Appendix 7
Underground Storage Tank
Overfill Prevention Equipment Testing Report Form

TESTING TYPE ☐ Installation ☐ Repair ☐ 36 Month

1. FACILITY INFORMATION		
CERS ID		Test Date
Facility Name		
Facility Address	City	ZIP Code

2. SERVICE TECHNICIAN INFORMATION	
Company Performing Testing	Phone
Mailing Address	
Service Technician Performing Testing	
Contractor License Number	
ICC Certification	ICC Expiration Date

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

4. TEST PROCEDURE INFORMATION	
Test Procedures Used	Components Tested

5. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING TEST		
I hereby certify that the OPE was tested in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2665; that required supporting documentation, including calibration charts, is attached; and all information contained herein is accurate. I understand that test procedures must be made available upon request by the governing authority.		
Service Technician Signature	Date	Total # of Pages

CERS = California Environmental Reporting System, ICC = International Code Council, ID = Identification, OPE = Overfill Prevention Equipment

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6. OVERFILL PREVENTION EQUIPMENT DETAILS				
Test Method Developed by ☐ Manufacturer ☐ Industry Standard ☐ Professional Engineer				
☐ Check this box if Appendix 7.1 continuation page is attached.				
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				
OPE Test Results	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

8. COMMENTS

* ☐ Check this box if flow restrictors interfere with overfill prevention and repairs are required.

All tests marked "Fail" and any repairs made during the test must be described in ***Section 8****.*
Attach tank chart(s), measurements, calculations, and In-Tank Setup report(s)