RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AIR RESOURCES
OWNERS AND OPERATORS GASOLINE FACILITY INSPECTION FORM

FACILITY NAME _____ **INSPECTED BY** _____
FACILITY ADDRESS _____ **INSPECTION DATE** _____
_____

Make copies of this form for weekly inspections. Inspection records must be maintained identifying all parts of the Stage II vapor collection and control system that are repaired or replaced. Dates and results of these inspections must be retained at the facility for a period of TWO YEARS. All components and replacement parts of the Stage I and Stage II must be certified by CARB (California Air Resources Board) for use on the Stage II system at your facility.

Entries in the shaded portion of the Stage I Vapor Recovery Inspection section of this form are violations and must be corrected immediately.

All "X" entries in the Stage II Vapor Recovery Inspection section of this form are also violations. All violations noted in the Stage II Vapor Recovery Inspection section must be removed from service immediately and noted on this form accordingly. The corresponding fueling point must remain out of service until the deficient equipment is repaired or replaced. Date of repair and description of defect must also be noted on this form.

STAGE I VAPOR RECOVERY INSPECTION

Fill/Drybreak caps intact?	(no cracks, sealing properly, etc.)	**Yes**	**No**
All gaskets intact?	(gaskets in caps, drop tubes, etc.)	**Yes**	**No**
Drybreaks intact?	(sealing properly, rubber gasket not damaged, etc.)	**Yes**	**No**
All Fills/Adaptors tight?		**Yes**	**No**
All Spill Containment Plungers intact?	(no vapor emissions)	**Yes**	**No**
Drop Tubes installed in all gas tanks?		**Yes**	**No**
Drop Tubes intact?	(not dented, in proper position)	**Yes**	**No**

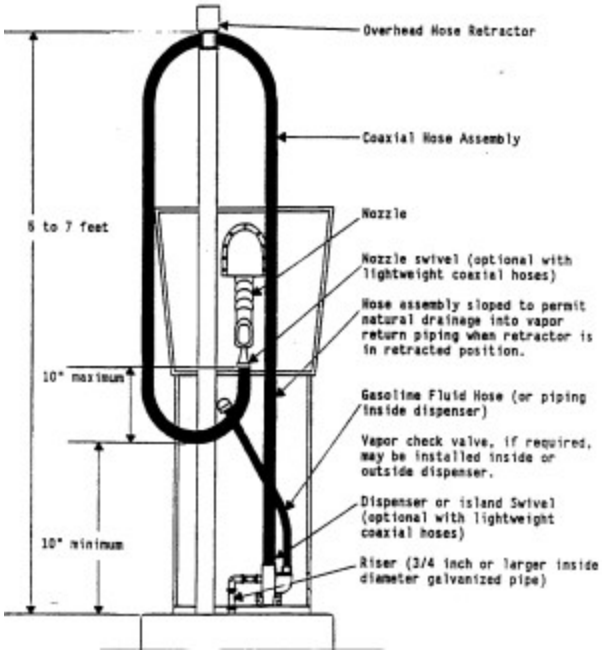
STAGE II VAPOR RECOVERY INSPECTION

Stage II System Type: ___**Vapor Balance (VB)** ___**Healy (H)** ___**Vacuum Assisted (VA)**

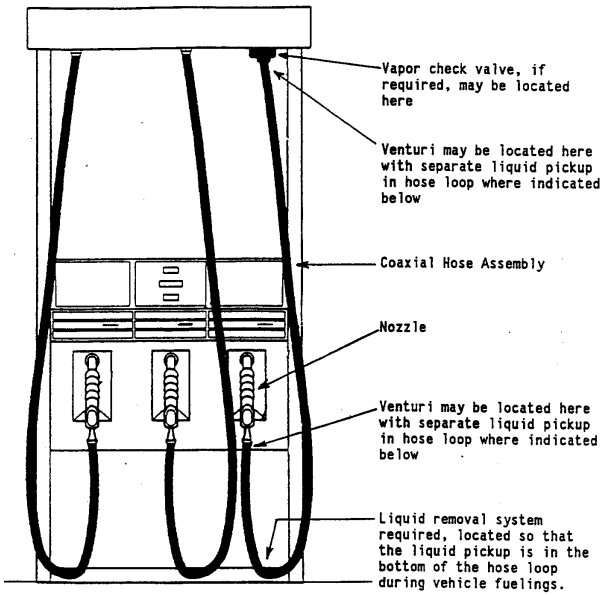
Enter a check mark for yes or and X for no

Nozzle Number	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**32**	**33**	**34**	**35**	**36**
Bellows intact? **VB / H** (no holes, tears etc.)																																				
Faceplate intact? **VB / H / VA**																																				
Check Valve Operating? **VB / H / VA** (no vapor emissions)																																				
Clamps in place? **VB**																																				
Nozzle stem tight? **VB / H / VA**																																				
Hoses intact? **VB** (not kinked, torn, flattened etc.)																																				
Hose not contacting ground? **VB**																																				
Ten-inch hose loop or less? **VB** (if applicable)																																				
Liquid removal device? **VB** (if applicable)																																				
Hose retractors intact? **VB / H / VA** (if applicable)																																				

“LOW BOY” DISPENSER



“HIGH BOY” DISPENSER



*** ALL DAMAGED OR DEFECTIVE STAGE II EQUIPMENT MUST BE REMOVED (TAGGED OUT) OF SERVICE UNTIL THE EQUIPMENT IS REPAIRED OR REPLACED. FAILURE TO DO SO WILL RESULT IN ENFORCEMENT ACTION AGAINST THE FACILITY. ***

Enter date equipment was tagged out (removed) from service under ***TAG OUT***.
Enter date equipment was repaired or replaced under **REPAIR**.

TAG OUT (DATE)	**REPAIR** (DATE)	**DAMAGED/DEFECTIVE EQUIPMENT**	**DESCRIPTION OF DEFECT/DAMAGE**
		(include manufacturer and model #'s)	(example: torn bellows/damaged faceplate, etc.)