Appendix 7.1
Underground Storage Tank

Overfill Prevention Equipment Testing Report Form Continuation Page

CERS ID	Facility Name	Test Date

6. OVERFILL PREVENTION EQUIPMENT DETAILS (continued)				
Test Method Developed by ☐ Manufacturer ☐ Industry Standard ☐ Professional Engineer				
Tank ID *(one OPE per column)*				
Tank Manufacturer				
Tank Capacity *(Gallons)*				
Tank Inside Diameter *(Inches)*				
Are both vent and tank riser piping secondarily contained?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
OPE Manufacturer / Model				
What is the OPE response when activated? *(Check all that apply.)*	☐ Shut off ☐ Restrict ☐ Audible ☐ Visual	☐ Shut off ☐ Restrict ☐ Audible ☐ Visual	☐ Shut off ☐ Restrict ☐ Audible ☐ Visual	☐ Shut off ☐ Restrict ☐ Audible ☐ Visual
Are flow restrictors installed on vent piping that may interfere with the OPE operation?	☐ Yes* ☐ No	☐ Yes* ☐ No	☐ Yes* ☐ No	☐ Yes* ☐ No
For audible/visual overfill alarms, are they clearly audible/visible at the tank fill point?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
At what level in the tank does the OPE activate? *(Inches from bottom of tank)*				
What is the percent capacity of the tank at which the OPE activates?				
Is the OPE in proper operating condition to respond when the stored substance reaches the designated regulatory level?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

7. SUMMARY OF TEST RESULTS (continued)				
OPE Test Results	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

* Check the box in **Section 8** if flow restrictors interfere with overfill prevention and equipment repairs are required.

*All tests marked "Fail" and any repairs made during the test must be described in **Section 8**.*