Facility Name:

WEEKLY ELECTRONIC LEAK DETECTION MONITORING LOG					
Date	Any sensors in alarm? (Yes or No)	If Yes, indicate which sensors & describe action taken	Initials		
	L	Keep records on file for three years	_1		

Facility Name:

WEEKLY ELECTRONIC LEAK DETECTION MONITORING LOG					
Date	Any sensors in alarm? (Yes or No)	If Yes, indicate which sensors & describe action taken	Initials		
	L	Keep records on file for three years	_1		