



SAN DIEGO AIR POLLUTION CONTROL DISTRICT
 COMPLIANCE DIVISION
 10124 OLD GROVE ROAD
 SAN DIEGO CA 92131
 PHONE (858) 586-2650 FAX (858) 586-2651

APCD USE ONLY	
SECTOR	
ID#	
NOV#	

INCON ISD OPERABILITY TEST PROCEDURE
 Exhibit 10 of ARB E.O. VR 202-X

- Renewal Testing** (Contractor only)
 Compliance Witness (District only)
 Compliance Testing (District only)
 Engineering Evaluation (Contractor only)

Facility Name: _____ **A/C or PO Number:** _____ **Time of Test:** _____
(Record exact time of test in order to demonstrate proper test sequencing as required in Attachment A)

ACTIVE ALARM CHECK AND PRINTOUT	
Does the INCON Console indicate an active alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, the issues that caused the alarm need to be corrected before proceeding</i> <i>If No, there are no active alarms and tester can proceed with the operability tests</i>	

EXTERNAL ATG CONNECTION ALARM TEST (Required only if External ATG connected) <input type="checkbox"/> N/A	
Disconnect External ATG from INCON Console Alarm Generated & Yellow LED Flashing? <input type="checkbox"/> Yes <input type="checkbox"/> No Reconnect External ATG to INCON Console Alarm Cleared & Yellow LED off? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, the ATG failed the test (refer to the INCON IOM for installation/setup instructions to troubleshoot and correct the problem)</i>	

DISPENSER SHUTDOWN MAPPING VERIFICATION					
Dispenser ¹	Fuel Dispensed after Proper Shutdown?	Fuel Dispensed after Re-Enabled?	Dispenser ¹	Fuel Dispensed after Proper Shutdown?	Fuel Dispensed after Re-Enabled?
	<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		<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
	<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		<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
	<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		<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
	<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		<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

VAPOR PRESSURE SENSOR OFFSET CHECK (AMBIENT CHECK)		
Pressure Sensor Location: Dispenser No.: _____ / _____	Pressure Sensor Serial No. _____	
	Initial Ambient Reference Check _____ Inches of W.C.	After calibrating the pressure sensor (If Required)¹⁰: _____ Inches of W.C.
Vapor Containment Area Pressure (Obtain Value from INCON Console using Figure 1, Step A)		
Is the sensor pressure value between ± 0.10 in of w.c.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

