TYPE OF ACTION  Installation  Repair  12 Month

|  |
| --- |
| 1. FACILITY INFORMATION |

|  |  |
| --- | --- |
| CERS ID | Test Date |

|  |
| --- |
| Facility Name |

|  |  |  |
| --- | --- | --- |
| Facility Address | City | ZIP Code |

|  |
| --- |
| 2. SERVICE TECHNICIAN INFORMATION |

|  |  |
| --- | --- |
| Company Performing the Test | Phone |

|  |
| --- |
| Mailing Address |
| Service Technician Performing Test |
| Contractor/Tank Tester License Number |

|  |  |
| --- | --- |
| ICC Number | ICC Expiration Date |

|  |  |
| --- | --- |
| 3. TRAINING AND CERTIFICATIONS |  |
| *Manufacturer and Test Equipment Training Certifications* | *Expiration Date* |
|  |  |
|  |  |
|  |  |

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| --- |
| 4. TEST PROCEDURE INFORMATION |

|  |  |
| --- | --- |
| *Test Procedures Used* | *Components Tested* |
|  |  |
|  |  |
|  |  |

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| --- |
| 5. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING TEST |
| ***I hereby certify that each spill container was tested in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637.1; that required supporting documentation is attached; and all information contained herein is accurate. I understand that test procedures shall be made available upon request by the governing authority.*** |

|  |  |  |
| --- | --- | --- |
| Service Technician Signature | Date | Total # of Pages |

|  |
| --- |
| 6. SPILL CONTAINER DETAILS |

|  |
| --- |
| Test Method Developed by  Manufacturer  Industry Standard  Professional Engineer |
| Test Type  Pressure  Vacuum  Hydrostatic |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tank ID** |  |  |  |  |
| Spill Container Manufacturer: |  |  |  |  |
| Method of Cathodic Protection | Nonmetallic  Other | Nonmetallic  Other | Nonmetallic  Other | Nonmetallic  Other |
| Is the spill container minimum capacity five gallons excluding riser volume? | Yes  No\* | Yes  No\* | Yes  No\* | Yes  No\* |
| Method to keep spill container empty | Drain  Pump  Other | Drain  Pump  Other | Drain  Pump  Other | Drain  Pump  Other |
| Spill Container Test Results | Pass  Fail | Pass  Fail | Pass  Fail | Pass  Fail |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tank ID** |  |  |  |  |
| Spill Container Manufacturer: |  |  |  |  |
| Method of Cathodic Protection | Nonmetallic  Other | Nonmetallic  Other | Nonmetallic  Other | Nonmetallic  Other |
| Is the spill container minimum capacity five gallons excluding riser volume? | Yes  No\* | Yes  No\* | Yes  No\* | Yes  No\* |
| Method to keep spill container empty | Drain  Pump  Other | Drain  Pump  Other | Drain  Pump  Other | Drain  Pump  Other |
| Spill Container Test Results | Pass  Fail | Pass  Fail | Pass  Fail | Pass  Fail |

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| --- |
| 8. COMMENTS |
| *Describe all answers marked “Other,” “No,” or “Fail” and each proposed remedy.*  \* Mark here if:  Spill containers do not have a minimum capacity of five gallons and require replacement. |