

**TANK SECONDARY CONTAINMENT INTEGRITY
TESTING DRY TEST METHOD**

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

This data sheet is for testing the integrity of the dry secondary containment of a underground storage tank (UST). See PEI/RP1200 Section 4.2 for the test procedure.

| | | | | | | |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Tank Tag ID Number | | | | | | |
| Tank Material | | | | | | |
| Product Stored | | | | | | |
| Tank Capacity,* gallons | | | | | | |
| Test Start Time | | | | | | |
| Initial Vacuum Reading, inches Hg (See Table 4-1 below.) | | | | | | |
| Specified Test Duration (See Table 4-1 below.) | 1 hour 2 hours | 1 hour 2 hours | 1 hour 2 hours | 1 hour 2 hours | 1 hour 2 hours | 1 hour 2 hours |
| Test End Time | | | | | | |
| Final Vacuum Reading, inches Hg | | | | | | |
| Is the Annular Space Dry After the Test? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Test Results | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail |

TABLE 4-1

| Vacuum, inches Hg | Capacity, gallons | Duration, hours |
|----------------------|----------------------|--------------------|
| 10 | <20,000 | 1 |
| | 20,000+ | 2 |

Comments:

*Total tank capacity, including all compartments in a multi-compartment tank.

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

| PIPING SECONDARY CONTAINMENT INTEGRITY TESTING | | | | | | | | | | | | |
|---|------|------|------|------------------------|------|------|------|-------|------|------|------|------|
| Facility Name: | | | | Owner: | | | | | | | | |
| Address: | | | | Address: | | | | | | | | |
| City, State, Zip Code: | | | | City, State, Zip Code: | | | | | | | | |
| Montana Facility I.D. #: | | | | Owner Phone #: | | | | | | | | |
| Testing Company: | | | | Phone #: | | | | Date: | | | | |
| This procedure is to test the integrity of the interstitial space of double-walled piping. See PEI/RP1200 Section 5 for the test procedure. | | | | | | | | | | | | |
| Tank Tag ID Number | | | | | | | | | | | | |
| Piping Run | | | | | | | | | | | | |
| Piping Material | | | | | | | | | | | | |
| Product Stored | | | | | | | | | | | | |
| Test Start Time | | | | | | | | | | | | |
| Initial Test Pressure, psig (Test procedure specifies 5 psig.) | | | | | | | | | | | | |
| Test End Time | | | | | | | | | | | | |
| Final Test Pressure, psig | | | | | | | | | | | | |
| Pressure Change (No reduction in pressure allowed for pass.) | | | | | | | | | | | | |
| Test Results | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
| Comments: | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

**SPILL BUCKET INTEGRITY TESTING HYDROSTATIC TEST METHOD
SINGLE AND DOUBLE-WALLED VACUUM TEST METHOD**

| | | | | | | |
|---|---|---|---|---|---|---|
| Facility Name: | | Owner: | | | | |
| Address: | | Address: | | | | |
| City, State, Zip Code: | | City, State, Zip Code: | | | | |
| Montana Facility I.D. #: | | Owner Phone #: | | | | |
| Testing Company: | | Phone #: | | | Date: | |
| This procedure is to test the leak integrity of single- and double-walled spill buckets. See PEI/RP1200, Section 6.2 for hydrostatic test method, Section 6.3 for single-walled vacuum test method and Section 6.4 for double-walled vacuum test method. | | | | | | |
| Tank Tag ID # | | | | | | |
| Product Stored | | | | | | |
| Spill Bucket Capacity | | | | | | |
| Manufacturer | | | | | | |
| Construction | Single-walled Double-walled | Single-walled Double-walled | Single-walled Double-walled | Single-walled Double-walled | Single-walled Double-walled | Single-walled Double-walled |
| Test Type | Hydrostatic Vacuum Single-walled Double-walled | Hydrostatic Vacuum Single-walled Double-walled | Hydrostatic Vacuum Single-walled Double-walled | Hydrostatic Vacuum Single-walled Double-walled | Hydrostatic Vacuum Single-walled Double-walled | Hydrostatic Vacuum Single-walled Double-walled |
| Spill Bucket Type | Product Vapor | Product Vapor | Product Vapor | Product Vapor | Product Vapor | Product Vapor |
| Liquid and debris removed from spill bucket?* | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Visual Inspection (No cracks, loose parts or separation of the bucket from the fill pipe.) | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail |
| Tank riser cap included in test? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is drain valve included in test? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Total Bucket Depth | | | | | | |
| Starting Level/Time | / | / | / | / | / | / |
| Starting level within 1.5" of the top?* | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Ending Level/Time | / | / | / | / | / | / |
| Test Period | | | | | | |
| Level Change | | | | | | |
| Pass/fail criteria: Must pass visual inspection. Hydrostatic: Water level drop of less than 1/8 inch; **Must be within 1.5" of top; Vacuum single-walled only: Maintain at least 26 inches water column; Vacuum double-walled: maintain at least 12 inches water column | | | | | | |
| Test Results | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail |
| Comments: | | | | | | |

*All liquids and debris must be disposed of properly.

Tester's Name _____ Tester's Signature _____

| CONTAINMENT SUMP INTEGRITY TESTING | | | | | | | | | | | |
|--|--|------|------|------------------------|------|------|------|-------|------|------|------|
| HYDROSTATIC TESTING METHOD | | | | | | | | | | | |
| Facility Name: | | | | Owner: | | | | | | | |
| Address: | | | | Address: | | | | | | | |
| City, State, Zip Code: | | | | City, State, Zip Code: | | | | | | | |
| Facility I.D. #: | | | | Owner Phone #: | | | | | | | |
| Testing Company: | | | | Phone #: | | | | Date: | | | |
| This procedure is to test the leak integrity of containment sumps. See PEI/RP1200 Section 6.5 for the test method. | | | | | | | | | | | |
| Containment Sump ID (Be specific with tag IDs, size and products) | | | | | | | | | | | |
| Containment Sump Material | | | | | | | | | | | |
| Liquid and debris removed from sump?* | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Visual Inspection (No cracks, loose parts or separation of the containment sump.) | | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
| Containment Sump Depth | | | | | | | | | | | |
| Height From Bottom to Top of Highest Penetration | | | | | | | | | | | |
| Starting Water Level | | | | | | | | | | | |
| Test Start Time | | | | | | | | | | | |
| Ending Water Level | | | | | | | | | | | |
| Test End Time | | | | | | | | | | | |
| Test Period (Minimum test time: 1 hour) | | | | | | | | | | | |
| Water Level Change | | | | | | | | | | | |
| Pass/fail criteria: Must pass visual inspection. Water level drop of less than 1/8 inch. | | | | | | | | | | | |
| Test Results | | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
| Comments: | | | | | | | | | | | |

*All liquids and debris must be disposed of properly.

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

| 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 | 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 Ball Float Valve | Automatic Shutoff Device Ball Float Valve | Automatic Shutoff Device Ball Float Valve |
| AUTOMATIC SHUTOFF DEVICE INSPECTION | | | | | | | | | |
| 1. Drop tube removed from tank? | Yes | No | Yes | No | Yes | No | Yes | No | Yes |
| 2. Drop tube and float mechanisms free of debris? | Yes | No | Yes | No | Yes | No | Yes | No | Yes |
| 3. Float moves freely without binding and poppet moves into flow path? | Yes | No | Yes | No | Yes | No | Yes | No | Yes |
| 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 |
| 5. Flapper adjusted to shut off flow at 95% capacity or less?* | Yes | No | Yes | No | Yes | No | Yes | No | Yes |
| 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? | Yes | No | Yes | No | Yes | No | Yes | No | Yes |
| 2. Ball float cage free of debris? | Yes | No | Yes | No | Yes | No | Yes | No | Yes |
| 3. Ball free of holes and cracks and moves freely in cage? | Yes | No | Yes | No | Yes | No | Yes | No | Yes |
| 4. Vent hole in pipe open and near top of tank? | Yes | No | Yes | No | Yes | No | Yes | No | Yes |
| 5. Ball float pipe proper length to restrict flow at 90% capacity or less?*** | Yes | No | Yes | No | Yes | No | Yes | No | Yes |
| A "No" to any item in Lines 1-5 indicates a test failure. | | | | | | | | | |
| Test Results | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail | Pass |
| 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 _____

| OVERFILL ALARM OPERATION INSPECTION | | | | |
|--|-----------|------------------------|-----------|-----------|
| Facility Name: | | Owner: | | |
| Facility Address: | | Address: | | |
| City, State, Zip Code: | | City, State, Zip Code: | | |
| Montana Facility I.D. #: | | Owner Phone #: | | |
| Testing Company: | | Phone #: | Date: | |
| This procedure is to determine whether the high level alarm is operational and will trigger when the tank is no more than 90% full. See PEI/RP1200 Section 7.3 for the inspection procedure. This procedure is applicable to tank level monitor stems that touch the bottom of the tank when in place. | | | | |
| Tank Tag ID Number | | | | |
| Product Stored | | | | |
| ATG Make and Model | | | | |
| 1. Tank Volume, gallons | | | | |
| 2. Tank Diameter, inches | | | | |
| 3. Overfill alarm activates in the test mode at the console? | Yes No | Yes No | Yes No | Yes No |
| 4. When activated, overfill alarm can be heard or seen while delivering to the tank? | Yes No | Yes No | Yes No | Yes No |
| 5. After removing the probe from the tank, it has been inspected and any damaged or missing parts replaced? | Yes No | Yes No | Yes No | Yes No |
| 6. Float moves freely on the stem without binding? | Yes No | Yes No | Yes No | Yes No |
| 7. Moving product level float up the stem trigger alarm? | Yes No | Yes No | Yes No | Yes No |
| 8. Inch level from bottom of stem when 90% alarm is triggered. | | | | |
| 9. Tank volume at inch level in Line 8. | | | | |
| 10. Calculate (Line 9 / Line 1) x 100 | | | | |
| 11. Is Line 10 90% or less? | Yes No | Yes No | Yes No | Yes No |
| 12. Fuel float level on the console agrees with the gauge stick reading? | Yes No | Yes No | Yes No | Yes No |
| 13. Overfill alarm activates at a maximum product level of 90% tank capacity? | Yes No | Yes No | Yes No | Yes No |
| If any answers in Lines 3, 4, 5, 6, 7, 11, 12 or 13 are "No", the system has failed the test. | | | | |
| Test Results | Pass Fail | Pass Fail | Pass Fail | Pass Fail |
| Comments: | | | | |

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

| ANNUAL AUTOMATIC TANK GAUGE OPERATION INSPECTION | | | | |
|--|-----------|------------------------|-----------|-----------|
| Facility Name: | | Owner Name: | | |
| Address: | | Address: | | |
| City, State, Zip Code: | | City, State, Zip Code: | | |
| Montana Facility I.D. #: | | Owner Phone: | | |
| Testing Company: | | Testing Co Phone: | Date: | |
| This procedure is to determine whether the automatic tank gauge (ATG) is operating properly. See PEI/RP1200 Section 8.2 for the inspection procedure. This procedure is applicable to tank level monitor probes that touch the bottom of the tank when in place. | | | | |
| Tank Tag ID Number | | | | |
| Product Stored | | | | |
| ATG Make and Model | | | | |
| 1. Tank Volume, gallons | | | | |
| 2. Tank Diameter, inches | | | | |
| 3. After removing the probe from the tank, it has been inspected and any damaged or missing parts replaced? | Yes No | Yes No | Yes No | Yes No |
| 4. Float moves freely on the shaft without binding? | Yes No | Yes No | Yes No | Yes No |
| 5. Fuel and water float level agrees with the value programmed into the console? | Yes No | Yes No | Yes No | Yes No |
| 6. ATG has no alarms, battery tested, lights working and the audible alarm is functional. | Yes No | Yes No | Yes No | Yes No |
| 7. Inch level from bottom of stem when 90% alarm is triggered. | | | | |
| 8. Inch level at which the overfill alarm activates corresponds with or is less than the value programmed in the console? | Yes No | Yes No | Yes No | Yes No |
| 9. Inch level from the bottom when the water float first triggers an alarm. | | | | |
| 10. Inch level at which the water float alarm activates corresponds with or is less than the value programmed in the console? | Yes No | Yes No | Yes No | Yes No |
| 11. Verified system setup configuration, parameters, and applicability. ATG / Leak Detection system is functioning properly as intended for this system. | Yes No | Yes No | Yes No | Yes No |
| If any answers in Lines 3, 4, 5, 6, 8, 10 or 11 are "No," the system has failed the test. If not applicable, explain below. | | | | |
| Test Results | Pass Fail | Pass Fail | Pass Fail | Pass Fail |
| Comments: | | | | |

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

LIQUID SENSOR FUNCTIONALITY TESTING

| | | | | | | | |
|--|---|---|---|---|---|---|---|
| Facility Name: | | | | Owner: | | | |
| Address: | | | | Address: | | | |
| City, State, Zip Code: | | | | City, State, Zip Code: | | | |
| Montana Facility I.D. #: | | | | Owner Phone #: | | | |
| Testing Company: | | | | Phone #: | | Date: | |
| This procedure is to determine whether liquid sensors located in the interstitial space of UST systems are able to detect the presence of water and fuel. See PEI/RP1200 Section 8.3 for the test procedure. | | | | | | | |
| Sensor Location . Be Very Specific | | | | | | | |
| Product Stored | | | | | | | |
| Type of Sensor | Discriminating Non-discrimi- nating | Discriminating Non-discrimi- nating | Discriminating Non-discrimi- nating | Discriminating Non-discrimi- nating | Discriminating Non-discrimi- nating | Discriminating Non-discrimi- nating | Discriminating Non-discrimi- nating |
| Test Liquid | Water Product | Water Product | Water Product | Water Product | Water Product | Water Product | Water Product |
| Is the ATG console clear of any active or recurring warnings or alarms regarding the leak sensor? If the sensor is in alarm and functioning, indicate why. | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Is the sensor alarm circuit operational? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Has sensor been inspected and in good operating condition? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| When placed in the test liquid, does the sensor trigger an alarm? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| When an alarm is triggered, is the sensor properly identified on the ATG console? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Any "No" answers indicates the sensor fails the test. | | | | | | | |
| Test Results | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail |
| Comments: | | | | | | | |

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

| MECHANICAL AND ELECTRONIC LINE LEAK DETECTORS | | | | | | |
|---|--------------|--------------|------------------------|--------------|--------------|--------------|
| PERFORMANCE TESTS | | | | | | |
| Facility Name: | | | Owner: | | | |
| Address: | | | Address: | | | |
| City, State, Zip Code: | | | City, State, Zip Code: | | | |
| Facility I.D. #: | | | Phone #: | | | |
| Testing Company: | | | Phone #: | | Date: | |
| This data sheet can be used to test mechanical line leak detectors (MLLD) and electronic line leak detectors (ELLD) with submersible turbine pump (STP) systems. See PEI/RP1200 Sections 9.1 and 9.2 for test procedures. | | | | | | |
| Line Number | | | | | | |
| Product Stored | | | | | | |
| Leak Detector Manufacturer | | | | | | |
| Leak Detector Model | | | | | | |
| Type of Leak Detector | MLLD ELLD | MLLD ELLD | MLLD ELLD | MLLD ELLD | MLLD ELLD | MLLD ELLD |
| MLLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG) | | | | | | |
| STP Full Operating Pressure | | | | | | |
| Check Valve Holding Pressure | | | | | | |
| Line Resiliency (ml) (line bleed back volume as measured from check valve holding pressure to 0 psig) | | | | | | |
| Step Through Time in Seconds (time the MLLD hesitates at metering pressure before going to full operating pressure as measured from 0 psig with no leak induced on the line) | | | | | | |
| Metering Pressure (STP pressure when simulated leak rate 3 gph at 10 psig) | | | | | | |
| Opening Time in Seconds (the time the MLLD opens to allow full pressure after simulated leak is stopped) | | | | | | |
| Does the STP pressure remain at or below the metering pressure for at least 60 seconds when the simulated leak is induced? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Does the leak detector reset (trip) when the line pressure is bled off to zero psig? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Does the STP properly cycle on/off under normal fuel system operation conditions? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| A "No" answer to any of the three above questions indicates the MLLD fails the test. | | | | | | |
| ELLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG) | | | | | | |
| STP Full Operating Pressure | | | | | | |
| How many test cycles are observed before alarm/shutdown occurs? | | | | | | |
| Does the simulated leak cause an alarm? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| A "No" answer to the above question indicates the ELLD fails the test. | | | | | | |
| Does the simulated leak cause an STP shutdown? | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| Test Results | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail |
| Comments: | | | | | | |

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

SHEAR VALVE OPERATION INSPECTION

| | | | | | | | | | |
|---|--------------|--------------|--------------|--------------|------------------------|--------------|--------------|--------------|--------------|
| 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 shear valves located inside dispensers. See PEI/RP1200 Section 10 for the inspection procedure. | | | | | | | | | |
| Product Grade | | | | | | | | | |
| Dispenser ID# | | | | | | | | | |
| Shear ValveType (Product/Vapor) | | | | | | | | | |
| 1. Is the shear valve rigidly anchored to the dispenser box frame or dispenser island? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| 2. Is the shear section positioned between ½ inch above or below the top surface of the dispenser island? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| 3. Is the lever arm free to move? | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| 4. Does the lever arm snap the the poppet valve shut? | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| 5. Can any product be dispensed when the product shear valve is closed? | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| A "No" to Lines 1-4 or a "Yes" for Line 5 indicates a test failure. | | | | | | | | | |
| Test Results | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail |
| Comments: | | | | | | | | | |

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

| EMERGENCY STOP SWITCH OPERATION INSPECTION | | | | | | | | | | | |
|--|--|------|------|------|------|------------------------|------|------|-------|------|------|
| Facility Name: | | | | | | Owner: | | | | | |
| Address: | | | | | | Address: | | | | | |
| City, State, Zip Code: | | | | | | City, State, Zip Code: | | | | | |
| Montana Facility I.D. #: | | | | | | Owner Phone #: | | | | | |
| Testing Company: | | | | | | Phone #: | | | Date: | | |
| <p>This procedure is to verify the operation of all emergency stop switches/buttons (E-stops). Each E-stop must disconnect power to dispensers, submersible turbine pumps (STPs) and all non-intrinsically safe electrical equipment in classified areas. Test each E-stop separately. See PEI/RP1200 Section 11 for the inspection procedure.</p> | | | | | | | | | | | |
| E-stop Number or ID | | | | | | | | | | | |
| Location | | | | | | | | | | | |
| 1. E-stops labeled and located where easily accessible? | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 2. System fully powered and in normal operating condition? | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3. After activating E-stop, power disconnected from: | | | | | | | | | | | |
| 3a. All dispensing devices on all islands? | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3b. All STPs for all fuel grades? | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3c. All power, control and signal circuits associated with the dispensing devices and the STPs? | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3d. All other non-intrinsically safe electrical equipment in classified areas surrounding fuel dispensing devices? | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 4. All intrinsically safe electrical equipment remains energized after E-stop activation? | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 5. After testing, E-stop has been reset and power reestablished to normal operating condition? | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| A "No" to lines 3a-3d indicates a test failure. | | | | | | | | | | | |
| Test Results | | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
| Comments: | | | | | | | | | | | |

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