|  |  |
| --- | --- |
| **Facility Name**  | **Facility ID**  |
| **Address**  | **Tester’s Name**  |
|  | **Test Date**  | **Phone**  |
|  |
| **Type of containment Sump** | [ ]  Dispenser [ ]  Transition [ ]  Tank Top  | [ ]  Dispenser [ ]  Transition [ ]  Tank Top  | [ ]  Dispenser [ ]  Transition [ ]  Tank Top  | [ ]  Dispenser [ ]  Transition [ ]  Tank Top  | [ ]  Dispenser [ ]  Transition [ ]  Tank Top  | [ ]  Dispenser [ ]  Transition [ ]  Tank Top  |
| **Sump ID****(eg. dispenser #, tank location, product, etc)** |       |       |       |       |       |       |
| **Sump Material** |       |       |       |       |       |       |
| **Construction** | [ ]  Single walled[ ]  Double walled | [ ]  Single walled[ ]  Double walled | [ ]  Single walled[ ]  Double walled | [ ]  Single walled[ ]  Double walled | [ ]  Single walled[ ]  Double walled | [ ]  Single walled[ ]  Double walled |
| **Liquid and debris removed** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Visual Inspection****No cracks, holes or separations.** | [ ]  Pass [ ]  Fail  | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail |
| **Containment Sump Depth** |       |       |       |       |       |       |
| **Height from bottom to top of highest penetration** |       |       |       |       |       |       |
| **Start Level** |       |       |       |       |       |       |
| **Start Time** |       |       |       |       |       |       |
| **Ending Level** |       |       |       |       |       |       |
| **End Time** |       |       |       |       |       |       |
| **Test Period (Minimum of 1 hour)** |       |       |       |       |       |       |
| **Water Level Change**  |       |       |       |       |       |       |
| **Test Results** | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail |
| **Photos indicating water levels attached?** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Pass/fail criteria: Must pass visual inspection, test duration at least one hour, must include photos with this form, water level drop of less than 1/8 inch. Ref: PEI/RP 1200 6.5 Test Method** |
| **How was the liquid disposed?**  |
| **Comments** I certify under penalty of law that the above information is true, accurate and complete. |

 Aug 2016

**Tester’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**