## **Gasoline Dispensing Facility - Self Inspection Form**

Fac	ility	Na	me:	:																											
Fac Month:									Ye	ar:																					
	or R																														
<u>Instructions</u> : Place a check (V) in the box if no problem	is fo	und	lan	d pl	ace	an	X ir	n th	e b	ох і	fa	orol	bler	n is	fou	ınd	. Lo	g m	aint	ena	nce	prر ۽	oble	msد	in r	ера	air Ic	og.			
Day of the Month	1	2	3	4	5	6	7	8	9	10	11	. 12	13	14	1 15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tank Area (Phase I Vapor Recovery)																															
No liquid leaks, spill bucket: no debris/liquid/damage																															
P/V valve installed, not damaged/altered/covered																															
Drain valve: installed, no damage																															
Adapters: swivel, tight on riser, no damage																															
Adapter caps: installed, gasket in place, fit tightly																															
Drop tube: installed, no damage																															
			•		•																										
Dispenser Area (Phase II Vapor Recovery)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1 15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Fueling instructions displayed																															
No liquid leaks																															
Nozzles, breakaways, and hoses properly swivel																															
Hoses: not torn, flattened, or crimped																															
Hoses: proper length and installation																															
Hoses: liquid removal device in proper location																													$\Box$	$\Box$	
Nozzles: no damage or tears/holes in boot																															
Nozzles: faceplate tight, complete, and aligned																															
Nozzles: spout not loose, sheared, or bent																														$\Box$	
Nozzles: hold open latch present																													$\exists$		
Nozzles: automatic shut off hole free of debris																															
Nozzles: latch ring present																															
Breakaways: proper orientation, no damage/leaks																												$\square$	$\Box$		
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In-Station Diagnostic (ISD) System (if applicable)	1	2	3	4	5	6	7	δ	9	10	1 1 1	112	113	14	+  15	116	1/	15	119	20	121	122	23	24	25	∠6	21	<u>۷</u> ۲	29	30	31
All Functions Normal															1							<u> </u>		Щ	Ш		Ш				
Inspector's Initials																							Г			$\neg$		П	一	一	$\neg$

## **Periodic Inspection Checklist - Balance with Healy Clean Air Separator**

Inspected	l Rv·				Date:			
Plug E:	Inst	talled		Missing	Plug F:	Installed	Missing	
Valve C:	Оре	en		Closed	Valve D:	Open	Closed	
Valve A:	Оре	en		Closed	Valve B:	Open	Closed	
Quarter	ly Inspection	for Cle	an Air	Separator	(circle below)			
Week 5	All Nozzles:	Pass	Fail	(circle one)	Inspected By:		Date:	
Week 4	All Nozzles:	Pass	Fail	(circle one)	Inspected By:		Date:	
Week 3	All Nozzles:	Pass	Fail	(circle one)	Inspected By:		Date:	
Week 2	All Nozzles:	Pass	Fail	(circle one)	Inspected By:		Date:	
Week 1	All Nozzles:	Pass	Fail	(circle one)	Inspected By:		Date:	

Weekly Nozzle Interlock Inspection