



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#

**LEAK RATE OF PRESSURE/VACUUM RELIEF VENT VALVES
 TP 201.1E**

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 or L)

Grade (Check One) 87 89 91 Manifold E85

P/V Valve Manufacturer: _____ **Model Number:** _____

Measured 2.00 inch Leak Rate (CFH): _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Initial Test	<input type="checkbox"/> Retest
Positive Cracking Pressure ("w.c.): _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Initial Test	<input type="checkbox"/> Retest
Measured -4.00 inch Leak Rate (CFH): _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Initial Test	<input type="checkbox"/> Retest
Negative Cracking Pressure ("w.c.): _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Initial Test	<input type="checkbox"/> Retest

Grade (Check One) 87 89 91 Manifold E85

P/V Valve Manufacturer: _____ **Model Number:** _____

Measured 2.00 inch Leak Rate (CFH): _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Initial Test	<input type="checkbox"/> Retest
Positive Cracking Pressure ("w.c.): _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Initial Test	<input type="checkbox"/> Retest
Measured -4.00 inch Leak Rate (CFH): _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Initial Test	<input type="checkbox"/> Retest
Negative Cracking Pressure ("w.c.): _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Initial Test	<input type="checkbox"/> Retest

Grade (Check One) 87 89 91 Manifold E85

P/V Valve Manufacturer: _____ **Model Number:** _____

Measured 2.00 inch Leak Rate (CFH): _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Initial Test	<input type="checkbox"/> Retest
Positive Cracking Pressure ("w.c.): _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Initial Test	<input type="checkbox"/> Retest
Measured -4.00 inch Leak Rate (CFH): _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Initial Test	<input type="checkbox"/> Retest
Negative Cracking Pressure ("w.c.): _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Initial Test	<input type="checkbox"/> Retest

Common conversion factors: 0.17 CFH = 80ml/min, 0.21 CFH = 100ml/min, 0.42 CFH= 200ml/min, 0.25=120ml/min

Flow Meter Calibration Date: _____

Pressure Manometer Calibration Date: _____