TYPE OF ACTION [ ]  Installation [x]  Repair [ ]  12 Month

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

|  |  |
| --- | --- |
| CERS ID | Certification Date |

|  |
| --- |
| Facility Name |

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

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

|  |  |
| --- | --- |
| Company Performing the Certification | 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* |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |

|  |
| --- |
| 4. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING TEST  |
| ***I hereby certify that the monitoring system is operational in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2638; that required supporting documentation is attached; and all information contained herein is accurate.*** |

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

|  |
| --- |
| 5. MONITORING SYSTEM AND PROGRAMMING |
| ***A separate Monitoring System Certification Form must be prepared for each control panel.*** |

|  |  |  |
| --- | --- | --- |
| Make of Monitoring System Control Panel | Model of Monitoring System Control Panel | Software Version Installed |

|  |  |  |  |
| --- | --- | --- | --- |
| *Attach the post-certification reports if the monitoring system is capable of generating either;* [ ] Monitoring System Set-up [ ]  Alarm History Report | Yes | No | NA |
| All monitoring equipment is operational per manufacturer’s specifications? |[ ]  [ ]  |  |
| Secondary containment systems are free of damage, debris, or liquid? | [ ]  |[ ]   |
| Are the audible and visual alarms operational? |[ ] [ ]   |
| All sensors have been: 1) visually inspected for wiring kinks, breaks and residual buildup on floats; and 2) tested for functionality and confirmed operational? |[ ] [ ] [ ]
| Are all sensors installed to detect a release at the earliest opportunity in the secondary containment? |[ ] [ ] [ ]
| The monitoring system set-up was reviewed, and proper settings confirmed? |[ ] [ ] [ ]
| Was the monitoring control panel’s backup battery visually inspected, functionally tested, and confirmed operational? |[ ] [ ] [ ]
| Does the flow of fuel stop at the dispenser if a release is detected in the under-dispenser containment? |[ ] [ ] [ ]
| Does the turbine automatically shut down if the piping secondary containment monitoring system fails to operate or is electrically disconnected? |[ ] [ ] [ ]
| Does the turbine automatically shut down if the piping secondary containment monitoring system detects a release? Which sensors initiate positive shut down? (Check all that apply) [ ]  Sump [ ]  UDC |[ ] [ ] [ ]
| If monitoring system alarms are relayed to a remote monitoring center, is all communication equipment operational? |[ ] [ ] [ ]

*Describe all answers marked “No” or “Fail” and proposed remedy in* ***Section 9****.*

*List all monitoring equipment either replaced or repaired in* ***Section 9***

|  |
| --- |
| 6. SENSOR TESTING RESULTS |
| *List only sensors tested on date of this certification. List “****Sensor ID****” as labeled in system programming.*  *Additional copies of this page may be attached to accommodate all sensors tested.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Sensor ID* | *Sensor Model* | *Component(s) Monitored* | *Pass* | *Fail* |
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]

*Describe all answers marked “No” or “Fail” and proposed remedy in* ***Section 9****.*

*List all monitoring equipment either replaced or repaired in* ***Section 9***

|  |
| --- |
| 7. LINE LEAK DETECTOR TESTING |

|  |
| --- |
| [ ]  Check this box if line leak detectors **ARE NOT** installed. *(Do not complete this section.)*  |

|  |  |  |  |
| --- | --- | --- | --- |
| Simulated release rate verified: (Check all that apply.)[ ]  3 GPH [ ]  0.1 GPH [ ] 0.2 GPH  | Yes | No | NA |
| Has the testing apparatus been properly calibrated? |[ ] [ ] [ ]
| For emergency generator tank systems, does the LLD create an audible and visual alarm when a leak is detected? |[ ] [ ] [ ]
| For mechanical LLDs, does the LLD restrict the flow through the pipe when a release is detected? |[ ] [ ] [ ]
| For electronic LLDs, does the turbine automatically shut off when a release is detected? |[ ] [ ] [ ]
| For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected? |[ ] [ ] [ ]
| For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a tightness test? |[ ] [ ] [ ]
| For electronic LLDs, have all accessible wiring connections been visually inspected for kinks and breaks? |[ ] [ ] [ ]
| Were all items on the equipment manufacturer’s maintenance checklist completed? |[ ] [ ] [ ]
| Were all LLDs confirmed operational within regulatory requirements? |[ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *LLD ID* | *LLD Model* | *Lines Monitored* | *Pass* | *Fail* |
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]

*Describe all answers marked “No” or “Fail” and proposed remedy in* ***Section 9****.*

*List all monitoring equipment either replaced or repaired in* ***Section 9***

|  |
| --- |
| 8. IN-TANK GAUGING TESTING |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Check this box if tank gauging is used only for inventory control. [ ] Check this box if **NO** tank gauging equipment is installed. *(Do not complete this section if either box is checked.)* | Yes | No | NA |
| All wiring has been: 1) visually inspected for kinks, breaks and proper entry and termination; and 2) tested for ground faults? |[ ] [ ] [ ]
| Were all in-tank gauging probes visually inspected for damage and residue buildup to ensure that floats move freely, functionally tested, and confirmed operational? |[x] [ ] [ ]
| Was accuracy of system’s product level readings tested? |[ ] [ ] [ ]
| Was accuracy of system’s water level readings tested? |[ ] [ ] [ ]
| Were all probes reinstalled properly? |[ ] [ ] [ ]
| Were all items on the equipment manufacturer’s maintenance checklist completed? |[ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Probe ID* | *Probe Model* | *Tanks Monitored* | *Pass* | *Fail* |
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]

|  |
| --- |
| 9. COMMENTS |

|  |
| --- |
| *Describe all answers marked “No” or “Fail” and proposed remedy.**List all monitoring equipment either replaced or repaired.*      |

|  |
| --- |
| 10. MONITORING SITE PLAN |
| *Date site plan was prepared:*  |
| *If a site plan has been prepared that shows all required information, you may include it, rather than this page, with your Monitoring System Certification Form. The site plan must show the general layout of tanks and identify locations of the monitoring panel, and all leak detection equipment and monitoring locations. Include a legend for all symbols depicted.* |

|  |
| --- |
|  |