



**Arizona Department of Weights and Measures
Vapor Recovery
Pre-Test Checklist**

Pre-Test Date _____

Location BMF # _____

RSR No. _____

Site Location

Name _____
Address _____
City, State, & Zip _____

Testing Company

Name _____
Address _____
City, State, & Zip _____

Pre-Test Conducted Yes
No

Type of VR System:

Balance Vapor Vac Healy Wayne Vac Hirt Hasstech
 Manifold Dedicated Vent pipe color _____

87 UNL	87 UNL	89 MUL	91 SUL
Actual Tank Size (gal) _____	Tank Size _____	Tank Size _____	Tank Size _____
Gallons _____	Gallons _____	Gallons _____	Gallons _____
Ullage _____	Ullage _____	Ullage _____	Ullage _____
Ullage% _____	Ullage% _____	Ullage% _____	Ullage% _____

Test Criteria: Test Time _____ Test Method TP 91-1 TP 96-1
Total Tank Capacity _____ Total Gallons _____ Total Ullage _____

Total Ullage _____ X5min/1000 Gal = _____ Length of Test _____

Pre Test Completion Checklist:

Communication Results _____
A/L Results _____
Pressure Decay Results _____ (value)
PV Tested Results _____
Dry & Clean
Liquid Blockage Results _____
Test Dry Brakes Results _____
gpm checked Results _____
Checked Vapor Pot Results _____
Checked for Skimmers Results _____

Tank Pad Inspection:

Grade	Spill Bucket Properly Installed & Tested			Spill Bucket Clean & Dry			Spill Bucket Drain Operable			Fill Vapor Caps & Gaskets		
	Y	N		Y	N		Y	N		Y	N	
87	Y	N		Y	N		Y	N		Y	N	
87	Y	N		Y	N		Y	N		Y	N	
89	Y	N		Y	N		Y	N		Y	N	
91	Y	N		Y	N		Y	N		Y	N	
	Y	N		Y	N		Y	N		Y	N	
	Y	N		Y	N		Y	N		Y	N	

Was all work performed by the testing company ? Yes No (If No then indicate company)

Was the system tested after repairs ? Yes No

I certify that the facility's vapor recovery system and equipment, including hoses, nozzles, dispensers, vapor return line and tanks, have been tested for tightness to comply with federal, state and local regulations. I certify that the Facility is ready for its annual test.

Tester Signature _____ Date _____