Yolo-Solano Air Quality Management District Annual Inspection Form for Gasoline Dispensing Facilities Questions Call (530) 757-3650 or toll-free (800) 287-3650

Inspector Name:	Date:
Inspection Company Name and Address:	
Facility Name and Address:	
Has the Permit to Operate date expired?	Yes [] No []
1	res[] No[]
Does the equipment description on the Permit to Operate match the installed	Vac [] No []
equipment? Does the facility comply with all Permit to Operate conditions?	Yes [] No []
Does the facility comply with all Permit to Operate conditions? Are the required facility instructions preparly posted and do they contain the	Yes [] No []
Are the required fueling instructions properly posted and do they contain the necessary information?	Vac [] No []
necessary information?	Yes [] No []
Above-Ground & Underground Storage Tanks:	
Are fill tubes liquid tight? (all)	Yes [] No []
Are fill tubes equipped with vapor tight caps in a closed position? (all)	Yes [] No []
Are dry breaks equipped with vapor tight seals and vapor tight caps? (all)	Yes [] No []
If a spill box is installed, is it free of standing liquid, debris and other foreign	
matters? (underground)	Yes [] No []
If a spill box is installed, is it equipped with an integral drain valve or other device	
certified by CARB to return spilled gasoline to the storage tank? (underground)	Yes [] No []
Is the vapor recovery system installed properly and in compliance with applicable	
CARB Certification requirements? (all)	Yes [] No []
Is the spill box installed properly and in compliance with applicable CARB	
Certification requirements? (underground)	Yes [] No []
Are storage tank vent lines equipped with pressure/vacuum relief valves according	
to the most recent applicable CARB Executive Order(s)? (all)	Yes [] No []
Dispensing Equipment:	
Do any gasoline dispensing components have liquid leaks?	Yes [] No []
Do any gasoline dispensing components have vapor leaks?	Yes [] No []
Has each balance-system nozzle boot been installed less than 12 months ago?	Yes [] No []
Is each nozzle installed in accordance with most recent applicable CARB	
Executive Order?	Yes [] No []
For bellows-less nozzles, are any of the vapor collection holes obstructed?	Yes [] No []
For Hirt systems, are any of the vapor collection holes obstructed?	Yes [] No []
If required, is the flow limiter properly installed?	Yes [] No []
Are any swivels missing, defective, or leaking?	Yes [] No []
If required, are the dispenser-end swivels Fire Marshall-approved with	
90-degree stops?	Yes [] No []
If required, are the liquid removal devices properly installed and in compliance	

with applicable CARB Certification reqs?	Yes [] No []
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Defects Substantially Impairing the Effectiveness of the Vapor Recovery System:	
Is any component missing or disconnected that is required to be used in the Executive	
Order(s) that certify the system?	Yes [] No []
Are any hoses crimped or flattened such that the vapor passage is blocked, or the	
pressure drop through the vapor hose exceeds by a factor of 2 or more the requirements	
in the applicable Executive Order(s) in which the system was certified?	Yes [] No []
Is any nozzle boot torn in a triangular-shaped or similar tear 1/2" or more to a side, or	** ** **
hole 1/2" or more in diameter?	Yes [] No []
Is any nozzle boot torn with a 1" slit or more in length?	Yes [] No []
Is any faceplate or flexible cone damaged in the following manner:	Vac [] Na []
For vacuum assist systems, is more than 1/4 of the flexible cone missing? For balance systems, is more than 1/4 of the circumference of the faceplate	Yes [] No []
damaged (accumulated)?	Yes [] No []
damaged (accumulated):	res[] No[]
Defects Substantially Impairing the Effectiveness of the Vapor Recovery System:	
Are any nozzle shutoff mechanisms malfunctioning in any manner?	Yes [] No []
Are any vapor return lines malfunctioning or blocked?	Yes [] No []
Are any vapor return lines, including swivels, anti-recirculation valves, underground	
piping malfunctioning, blocked, or restricted through the piping lines exceeding by	
a factor of 2 or more than the requirements specified in the Executive Order(s)?	Yes [] No []
If a vapor processing unit is required, is the unit inoperative or severely malfunctioning?	Yes [] No []
Are any vacuum producing devices inoperative or severely malfunctioning?	Yes [] No []
Are any pressure/vacuum relief valves, vapor check valves, or dry breaks inoperative?	Yes [] No []
Are there any equipment defects which are identified in an Executive Order certifying	
a system pursuant to the Certification Procedures incorporated in Section 94001 of	
Title 17, California Administrative Code, as substantially impairing the effectiveness	\$7[] NJ[]
impairing the effectiveness of the system in reducing air contaminants?	Yes [] No []
I certify the foregoing information to be correct and complete to the best of my knowledge.	
Inspection completed by:	
(Signature)	
(Signature)	
Comments and Explanations:	
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