



SAN DIEGO AIR POLLUTION CONTROL DISTRICT
COMPLIANCE DIVISION
10124 OLD GROVE ROAD
SAN DIEGO CA 92131-1649
 PHONE (858) 586-2650 FAX (858) 586-2651

APCD USE ONLY
SECTOR
ID#
NOV#

STATIC TORQUE OF ROTATABLE PHASE I ADAPTORS TP 201.1B

Facility Name: _____ **A/C or PO Number:** _____ **Time of Test:** _____
(Record exact time of test in order to demonstrate proper test sequencing as required in Attachment A)

Measurement units: inch-pounds

Product Adaptor 1	Product Adaptor 2	Product Adaptor 3	Product Adaptor 4
Make:	Make:	Make:	Make:
Model:	Model:	Model:	Model:
Grade:	Grade:	Grade:	Grade:
Able to Rotate 360 degrees <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to Rotate 360 degrees <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to Rotate 360 degrees <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to Rotate 360 degrees <input type="checkbox"/> Yes <input type="checkbox"/> No
Torque 1:	Torque 1:	Torque 1:	Torque 1:
Torque 2:	Torque 2:	Torque 2:	Torque 2:
Torque 3:	Torque 3:	Torque 3:	Torque 3:
Average Torque: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Vapor Adaptor 1	Vapor Adaptor 2	Vapor Adaptor 3	Vapor Adaptor 4
Make:	Make:	Make:	Make:
Model:	Model:	Model:	Model:
Grade:	Grade:	Grade:	Grade:
Able to Rotate 360 degrees <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to Rotate 360 degrees <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to Rotate 360 degrees <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to Rotate 360 degrees <input type="checkbox"/> Yes <input type="checkbox"/> No
Torque 1:	Torque 1:	Torque 1:	Torque 1:
Torque 2:	Torque 2:	Torque 2:	Torque 2:
Torque 3:	Torque 3:	Torque 3:	Torque 3:
Average Torque: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			

**Note: Every applicable field must be filled out*

adaptors tested _____
adaptors passed _____
adaptors failed _____