fuel level in tank with ATG reading
- Verify programming is set to alarm at no more than 90% tank capacity
- Verify the circuit is operational and activate the alarm



Chapter 7: UST Overfill Equipment Verification, Inspection and Testing (High-Level Alarm)

- Remove probe from tank, visually inspect and reconnect
- Set fuel float in middle of probe and measure
- Slide float up until alarm is triggered
- Measure to make sure alarm occurs at no higher than 90% tank capacity
- Pass = alarm activates at no more than 90% tank capacity



Chapter 7: UST Overfill equipment Verification, Inspection and Testing (High-Level Alarm)

APPENDIX C-6				
OVERFILL ALARM OPERATION INSPECTION				
Facility Name:	Owner:			
Address:	Address:			
City, State, Zip Code:	City, State, Zip Code:			
Facility I.D. #:	Phone #:			
Testing Company:	Phone #:	Date:		
This procedure is to determine whether the high level alarm is operational and will trigger when the tank is no more than 90% full. See PEI/RP1200 Section 7.3 for the inspection procedure. This procedure is applicable to tank level monitor stems that touch the bottom of the tank when in place.				
Tank Number				
Product Stored				
Tank Level Monitor Brand and Model				
1. Tank Volume, gallons				
2. Tank Diameter, inches				
3. Overfill alarm activates in the test mode at the console?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. When activated, overfill alarm can be heard or seen while delivering to the tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. After removing the probe from the tank, it has been inspected and any damaged or missing parts replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Float moves freely on the stem without binding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Moving product level float up the stem trigger alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Inch level from bottom of stem when 90% alarm is triggered.				
9. Tank volume at inch level in Line 8.				
10. Calculate (Line 9 / Line 1) x 100				
11. Is Line 10 less than 90%?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Fuel float level on the console agrees with the gauge stick reading?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Overfill alarm activates at any product level above 90% tank capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any answers in Lines 3, 4, 5, 6, 7 or 11 are "No," or Line 13 is "Yes," the system has failed the test.				
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments:				
Tester's Name (print) _____ Tester's Signature _____				

<p>4. When activated, overfill alarm can be heard or seen while delivering to the tank?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---

Chapter 8: Electronic Monitoring System Inspection and Testing (Probe & Console)

Probes & Console:

- When possible, print out and review the system setup on the ATG.
- Manually measure product and water levels in tanks and compare to console
- Remove & inspect probe



FIGURE 8-1. The indicator lights and the LCD display on the monitoring console show the status of the UST system.

Photo Courtesy of PEI

Chapter 8: Electronic Monitoring System Inspection and Testing (Probe & Console)

Probes & Console:

- Slide product float up and check high-product alarm functionality
- Slide water float up and check water alarm functionality
- Pass = all measurements agree with programming and console acknowledges product and water alarms



FIGURE 8-1. The indicator lights and the LCD display on the monitoring console show the status of the UST system.

Photo Courtesy of PEI

Chapter 8: Electronic Monitoring System Inspection and Testing

APPENDIX C-7				
AUTOMATIC TANK GAUGE OPERATION INSPECTION				
Facility Name:		Owner:		
Address:		Address:		
City, State, Zip Code:		City, State, Zip Code:		
Facility I.D. #:		Phone #:		
Testing Company:		Phone #:	Date:	
This procedure is to determine whether the automatic tank gauge (ATG) is operating properly. See PEI/RP1200 Section 8.2 for the inspection procedure. This procedure is applicable to tank level monitor stems that touch the bottom of the tank when in place.				
Tank Number				
Product Stored				
ATG Brand and Model				
1. Tank Volume, gallons				
2. Tank Diameter, inches				
3. After removing the ATG from the tank, it has been inspected and any damaged or missing parts replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Float moves freely on the stem without binding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Fuel float level agrees with the value programmed into the console?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Water float level agrees with the value programmed into the console?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Inch level from bottom of stem when 90% alarm is triggered.				
8. Inch level at which the overflow alarm activates corresponds with value programmed in the gauge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Inch level from the bottom when the water float first triggers an alarm.				
10. Inch level at which the water float alarm activates corresponds with value programmed in the gauge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any answers in Lines 3, 4, 5, or 6 are "No," the system has failed the test.				
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments:				
Tester's Name (print) _____ Tester's Signature _____				

Chapter 8: Electronic Monitoring System Inspection and Testing (Sensors)

Sensors:

- Fill test container with appropriate liquid
- Place sensor in liquid
- Verify alarm condition and sensor labeling on tank gauge
- Pass = sensor properly triggers alarm and is correctly identified on the console



FIGURE 8-1. The indicator lights and the LCD display on the monitoring console show the status of the UST system.

Chapter 8: Electronic Monitoring System Inspection and Testing (Sensors)

Sensors:

NOTE: consult manufacturer's procedures for other types of sensors (optical, pressure/vacuum, electrical resistance, etc.). If manufacturer's procedures differ from RP 1200, use manufacturer's procedures.



FIGURE 8-1. The indicator lights and the LCD display on the monitoring console show the status of the UST system.

Photo Courtesy of PEI

Chapter 8: Electronic Monitoring System Inspection and Testing

LIQUID SENSOR FUNCTIONALITY TESTING							
Facility Name:				Owner:			
Address:				Address:			
City, State, Zip Code:				City, State, Zip Code:			
Facility I.D. #:				Phone #:			
Testing Company:				Phone #:		Date:	
This procedure is to determine whether liquid sensors located in the interstitial space of UST systems are able to detect the presence of water and fuel. See PEI/RP1200 Section 8.3 for the test procedure.							
Sensor Location							
Product Stored							
Type of Sensor	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating
Test Liquid	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product
Is the ATG console clear of any active or recurring warnings or alarms regarding the leak sensor? If the sensor is in alarm and functioning, indicate why.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor alarm circuit operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has sensor been inspected and in good operating condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When placed in the test liquid, does the sensor trigger an alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When an alarm is triggered, is the sensor properly identified on the ATG console?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any "No" answers indicates the sensor fails the test.							
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments:							
Tester's Name (print) _____				Tester's Signature _____			

APPENDIX C-9

<p>When an alarm is triggered, is the sensor properly identified on the ATG console?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---

Chapter 9: Automatic Line Leak Detector Testing (Mechanical)

- Bleed line pressure to zero psig, turn on pump and observe leak detector performance with no leak on line
- With pump on, calibrate 3 GPH @ 10 PSIG leak on the piping then turn pump off and drain all pressure



FIGURE 9-1. The MLLD mounted on the submersible turbine pump will restrict flow when a leak is detected.

Chapter 9: Automatic Line Leak Detector Testing (Mechanical)

- Turn pump on with 3 GPH @ 10 PSIG leak induced on the piping and observe leak detector performance for a minimum of 60 seconds
- Pass = line pressure does not increase above “metering” pressure for at least 60 seconds



FIGURE 9-1. The MLLD mounted on the submersible turbine pump will restrict flow when a leak is detected.

Chapter 9: Automatic Line Leak Detector Testing (Electronic)

- With pump on, calibrate 3 GPH @ 10 PSIG leak on the piping
- Leave calibrated leak open to test can and hang up nozzle to allow pump to turn off

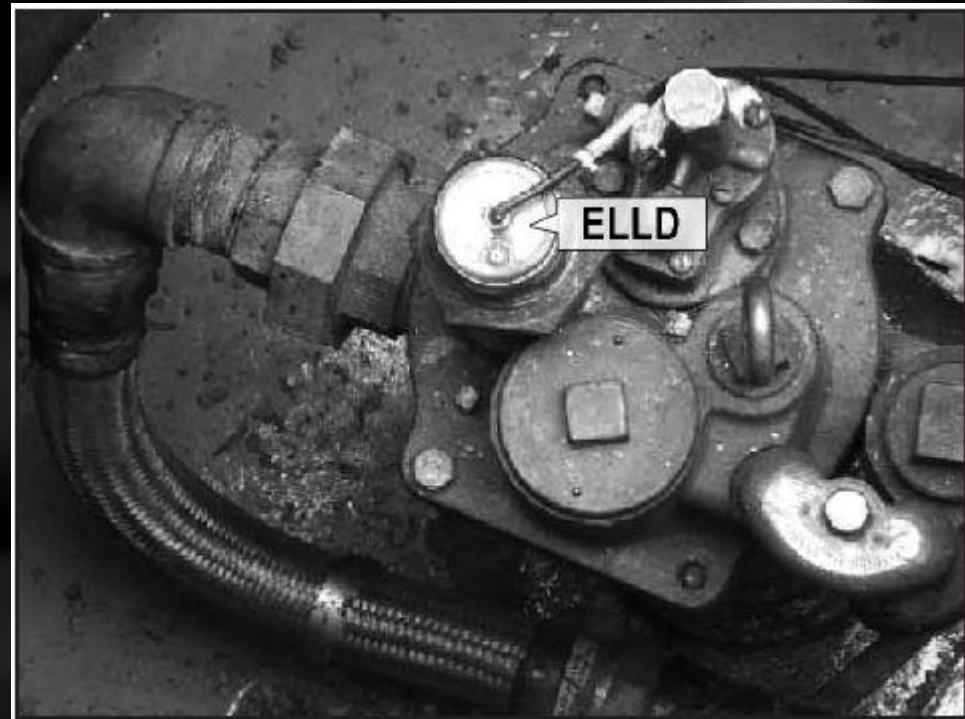


FIGURE 9-2. The ELLD mounted in the submersible turbine pump will alarm on the console when a leak is detected.

Chapter 9: Automatic Line Leak Detector Testing (Electronic)

- Observe ELLD turn on pump and pressurize piping with leak on the piping (ELLD may cycle the pump several times)
- Pass = ELLD generates a 3 GPH leak alarm on console (required) and shuts down the STP (may be required – check with AHJ)

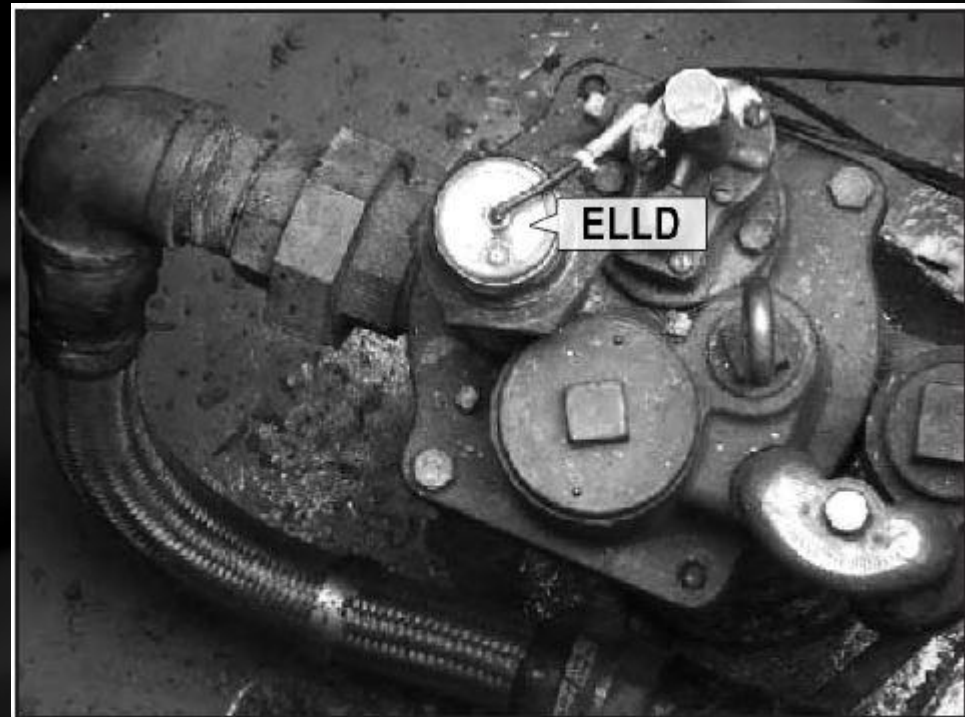


FIGURE 9-2. The ELLD mounted in the submersible turbine pump will alarm on the console when a leak is detected.

Chapter 9: Automatic Line Leak Detector Testing

APPENDIX C-9

MECHANICAL AND ELECTRONIC LINE LEAK DETECTORS PERFORMANCE TESTS

Facility Name:	Owner:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Facility I.D. #:	Phone #:
Testing Company:	Phone #: Date:

This data sheet can be used to test mechanical line leak detectors (MLLD) and electronic line leak detectors (ELLD) with submersible turbine pump (STP) systems. See PEI/RP1200 Sections 9.1 and 9.2 for test procedures.

Line Number						
Product Stored						
Leak Detector Manufacturer						
Leak Detector Model						
Type of Leak Detector	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD

MLLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)

STP Full Operating Pressure						
Check Valve Holding Pressure						
Line Resiliency (mi) (line bleed back volume as measured from check valve holding pressure to 0 psig)						
Step Through Time in Seconds (time the MLLD hesitates at metering pressure before going to full operating pressure as measured from 0 psig with no leak induced on the line)						
Metering Pressure (STP pressure when simulated leak rate 3 gph at 10 psig)						
Opening Time in Seconds (the time the MLLD opens to allow full pressure after simulated leak is stopped)						
Does the STP pressure remain at or below the metering pressure for at least 60 seconds when the simulated leak is induced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the leak detector reset (trip) when the line pressure is bled off to zero psig?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the STP properly cycle on/off under normal fuel system operation conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" answer to either of the above questions indicates the MLLD fails the test.

ELLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)

STP Full Operating Pressure						
How many test cycles are observed before alarm/shutdown occurs?						
Does the simulated leak cause an alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A "No" answer to the above question indicates the ELLD fails the test.						
Does the simulated leak cause an STP shutdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments:

Tester's Name (print) _____ Tester's Signature _____

VERY IMPORTANT:

Does the STP properly cycle on/off under normal fuel system operation conditions?

Yes No

Chapter 10: Shear Valve Inspection and Testing

- Visually inspect shear valve for proper installation, height, anchoring
- Trip shear valve and attempt to pump fuel through the nozzle
- Pass = valve is properly anchored, shear section + or - 1/2" from level of top surface of dispenser island, lever arm free to rotate, proper plug in test port (no test setups), no fuel flow through nozzle with valve in tripped position



FIGURE 10-1. When activated by fire or impact, the shear valve closes and blocks fuel flow from the dispenser supply lines. The shear valve shown is in the closed position.

Chapter 10: Shear Valve Inspection and Testing

NOTE: Shear valves may not be regulated by the UST agency but may be regulated by Fire Marshal or other AHJ



FIGURE 10-1. When activated by fire or impact, the shear valve closes and blocks fuel flow from the dispenser supply lines. The shear valve shown is in the closed position.

Chapter 10: Shear Valve Inspection and Testing

SHEAR VALVE OPERATION INSPECTION										
Facility Name:	Owner									
Address:	Address									
City, State, Zip Code:	City, State, Zip Code:									
Facility I.D. #:	Phone #:									
Testing Company:	Phone #:									
This data sheet is for inspecting shear valves located inside dispensers. See PEI/RP1200 Section 10 for the inspection procedure.										
Product Grade										
Dispenser ID#										
Shear ValveType (Product/Vapor)										
1. Is the shear valve rigidly anchored to the dispenser box frame or dispenser island?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the shear section positioned between ½ inch above or below the top surface of the dispenser island?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the lever arm free to move?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4. Does the lever arm snap shut the poppet valve?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
5. Can any product be dispensed when the product shear valve is closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
A "No" to Lines 1-4 or a "Yes" for Line 5 indicates a test failure.										
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments: 										

APPENDIX C-10

Tester's Name (print) _____ Tester's Signature _____

Chapter 11: Emergency Stop Testing

- Ensure system is fully powered and normally operating
- Press E-STOP switch (test all switches separately)
- Ensure power is disconnected from:
 - All dispensers
 - All STP's
 - All power, control & signal circuits associated with dispensers and STP's
 - All NON-INTRINSICALLY SAFE electrical equipment
- Pass = Power has been disconnected to everything listed above



FIGURE 11-1. The E-stop should be clearly labeled and located where it is easily accessible.

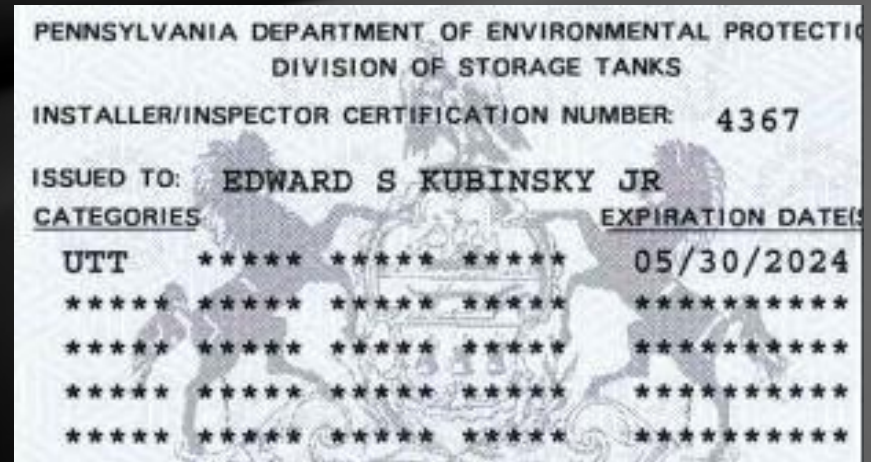
Chapter 11: Emergency Stop Testing

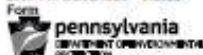
APPENDIX C-11						
EMERGENCY STOP SWITCH OPERATION INSPECTION						
Facility Name:			Owner:			
Address:			Address:			
City, State, Zip Code:			City, State, Zip Code:			
Facility I.D. #:			Phone #:			
Testing Company:			Phone #:		Date:	
<p>This procedure is to verify the operation of all emergency stop switches/buttons (E-stops). Each E-stop must disconnect power to dispensers, submersible turbine pumps (STPs) and all non-intrinsically safe electrical equipment in classified areas. Test each E-stop separately. See PEI/RP1200 Section 11 for the inspection procedure.</p>						
E-stop Number or ID						
Location						
1. E-stops labeled and located where easily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. System fully powered and in normal operating condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. After activating E-stop, power disconnected from:						
3a. All dispensing devices on all islands?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. All STPs for all fuel grades?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3c. All power, control and signal circuits associated with the dispensing devices and the STPs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3d. All other non-intrinsically safe electrical equipment in classified areas surrounding fuel dispensing devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. All intrinsically safe electrical equipment remains energized after E-stop activation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. After testing, E-stop has been reset and power reestablished to normal operating condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A "No" to lines 3a-3d indicates a test failure.						
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments:						
Tester's Name (print) _____			Tester's Signature _____			

State-Specific Required Paperwork

Keep in mind, that many states have developed their own state-specific paperwork to document RP 1200 testing. Be sure that if you are performing this type of work that:

- Technicians are properly licensed to do the work
- Technicians are aware of any state-required paperwork to document their work




**UNDERGROUND STORAGE TANK
 TESTING CERTIFICATION FORM**

I. FACILITY INFORMATION – Type or print (in ink) all items.		Test Date
Facility ID #:	Facility Name:	
Facility Street Address:		
Facility Telephone:	County:	Municipality:
II. TESTER INFORMATION		
Tester Name:	Tester Cert. #:	Tester Telephone: 610-278-7203
Company Name: Crompco, LLC	Company Cert. #: 124	Tester Email: @crompco.com
III. ATTACHED TESTING FORMS		
<input type="checkbox"/> All Passing <input type="checkbox"/> Fail	Automatic Line Leak Detector Functionality Testing Form 2630-FM-BECB0021	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> All Passing <input type="checkbox"/> Fail	Automatic Tank Gauge Functionality Testing Form 2630-FM-BECB0015	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> All Passing <input type="checkbox"/> Fail	Sensor Functionality Testing Form 2630-FM-BECB0020	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> All Passing <input type="checkbox"/> Fail	Overflow Prevention Evaluation Form 2630-FM-BECB0018	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> All Passing <input type="checkbox"/> Fail	Spill Prevention Equipment/Containment Sump Integrity Testing Form 2630-FM-BECB0016	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> All Passing <input type="checkbox"/> Fail	Pressure/Vacuum Monitoring Functionality Testing Form 2630-FM-BECB0017	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> All Passing <input type="checkbox"/> Fail	Groundwater/Vapor Monitoring System Functionality Testing Form 2630-FM-BECB0019	<input type="checkbox"/> Not Applicable
Total Page Count – list the total count of pages for this testing package including the site drawing and cover page		
IV. SITE DRAWING		
		<input checked="" type="checkbox"/> Site Drawing Attached
Provide a detailed site drawing of the applicable UST(s), product piping, containment structures, and other layout details on 2630-FM-BECB0027. Clearly indicate all ancillary equipment which has been tested. Label each component with a unique number or code. Use that code to identify the component in the appropriate section on the appropriate testing form. Any other pertinent information should also be included.		
V. OWNER'S REPRESENTATIVE CERTIFICATION		
I have reviewed all attached reports. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.		
Signature:	Date Signed:	
<input type="checkbox"/> By selecting this box, I, the undersigned tester, am acknowledging the owners' representative certification is unable to be obtained within the 48-hour timeframe required for notification to the Pennsylvania Department of Environmental Protection of test failures. I have provided a copy of an email sent to the owner showing proof of notification of test failure.		
VI. TESTER CERTIFICATION		
By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me in all attached reports is true, accurate, and complete to the best of my knowledge and belief.		
Signature:	Date Signed:	

**GA EPD UST
 LINE LEAK DETECTOR TEST FORM**

Questions on how to complete this form should be directed to the USTMP: (404) 362-2687

Facility Name:	Owner:	
Address:	Address:	
City, County, Zip:	City, State, Zip:	
Facility I.D. #:	Phone #:	
Tester Name:	Tester Company:	
Tester Certification #:	Tester Phone #:	
Instructions		
1. Complete portion of form pertaining to type of equipment inspected for each tank. 2. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-900, or equivalent), manufacturer's instructions, or GA EPD requirements. 3. Keep a record copy of this inspection for 3 years.		
GA EPD Piping ID #		
Product Stored		
LLD Manufacturer		
LLD Model Number		
LLD Serial Number		
ATG Model		
Mechanical Leak Detector Test Data		
Full Pump Pressure (psi)		
Holding Pressure (psi)		
Metering Pressure (psi)		
Bleed Back (mi)		
Opening Time (seconds)		
Leak Test Pressure (psi)		
Leak Test Volume (mi)		
Test Leak Rate (gph)		
Electronic Leak Detector Test Data		
Location of Simulated 3 gph leak		
Number of Cycles Before Shutdown		
Test Leak Rate (gph)		
Positive Shutdown	<input type="checkbox"/> yes <input type="checkbox"/> no	
Audible Alarm	<input type="checkbox"/> yes <input type="checkbox"/> no	
Visual Alarm	<input type="checkbox"/> yes <input type="checkbox"/> no	
Is alarm printout attached?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Inspector's Initials		
Date		
Test Results	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> pass <input type="checkbox"/> fail	
I certify that testing was conducted in full compliance with legal requirements and the information in this report is true and accurate.		
Tester Signature	Date	
Repairs Needed	Date of Repair	Description of any Repairs

Thank you!

Edward S. Kubinsky Jr.

Director of Regulatory Affairs, Training and
Certification

CROMPCO, LLC / OWL

O: (610) 276-5914 C: (610) 633-9732

ed.kubinsky@crompco.com