

UST OVERFILL EQUIPMENT INSPECTION

	AUTOMA	ATIC S	HUTOFF	DEVIC	CE AND E	BALL F	FLOAT VA	LVE					
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 au	tomatic sh	utoff d	evices and	ball flo	oat valves.	See PE	I/RP1200	Sectio	n 7 for ins	pection	procedur	es.	
Product Grade													
Tank Tag ID Number													
Tank Volume, gallons													
Tank Diameter, inches													
Overfill Prevention Device Brand													
Туре	Automatic Shutoff Device Ball Float Valve		Automatic Shutoff Device Ball Float Valve		Automatic Shutoff Device Ball Float Valve		Automatic Shutoff Device Ball Float Valve		Automatic Shutoff Device Ball Float Valve		Automatic Shutoff Device Ball Float Valve		
AUTOMATIC SHUTOFF DEVICE I	1	N	Valve		Valve		Valve		Valve		Valve		
1.Drop tube removed from tank?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
2.Drop tube and float mecha- nisms free of debris?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
3. Float moves freely without binding and poppet moves into flow path?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
4.Bypass valve in the drop tube open and free of blockage (if present)?	Yes No Not Present		Yes No Not Present		Yes No Not Present		Yes No Not Present		Yes No Not Present		Yes No Not Present		
5.Flapper adjusted to shut off flow at 95% capacity or less?*	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
A "No" to any item in Lines 1-5 ind	licates a te	est failu	ure.										
BALL FLOAT VALVE INSPECTION	**												
1. Tank top fittings vapor- tight and leak-free?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
2.Ball float cage free of debris?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
3.Ball free of holes and cracks and moves freely in cage?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
4.Vent hole in pipe open and near top of tank?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
5.Ball float pipe proper length to restrict flow at 90% capacity or less?***	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
A "No" to any item in Lines 1-5 ind	licates a te	est failu	ure.										
Test Results	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fai	
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 _____