

Gasoline Dispensing Facility - Daily Self Inspection Form

Facility Name: _____

Month: _____ Year: _____

Vapor Recovery Type - Balance/Veeder-Root Vapor Polisher Carbon Canister

Instructions: 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																															

In-Station Diagnostic (ISD) System (if applicable)

All Functions Normal

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	

Inspector's Initials

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Periodic Inspection Checklist - Balance with Carbon Canister Vapor Polisher

Weekly Nozzle Interlock Inspection

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: _____

Quarterly Inspection for Carbon Canister Vapor Polisher (circle below)

Is the Inlet Ball Valve for Vapor Polisher in Open Position?	YES	NO
Are Security Tags In Place on Vapor Polisher?	YES	NO

Inspected By: _____ **Date:** _____