Rhode Island Department of Environmental Management
Office of Waste Management - UST Division

Standardized Tightness Testing Form for USTs and Product Pipelines

RI DEM Facility ID #:		Test Date:	
Facility Name:			
Physical Address:		City/Town:	
Primary Contact Name:		Contact Phone #:	

Tank Tightness Method Used: ▼ Equipment Calibration Date:

Piping Tightness Method Used: ▼ Equipment Calibration Date:

⚠ If the test method used requires a worksheet (e.g., Estabrook EZY-3), you must include a copy of it with this form

Tightness Test Results

Tank ID #						
Product Stored:	▼	▼	▼	▼	▼	▼
Component Being Tested:	▼	▼	▼	▼	▼	▼
Start Time:						
End Time:						
Start Pressure: (indicate units)						
End Pressure: (indicate units)						
Volume Change per Hour						
Test Conclusion:	▼	▼	▼	▼	▼	▼

Describe any actions taken to troubleshoot or actions taken to achieve a passing result:

Draw a rough sketch of the UST system. Make sure that all major components are labeled and that the "Tank ID #" matches what you listed above

Revision B - Last Updated 4/22/2019

All failed tests must be reported to DEM by the tester by calling (401) 222-2797 within 24 hours
Any interstitial tightness test failure requires the primary wall to be tested for tightness within 48 hours
Final test results must be sent to DEM by the tester within 7 days for failed tests and 30 days for passing tests

- ☐ Check Here if this a re-test of a failed component after repair
- ☐ Check Here if this an initial test after a new installation or replacement
- ☐ Check here if this is a primary wall test after a interstitial space failure

If any test is inconclusive or is unable to be tested, it is considered a FAILED test

FINAL RESULT: ○ **PASS** ○ **FAIL**

Tester Name:

Testing Company:

Tester Signature:

Test Date: