



VERMONT

OVERFILL PREVENTION EQUIPMENT TESTING (Complete section that applies)

Facility ID # _____

Test Date: _____

Automatic Shutoff Device Inspection

1. Tank ID Number				
2. Overfill Device Brand/Model				
3. Drop tube removed from tank?	Yes	Yes	Yes	Yes
	No	No	No	No
4. Drop tube and float mechanisms free of debris?	Yes	Yes	Yes	Yes
	No	No	No	No
5. Float moves freely with binding and poppet moves into flow path?	Yes	Yes	Yes	Yes
	No	No	No	No
6. Bypass valve in the drop tube open and free of blockage (if present)?	Yes	Yes	Yes	Yes
	No	No	No	No
7. Flapper adjusted to shut off flow at 95% capacity	Yes	Yes	Yes	Yes
	No	No	No	No
Test Results:	Pass	Pass	Pass	Pass
	Fail	Fail	Fail	Fail

Notes:

Ball Float Valve Inspection (existing ball floats only, not allowed on installs). If Ball floats are not functional, they must be repaired by another overfill prevention device compatible with the UST system.

1. Tank top fittings vapor tight/leak free?	Yes	Yes	Yes	Yes
	No	No	No	No
2. Ball float cage free of debris?	Yes	Yes	Yes	Yes
	No	No	No	No
3. Ball float free of holes, cracks and moves freely in cage?	Yes	Yes	Yes	Yes
	No	No	No	No





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Ball Float (continued)

4. Vent Hole in pipe open and near top of tank?	Yes	Yes	Yes	Yes
	No	No	No	No
5. Ball float pipe proper length to restrict flow at 90 % capacity?	Yes	Yes	Yes	Yes
	No	No	No	No
Test Results:	Pass	Pass	Pass	Pass
	Fail	Fail	Fail	Fail

Notes:

Electronic Overfill alarm Inspection

1. Fuel float level agrees with stick reading?	Yes	Yes	Yes	Yes
	No	No	No	No
2. Is the overfill alarm(s) set to activate when the tank is NO MORE than 90% full?	Yes	Yes	Yes	Yes
	No	No	No	No
3. Does the audible and visual alarm activate when gauge float is activated at NO MORE than 90@ full?	Yes	Yes	Yes	Yes
	No	No	No	No
4. Are the audible and visual alarms at a reasonable distance to where the delivery driver would be able to detect during deliver?	Yes	Yes	Yes	Yes
	No	No	No	No
5. Ball float pip proper length to restrict flow at 90% capacity?	Yes	Yes	Yes	Yes
	No	No	No	No
Test Results:	Pass	Pass	Pass	Pass
	Fail	Fail	Fail	Fail

Notes:

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: _____

