



**UST OVERFILL EQUIPMENT INSPECTION
AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE**

| | | |
|--------------------------|------------------------|-------|
| Facility Name: | Owner: | |
| Address: | Address: | |
| City, State, Zip Code: | City, State, Zip Code: | |
| Montana Facility I.D. #: | Owner Phone #: | |
| Testing Company: | Phone #: | Date: |

This data sheet is for inspecting automatic shutoff devices and ball float valves. See PEI/RP1200 Section 7 for inspection procedures.

| | | | | | | |
|----------------------------------|--|--|--|--|--|--|
| Product Grade | | | | | | |
| Tank Tag ID Number | | | | | | |
| Tank Volume, gallons | | | | | | |
| Tank Diameter, inches | | | | | | |
| Overfill Prevention Device Brand | | | | | | |
| Type | <input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve | <input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve | <input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve | <input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve | <input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve | <input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve |

AUTOMATIC SHUTOFF DEVICE INSPECTION

| | | | | | | |
|--|--|--|--|--|--|--|
| 1. Drop tube removed from tank? | <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 |
| 2. Drop tube and float mechanisms free of debris? | <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 |
| 3. Float moves freely without binding and poppet moves into flow path? | <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 |
| 4. Bypass valve in the drop tube open and free of blockage (if present)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present |
| 5. Flapper adjusted to shut off flow at 95% capacity or less?* | <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 |

A "No" to any item in Lines 1-5 indicates a test failure.

BALL FLOAT VALVE INSPECTION**

| | | | | | | |
|---|--|--|--|--|--|--|
| 1. Tank top fittings vapor-tight and leak-free? | <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 |
| 2. Ball float cage free of debris? | Yes 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 |
| 3. Ball free of holes and cracks and moves freely in cage? | <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 |
| 4. Vent hole in pipe open and near top of tank? | <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 |
| 5. Ball float pipe proper length to restrict flow at 90% capacity or less?*** | <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 |

A "No" to any item in Lines 1-5 indicates a test failure.

| | | | | | | |
|---------------------|---|---|---|---|---|---|
| Test Results | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
|---------------------|---|---|---|---|---|---|

Comments:

* Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity.

** If a ball float is found to fail the inspection or is unable to be tested, another method of overfill protection must be used. *** Use manufacturer's suggested procedure for determining if flow restriction device will restrict flow at 90% capacity.

Tester's Name (print) _____ Tester's Signature _____