**VAPOR RECOVERY TEST DATA COVER SHEET**

- **Renewal Test**  
- **Quarterly**  
- **Combined (eng/com)**  
- **ISD Alarm Response**  
- **District Witness/Testing**

<table>
<thead>
<tr>
<th>Facility DBA:</th>
<th>Permit Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Address:</td>
<td>City/Zip Code:</td>
</tr>
<tr>
<td>Test Company Name:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Address, City/Zip Code:</td>
<td></td>
</tr>
</tbody>
</table>

**Date of Test:** ___________________________  **District Witness:** ___________________________

**Required Certifications:**

1. **Tester’s Name:** ___________________________  
   Signature: ___________________________  
   Expiration Date: ___________________________
   - SCAQMD Cert No:
   - ICC (VR System Installation, Repair- VI/VT) Cert No: ___________________________  
     Expiration Date: ___________________________
   - Phase I Manufacturer Cert Number: ___________________________  
     Expiration Date: ___________________________
   - Phase II Manufacturer Cert Number: ___________________________  
     Expiration Date: ___________________________
   - Veeder Root ISD Cert Number: ___________________________  
     Expiration Date: ___________________________
   - INCON Level V Cert Number: ___________________________  
     Expiration Date: ___________________________

2. **Tester’s Name:** ___________________________  
   Signature: ___________________________  
   Expiration Date: ___________________________
   - SCAQMD Cert No:
   - ICC (VR System Installation, Repair- VI/VT) Cert No: ___________________________  
     Expiration Date: ___________________________
   - Phase I Manufacturer Cert Number: ___________________________  
     Expiration Date: ___________________________
   - Phase II Manufacturer Cert Number: ___________________________  
     Expiration Date: ___________________________
   - Veeder Root ISD Cert Number: ___________________________  
     Expiration Date: ___________________________
   - INCON Level V Cert Number: ___________________________  
     Expiration Date: ___________________________

**Application Number:** ___________________________  **Vapor Recovery Test Record ID:** ___________________________

**Tests Conducted and Data Forms Attached:**

- [ ] Exhibit 4 VR-201/202, [Exhibit 14 VR-203/204] Determination of Static Pressure Performance of the Healy Clean Air Separator
- [ ] TP 201.1E Leak Rate of Pressure/Vacuum Relief Vent Valves
- [ ] TP 201.1B Static Torque of Rotable Phase I Adaptors
- [ ] TP 201.1C/D Drop Tube/Drain Valve Pressure Integrity
- [ ] TP 96-1, TP 201.3 or EO 401/402 Exhibit 4 Pressure Decay Test
- [ ] TP 201.4 Dynamic Back Pressure
- [ ] Liquid Removal for Exhibit 5 of VR-203/204 Option 1 and TP 201.6C Liquid Removal (Pre EVR)
- [ ] Exhibit 8 VST ECS Hydrocarbon Sensor Verification Test Procedure for VR-203/204
- [ ] Exhibit 9 Determination of VST ECS Processor Activation Pressure for VR-203/204
- [ ] Exhibit 10 Vapor Pressure Sensor Verification Procedure for VR-203/204
- [ ] Exhibit 11 Veeder Root Vapor Polisher Operability Test Procedure VR 203/204
- [ ] Exhibit 12 Veeder Root Vapor Polisher Hydrocarbon Emissions Verification Test Procedure VR203/204
- [ ] Exhibit 13 Hirt VCS 100 Processor with Indicator Panel Operability Test Procedure Test Procedure VR203/204 or Exhibit 8 VR 208
- [ ] Exhibit 15 Green Machine Compliance Procedure VR 203/204
- [ ] Liquid Condensate Trap Compliance Procedure - Exhibit 9 of VR-201, Exhibit 11 of VR-202, and Exhibit 16 of VR-203/4
- [ ] Exhibit 17 Veeder Root ISD Vapor Flow Meter Operability Test for VR-204
- [ ] Exhibit 19/20 (19) INCON ISD flow meter operability, [VR 208 Ex 10] and (20) INCON ISD pressure sensor verification, [VR 208 Ex 11]
- [ ] Exhibit 5 Vapor to Liquid Ratio VR 201/202 (Roots)
- [ ] Exhibit 5 Vapor to Liquid Ratio VR 201/202 (Tritester)
- [ ] Exhibit 7 (VR201-208), Nozzle Bag Test
- [ ] Exhibit 9 Veeder Root ISD Operability VR 202
- [ ] Exhibit 10 INCON ISD Operability VR 202
- [ ] Exhibit 14 & IOM VP1000/Dispenser Integrity Test VR 201/202
- [ ] Exhibit 4 (G-70-187) Vapor Return Line Vacuum Integrity Test
- [ ] Exhibit 5 (G-70-187) Fillneck Vapor Pressure Regulation Test

**NOTE: TESTS MUST BE CONDUCTED IN THE SEQUENCE SPECIFIED IN ATTACHMENT A OR I AS APPLICABLE**

This form must be complete, accurate and submitted along with the specific test data form in order for your data to meet District requirements. By completing and submitting this form you certify the tester named was responsible for conducting all tests checked. Any testers responsible for conducting tests must be recorded on this form with applicable certification numbers.

**REV (2/2019)**