

**UNDERGROUND STORAGE TANK
OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT FORM (Page 1 of 1)**

Type of Action Installation Inspection Repair Inspection 36 Month Inspection

I. FACILITY INFORMATION

CERS ID _____ Date of Overfill Prevention Equipment Inspection _____

Business Name (Same as Facility Name or DBA-Doing Business As)

Business Site Address _____ City _____ ZIP Code _____

II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION

Name of UST Service Technician Performing the Inspection (Print as shown on the ICC Certification.) _____ Phone # _____

Contractor / Tank Tester License # _____ ICC Certification # _____ ICC Certification Expiration Date _____

Overfill Prevention Equipment Inspection Training and Certifications (List applicable certifications.)

III. OVERFILL PREVENTION EQUIPMENT INSPECTION INFORMATION

Inspection Method Used: Manufacturer Guidelines (Specify): _____
 Industry Code or Engineering Standard (Specify): _____
 Engineered Method (Specify): _____

Attach the inspection procedures and all documentation required to determine the results. # of Attached Pages _____

TANK ID: (By tank number, stored product, etc.)				
What is the tank inside diameter? (Inches)				
Is the fill piping secondarily contained?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the vent piping secondarily contained?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Overfill Prevention Equipment Manufacturer(s)				
What is the overfill prevention equipment response when activated? (Check all that apply.)	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input type="checkbox"/> A/V Alarm
Are flow restrictors installed on vent piping?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
At what level in the tank is the overfill prevention set to activate? (Inches from bottom of tank.)				
What is the percent capacity of the tank at which the overfill prevention equipment activates?				
Is the overfill prevention in proper operating condition to respond when the substance reaches the appropriate level?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)

IV. SUMMARY OF INSPECTION RESULTS

Overfill Prevention Inspection Results Pass Fail Pass Fail Pass Fail Pass Fail

V. COMMENTS

Any items marked "Fail" must be explained in this section. Any additional comments may also be provided here.

VI. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS INSPECTION

I hereby certify that the overfill prevention equipment was inspected in accordance with California Code of Regulations, Title 23, Division 3, Chapter 16, Section 2637.2 and all the information contained herein is accurate.

UST Service Technician Signature _____

If the facility has more components than this form accommodates, additional copies of this page may be attached.