



VERMONT

LINE LEAK DETECTOR TESTING

Facility ID # _____

Test Date: _____

1. Tank ID Number				
2. LLD Manufacturer				
3. LLD Model Number				
4. LLD Mechanical or Electronic?	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>
5. Tested Leak Rate (gallons/hour)				
Test Results	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>

Complete the following if any of the LLD tests failed

1. Replaced LLD Manufacturer				
2. LLD Model Number				
3. LLD Mechanical or Electric?	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>
4. Tested Leak Rate (gallons/hour)				
Test Results	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>

Notes:

Pass/Fail criteria: It is considered a failure if the leak rate is greater than 3 gallons per hour at 10 lbs per square inch line pressure. The affected LLD or piping system with failure shall be taken out of service until replaced/repared and retested.

Certification - I hereby certify that I am qualified to test the equipment identified in this document and tested for proper operation in accordance with the manufacturer's requirements.

Technician Name (Print): _____

Technician Signature: _____