



San Diego County
**Air Pollution
 Control District**

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

ATTACHMENT M: WEEKLY INSPECTION LOG

Month: _____ Year: _____ Facility Name: _____

Address: _____

Name of site representative responsible for reviewing and ensuring all inspections are conducted properly:

Print: _____ Signature: _____

Check (√) each box where your inspection revealed no problems, and place an (X) in each box where 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 exist. All repairs shall be recorded in this Attachment's repair log.**

Maintenance	Component	(√) or (X)				
		Week 1	Week 2	Week 3	Week 4	Week 5
Complete all applicable maintenance listed under the specific tank manufacturer's maintenance requirements in the IOM ¹	Emergency Vents					
	Spill Pan/Box ²					
	Monitor Tube					
	Paint/Finish					

¹ For Standing Loss requirements see the ARB approved Installation, Operation, and Maintenance Manual (IOM) for VR-301-X or VR-302-X for more details (<http://www.arb.ca.gov/vapor/eo-astslc.htm>).

² In addition to this weekly inspection, the spillbox shall be inspected after each gasoline delivery to ensure there is no standing gasoline.



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ATTACHMENT M: MONTHLY INSPECTION LOG

Year: _____ Facility Address: _____

Name of site representative responsible for reviewing and ensuring all inspections are conducted properly:

Print: _____ Signature: _____

Check (√) each box where your inspection revealed no problems, and place an (X) in each box where 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 exist. All repairs shall be recorded in this Attachment's repair log.**

Maintenance	Component	(√) or (X)											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Complete all applicable maintenance listed under the specific tank manufacturer's maintenance requirements in the IOM ¹	Check for leaks on the pumps, filters, hoses, nozzles, joints and fittings												
	Check piping and fittings for rust												
	Check for small cracks in concrete												
	Check for readability of signs and decals												

¹ For Standing Loss requirements see the ARB approved Installation, Operation, and Maintenance Manual (IOM) for VR-301-X or VR-302-X for more details (<http://www.arb.ca.gov/vapor/eo-astslc.htm>)



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ATTACHMENT M: ANNUAL INSPECTION LOG

Year: _____ Facility Address: _____

Name of site representative responsible for reviewing and ensuring all inspections are conducted properly:

Print: _____ Signature: _____

Check (√) each box where your inspection revealed no problems, and place an (X) in each box where 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 exist. All repairs shall be recorded in this Attachment's repair log.**

Annual Maintenance	Component	(√) or (X)
Complete all applicable maintenance designated as "Annual" as specified in the " Summary of Maintenance Required of the Standing Loss Control Vapor Recovery System " table in the IOM for either VR-301-X or VR-302-X, as applicable. ¹	VR 301-D White Paint	
	Pressure/Vacuum Vent Valve	
Complete all applicable maintenance listed under the specific tank manufacturer's maintenance requirements in the IOM for either VR-301-X or VR-302-X, as applicable. ¹	Vapor Adaptor	
	Spill Containers and Drain Valves	
	Drop Tubes	
	Dust Caps	
	Emergency Vent	
	Fill Adaptor	
Complete all applicable maintenance designated as "Annual" as specified in the " Summary of Guidelines for Maintenance Activities Required of OPW EVR Aboveground Storage Tank Equipment " table in the IOM for VR-401-X. ²	Anti-Siphon Valve ²	
	Swing Check Valve ²	
	Thermal Pressure Relief Valve ²	
	Emergency Valve ²	
Complete all applicable maintenance designated as "Annual" as specified in the " Summary of Maintenance Activities Required of Morrison EVR Aboveground Storage Tank Equipment " table in the IOM for VR-402-X. ³	Ball Valve ²	
	Gauging Port ³	
	Tank Gauge ³	
	Monitoring Cap ³	
	Product Coupler ³	

¹ For Standing Loss requirements see the ARB approved Installation, Operation, and Maintenance Manual (IOM) for VR-301-X or VR-302-X for more details

(<http://www.arb.ca.gov/vapor/eo-astslc.htm>).

² For EO VR-401-X only, see the ARB approved IOM for more details (<http://www.arb.ca.gov/vapor/eos/eo-vr401/eo-401.htm>).

³ For EO VR-402-X only, see the ARB approved IOM for more details (<http://www.arb.ca.gov/vapor/eos/eo-vr402/eo-402.htm>).



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ATTACHMENT M: REPAIR LOG

Month: _____ Year: _____
 Facility Name: _____ Permit Number: _____

Date Problem Detected	Service Date	Name Affiliation Telephone Number	Certification Number and Expiration Date ¹	Component Make/Model	Service Performed & Outcome ² <u>MAINTAIN TEST RESULTS</u> <u>ONSITE</u>

¹Only applicable for facilities equipped with Phase I EVR per ARB EO VR-401-X or VR-402-X. Refer to Attachment K "Certification Requirements for Technicians"

²Explanation of the maintenance, test(s) and/or inspection performed and outcome of service. When describing paint application provide a description of the surface preparation, the method of application, and list the manufacturer and name of the paint that was applied.