



GASOLINE TRANSFER AND DISPENSING FACILITY

PERIODIC COMPLIANCE INSPECTION

Facility Name:		SCAQMD ID#:
Address:		Permit #:
City:	Zip:	Telephone:

Auditor (Print):	Certificate #:	Telephone:
Inspection Date:	Auditor Signature:	

Phase I Type:	CARB E.O.	Total # of Tanks:
Phase II Type:	CARB E.O.	Total # of Nozzles:

Requirement	Y/N	Comments	
Permit		Date:	
Correct Equip. Description			
O & M Manual			
Latest Reverification Tests		Date:	P/V:
Backpressure Tests:		Methodology 4:	Methodology 6:
Throughput (last 12 months)		Highest Monthly:	Limit:
Signs Posted			
Repair Log			
Daily Inspection Certificate			

Phase I

Fill Cap		
Vapor Cap		
Spill Container		
Drop/Fill Tubes		
Vent Pipes		
P/V Valve		
Drain Valves		
Other/s		

Phase II

Nozzles (Spout)		
Bellows / Boots		
Faceplate		
Vapor Check Valve		
Vapor Hose		
Swivels		
Retractors		
Interlock Mechanism		
Latching Devices		
Boot Base Clamp/Wire		
Liquid Removal Device		
Hold Open Latch		
Processor Valves		
Other/s		

ISD

RS 232 Port		
# of Tanks & Volumes		Thermal Coefficient:
Vapor Processor Mode		
ISD Daily Report	V/L Range:	Min/Max Pressure:
ISD Monthly Report	ISD Version:	
ISD Alarm Logs		
Other/s		