Gasoline Dispensing Facility - Daily Self Inspection Form

Facility Name: _____

Month: _____ Year: _____

Vapor Recovery Type - Balance/Hirt VCS 100

<u>Instructions</u>: Place a check (√) in the box if no problem is found and place an X in the box if a problem is found. Log maintenance problems in repair log.

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	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	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																															
<u>Hoses</u>: not torn, flattened, or crimped																															
<u>Hoses</u>: proper length and installation																															
<u>Hoses</u>: liquid removal device in proper location																															
<u>Nozzles</u>: no damage or tears/holes in boot																															
<u>Nozzles</u>: faceplate tight, complete, and aligned																															
<u>Nozzles</u>: spout not loose, sheared, or bent																															
<u>Nozzles</u>: hold open latch present																															
<u>Nozzles</u>: automatic shut off hole free of debris																															
<u>Nozzles</u>: latch ring present																															
<u>Breakaways</u>: proper orientation, no damage/leaks																															

Hirt VCS 100 (Vapor Processor)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Processor Lamp On																															
Malfunction Lamp On (if on, maintenance is required)																															

In-Station Diagnostic (ISD) System (if applicable)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
All Functions Normal																															

| **Inspector's Initials** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Periodic Inspection Checklist - Balance with Hirt VCS 100

<u>Weekly Nozzle Interlock Inspection</u>

Week 1   All Nozzles: Pass   Fail   (circle one)   **Inspected By:** _____ **Date:** _____

Week 2   All Nozzles: Pass   Fail   (circle one)   **Inspected By:** _____ **Date:** _____

Week 3   All Nozzles: Pass   Fail   (circle one)   **Inspected By:** _____ **Date:** _____

Week 4   All Nozzles: Pass   Fail   (circle one)   **Inspected By:** _____ **Date:** _____

Week 5   All Nozzles: Pass   Fail   (circle one)   **Inspected By:** _____ **Date:** _____