ATTACHMENT I INSPECTION LOG FOR PHASE I AND PHASE II VAPOR RECOVERY SYSTEMS

Facility Name:

Check (√) each box where your inspection revealed no problems and place an (X) in each box if the component is found in need of repair. Phase I components are to be checked on a weekly basis. Phase II components are to be checked on a daily basis except for weekends and holidays for facilities with a throughput less than 750,000 gallons per year. At non-retail sites, Phase II components are to be checked weekly.

Indicate date of the week, e.g. Week of 1/2/2017

Phase I VR Component	Week 1:	Week 2:	Week 3:	Week 4:
Dust Caps and Gaskets				
Vapor Adaptors Vapor poppet should move freely and seal with the adaptor.				
Product Adaptors Adaptors should rotate easily.				
Spill Containers Should be free of liquid and debris. Mounting rings bolts in place and secure.				

Indicate start date of the week, e.g. Week of 1/2/2017

Phase II VR Component	Week of: M T W T F S S	Week of: M T W T F S S	Week of: M T W T F S S	Week of: M T W T F S S
Hoses Check for any visible openings				
Swivels Should move easily and be free of leaks				
Nozzles No tears/cuts/cracks/slits on faceplate/boot				
Breakaways Shear pins/rings in place and no liquid leaks.				
Nozzle Insertion Interlocks Weekly for balance, quarterly for Vac Assist				
Vacuum Pump (Healy EVR Only) AudibleTest on weekly basis per IOM				

ATTACHMENT I ISD ALARM RESPONSE AND MAINTENANCE FOR PHASE I AND PHASE II VAPOR RECOVERY SYSTEMS

Record all alarm events including any maintenance, repairs or actions taken to address the alarm events per Attachment A-1, L-1. Record any maintenance, repairs taken for any Phase I and/or Phase II VR components. All documentation such as applicable test results, work orders must be maintained on site and available for review upon request.

Date of Alarm/ Maintenance	Alarm/Non ISD Maintenance	Certified Technician Information	Service and/or Test Performed
Date of Service	**ISD Only** Alarm Status ☐ Warning (yellow light) ☐ Failure (red light) **Type of Alarm** ☐ Vapor leak ☐ Overpressure ☐ Collection ☐ Other **Non ISD Maintenance** VR Component	*All certifications listed must be current. Can complete in lieu of test coversheet.* Technician:_____ Company:_____ Veeder Root ISD Cert:_____ Incon Level V Cert:_____ ICC Cert:_____ Phase I Cert:_____ Phase II Cert:_____	☐ No Service Needed/Alarm Self Cleared Removed from Service ☐ Yes ☐ No Component Removed from Service. Date:_____ **Service and/or Test Performed**

Date of Alarm/ Maintenance	Alarm/Non ISD Maintenance	Certified Technician Information	Service and/or Test Performed
Date of Service	**ISD Only** Alarm Status ☐ Warning (yellow light) ☐ Failure (red light) **Type of Alarm** ☐ Vapor leak ☐ Overpressure ☐ Collection ☐ Other **Non ISD Maintenance** VR Component	*All certifications listed must be current. Can complete in lieu of test coversheet* Technician:_____ Company:_____ Veeder Root ISD Cert:_____ Incon Level V Cert:_____ ICC Cert:_____ Phase I Cert:_____ Phase II Cert:_____	☐ No Service Needed/Alarm Self Cleared Removed from Service ☐ Yes ☐ No Component Removed from Service. Date:_____ **Service and/or Test Performed**