



AIR POLLUTION CONTROL DISTRICT
10124 OLD GROVE RD.
SAN DIEGO, CA 92131
PHONE: (858) 586-2600
FAX: (858) 586-2601

ATTACHMENT I: INSPECTION, ISD ALARM RESPONSE, MAINTENANCE AND REPAIR LOG FOR PHASE I AND PHASE II SYSTEMS

Facility Name: _____ Address: _____

Check (√) each box where your inspection revealed no problems, and place an (X) in each box if the component is found in need of repair or defective in accordance with the applicable Executive Order and/or California Code of Regulations, Title 17, Section 94006. **Any component that is determined to have a defect as set forth in the California Code of Regulations, Title 17, Section 94006, shall not be operated and shall be removed from service immediately. The defective component shall not be operated until the defect has been repaired or the defective component replaced such that the defect no longer exists.**

COPY THIS SHEET AS NEEDED

Vapor Recovery Components	MONTH/YEAR: _____																														
	Name of site representative responsible for reviewing and ensuring all inspections are conducted properly: Print: _____															Signature: _____															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DustCaps/Gaskets ¹ (Vapor/Product)																															
Dry Breaks ²																															
Adaptors ³ (Vapor/Product)																															
SpillBoxes ⁴ (Vapor/Product)																															
Hoses ⁵																															
Swivels ⁶																															
Nozzles ^{7,8}																															
Breakaways ⁹																															
Weekly Vacuum Pump ¹⁰ (Healy EVR Systems Only)																															

¹ The gaskets located in the dust caps and the gasket located in between the product adaptor and drop tube shall be inspected

² The vapor poppet should move freely and seat flush with the surrounding adaptor

³ The adaptors and swivels shall be easily rotatable

⁴ The spill boxes shall be maintained free of any liquid or debris

⁵ Hoses shall not have any visible openings

⁶ Swivels connecting the hose to the nozzle and hose to the breakaway shall move freely and have no leaks

⁷ Check the nozzle spout for tightness, look for cuts, cracks and slits on the faceplate and nozzle boot, check for the presence of a hold open latch

⁸ For VST Phase II EVR systems only, inspect all nozzles daily in accordance with the VST Installation, Operation and Maintenance Manual.

⁹ Breakaways shall be fully connected and have no liquid leak

¹⁰ For Healy Phase II EVR systems, all vacuum pumps shall be tested/inspected, on a weekly basis, in accordance with the Healy Installation, Operation and Maintenance Manual



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Date/Time the Problem was Detected ¹	Date/Time Component was Removed from Service ²	Date/Time Responsible Official Notified	Date/Time of Call for Service ³	Date of Service ⁴	Name, Affiliation & Certified Tech ID # ⁵	Component Make and Model ⁶	Nature of Service/Type of Alarm ⁷	Maintenance, Inspection, Test and/or Service Performed, including Outcome ⁸ (Use as many rows as needed)

¹Time and Month/Day/Year the problem was detected, which includes any system's malfunction or defect or an ISD alarm
²Time and Month/Day/Year the component was removed from service
³Time and Month/Day/Year a call for service was placed, this should include calls for service resulting from a warning or alarm posting from ISD
⁴Month/Day/Year the component was repaired or replaced
⁵Name, affiliation and Certified Technician Identification Number from the applicable manufacturer of the person performing the service; refer to Attachment K for certified technician requirements.
⁶Make and Model of the component in service
⁷Indicate if the service was to maintain, repair or replace a component or to respond to an ISD alarm (include type of ISD alarm)
⁸Explanation of the maintenance, test(s) and/or inspection performed and outcome of service; if applicable, maintain copies of test results onsite.