

ATTACHMENT I INSPECTION LOG FOR PHASE I AND PHASE II VAPOR RECOVERY SYSTEMS

Facility Name: _____

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. Phase I components are to be checked on a weekly basis. Phase II components are to be checked on a daily basis except for weekends and holidays for facilities with a throughput less than 750,000 gallons per year. At non-retail sites, Phase II components are to be checked weekly.

Indicate date of the week, e.g. Week of 1/2/2017

Phase I VR Component	Week 1: _____	Week 2: _____	Week 3: _____	Week 4: _____
Dust Caps and Gaskets				
Vapor Adaptors Vapor poppet should move freely and seal with the adaptor.				
Product Adaptors Adaptors should rotate easily.				
Spill Containers Should be free of liquid and debris. Mounting rings bolts in place and secure.				

Indicate start date of the week, e.g. Week of 1/2/2017

Phase II VR Component	Week of: _____							Week of: _____							Week of: _____							Week of: _____											
	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S					
Hoses Check for any visible openings																																	
Swivels Should move easily and be free of leaks																																	
Nozzles No tears/cuts/cracks/slits on faceplate/boot																																	
Breakaways Shear pins/rings in place and no liquid leaks.																																	
Nozzle Insertion Interlocks Weekly for balance, quarterly for Vac Assist																																	
Vacuum Pump (Healy EVR Only) AudibleTest on weekly basis per IOM																																	

ATTACHMENT I ISD ALARM RESPONSE AND MAINTENANCE FOR PHASE I AND PHASE II VAPOR RECOVERY SYSTEMS

Record all alarm events including any maintenance, repairs or actions taken to address the alarm events per Attachment A-1, L-1. Record any maintenance, repairs taken for any Phase I and/or Phase II VR components. All documentation such as applicable test results, work orders must be maintained on site and available for review upon request.

Date of Alarm/ Maintenance	Alarm/Non ISD Maintenance	Certified Technician Information	Service and/or Test Performed
	ISD Only Alarm Status <input type="checkbox"/> Warning (yellow light) <input type="checkbox"/> Failure (red light)	<i>All certifications listed must be current. Can complete in lieu of test coversheet.</i> Technician: _____ Company: _____ Veeder Root ISD Cert: _____ Incon Level V Cert: _____	<input type="checkbox"/> No Service Needed/Alarm Self Cleared Removed from Service <input type="checkbox"/> Yes <input type="checkbox"/> No Component Removed from Service. Date: _____
Date of Service			
	Type of Alarm <input type="checkbox"/> Vapor leak <input type="checkbox"/> Overpressure <input type="checkbox"/> Collection <input type="checkbox"/> Other	ICC Cert: _____ Phase I Cert: _____ Phase II Cert: _____	Service and/or Test Performed
	Non ISD Maintenance VR Component		

Date of Alarm/ Maintenance	Alarm/Non ISD Maintenance	Certified Technician Information	Service and/or Test Performed
	ISD Only Alarm Status <input type="checkbox"/> Warning (yellow light) <input type="checkbox"/> Failure (red light)	<i>All certifications listed must be current. Can complete in lieu of test coversheet.</i> Technician: _____ Company: _____ Veeder Root ISD Cert: _____ Incon Level V Cert: _____	<input type="checkbox"/> No Service Needed/Alarm Self Cleared Removed from Service <input type="checkbox"/> Yes <input type="checkbox"/> No Component Removed from Service. Date: _____
Date of Service			
	Type of Alarm <input type="checkbox"/> Vapor leak <input type="checkbox"/> Overpressure <input type="checkbox"/> Collection <input type="checkbox"/> Other	ICC Cert: _____ Phase I Cert: _____ Phase II Cert: _____	Service and/or Test Performed
	Non ISD Maintenance VR Component		