



# STAGE II - SYSTEM TESTING DOCUMENTATION FORM

Date: \_\_\_\_\_

Time: \_\_\_\_\_

- Unwitnessed     Partially Witnessed     Witnessed  
 Complete Test     Retest (Complete)  
 Retest (Partial)

State Inspector \_\_\_\_\_

**Facility Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**Testing Firm Information**

Name \_\_\_\_\_

Tester Name \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

( : ) AM/PM

<p style="text-align: center;"><b>Stage I:</b></p> <p><b>Type:</b>    <input type="checkbox"/> Coax    <input type="checkbox"/> Two point                          <input type="checkbox"/> Manifold</p> <p>Number of P/V caps: _____</p> <p style="text-align: center;"><b>P/V Cap Test:</b></p> <p>1. P _____ V _____</p> <p>2. P _____ V _____</p> <p>3. P _____ V _____</p> <p>4. P _____ V _____</p> <p>5. P _____ V _____</p>	<p># Dispensers: _____</p> <p># Nozzels: _____</p> <hr/> <p style="text-align: center;"><b>STAGE II:</b></p> <p> <input type="checkbox"/> Balance            <input type="checkbox"/> Gibarco  <input type="checkbox"/> Wayne            <input type="checkbox"/> Tokheim  <input type="checkbox"/> OPW Vapor EZ  <input type="checkbox"/> Other _____  <input type="checkbox"/> Healy            <input type="checkbox"/> 400 ORVR  <input type="checkbox"/> 600    <input type="checkbox"/> 600 VP    <input type="checkbox"/> 800 VP         </p>
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Distributor: \_\_\_\_\_

Date/Time of last gasoline delivery: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tank Information - Pressure Decay Test: Tanks Manifoldd:  YES  NO    Total Ullage: \_\_\_\_\_

Tank #	Tank Cap	Gas Grade	Gals. Present	Ullage	Allow Decay	Initial Press.	Final Press.	Tank Depth	Drop Tube Length	Difference
1										
2										
3										
4										
5										
6										

Passed Pressure Decay Test     Failed Test - Reason(s): \_\_\_\_\_

Healy Vaccum Tightness: Total Ft. Piping \_\_\_\_\_ Allowable Decay \_\_\_\_\_

Init. Vac. \_\_\_\_\_ Fin. Vac. \_\_\_\_\_ Diff. \_\_\_\_\_

Passed HVT Test     Failed - Reason(s): \_\_\_\_\_

2" Vapor Recovery Piping  
 3" Vapor Recovery Piping

### BLOCKAGE TEST

Fuel Port #	Grade	Wet Test			Fuel Port #	Grade	DRY TEST			
		40	60	80			40	60	80	

Passed Blockage Test     Failed Test - Reason(s): \_\_\_\_\_

## Site Diagram

Illustrate the Following:

- x - Fill Ports - Label Product
- z - Dry Breaks - Label Tank Size
- X - Vents
- U - Pumps
- Dispensers - Label Fuel Ports #s
- Tank Location
- Building - Label Facility Name
- Label Road

### A/L Ratio Test

- 4.5 Gallon Roots Meter Test =  $1.662 \times \text{Roots Meter Reading} / \text{GPM} = 270 / \text{Time (seconds)}$
- $\text{GPM} = \text{Gallons Dispensed} \times 60 / \text{Time (Seconds)}$

Disp #	Grade	Nozzle Type	GPM	Initial	Final	A/L	P/F	Disp. #	GPM	Initial	Final	A/L	P/F

Roots meter ID#: \_\_\_\_\_ Most Recent Calibration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Hastech Meter ID#: \_\_\_\_\_ Most Recent Calibration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Vacu Smart Meter ID #: \_\_\_\_\_ Most Recent Calibration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Passed A/L Test     Failed A/L - Reason(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_