

## STAGE II WEEKLY FACILITY INSPECTION

### AVACUUM ASSIST@

A weekly visual inspection must be performed to ensure that all aspects of the Stage II Vapor Recovery System are functioning properly. Please use this form to record the results of the inspections.

**ALL WEEKLY INSPECTION FORMS MUST BE:**

- 1) KEPT UP TO DATE AND ON FILE AT THE FACILITY FOR THREE (3) YEARS
- 2) PRESENTED UPON REQUEST OF INSPECTING AIR POLLUTION INSPECTOR

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

Facility: \_\_\_\_\_

Employee: \_\_\_\_\_

**Visual Inspection:**

Step 1: Identify date of inspection

Step 2: Verify condition of pertinent components:

a: If equipment is functioning properly place a >Y= for >yes= in the space provided

b: If equipment is *not* functioning properly (or is ripped, torn, etc.) place an >N= for >no= in the space provided

**Note: Fill out the section on the back of this form if any Stage II Vapor recovery equipment needs replacing or repairing.**

**Week:**      1            2            3            4            5            6            7            8

DATE OF INSPECTION-->										Description
Hoses										No kinks or tears
Vapor Escape Guard (if applicable)										No tears or splits
Breakaway Fittings										No liquid leaks at joint, flow direction is toward nozzle
Shut-Off										Nozzle should shut off when vehicle tank is full
Leaks										No visible liquid gasoline leaks from any component

(Continued on back)

# Repair and Replacement Record Form

## Please describe deficiencies in the Stage II Vapor Recovery System

### **A. Affected Equipment:**

Dispenser Number:      Nozzle Grade (if applicable):      Equipment Part (Vapor Escape Guard  
Hose, etc.):

Description of deficiency:

Date deficiency discovered:

Date of repair or replacement:

Cost:

---

### **B. Affected Equipment:**

Dispenser Number:      Nozzle Grade (if applicable):      Equipment Part (Vapor Escape Guard,  
Hose, etc.):

Description of deficiency:

Date deficiency discovered:

Date of repair or replacement:

Cost:

---

### **C. Affected Equipment:**

Dispenser Number:      Nozzle Grade (if applicable):      Equipment Part (Vapor Escape Guard,  
Hose, etc.):

Description of deficiency:

Date deficiency discovered:

Date of repair or replacement:

Cost:

---

### **D. Affected Equipment:**

Dispenser Number:      Nozzle Grade (if applicable):      Equipment Part (Vapor Escape Guard,  
Hose, etc.):

Description of deficiency:

Date deficiency discovered:

Date of repair or replacement:

Cost: