TYPE OF ACTION  Installation  Repair  36 Month

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

|  |  |
| --- | --- |
| CERS ID | Inspection Date |

|  |
| --- |
| Facility Name |

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

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

|  |  |
| --- | --- |
| Company Performing the Inspection | Phone |

|  |
| --- |
| Mailing Address |
| Service Technician Performing Inspection |
| Contractor/Tank Tester License Number |

|  |  |
| --- | --- |
| ICC Number | Expiration Date |

|  |  |
| --- | --- |
| 3. TRAINING AND CERTIFICATIONS |  |
| *Manufacturer and Test Equipment Training Certifications* | *Expiration Date* |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| 4. INSPECTION PROCEDURES INFORMATION |

|  |  |
| --- | --- |
| *Inspection Procedures Used* | *Components Inspected* |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| 5. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING INSPECTION |
| ***I hereby certify that the OPE was inspected in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637.2; that required supporting documentation is attached; and all information contained herein is accurate. I understand that test procedures shall be made available upon request by the governing authority.*** |

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

|  |
| --- |
| 6. OVERFILL PREVENTION EQUIPMENT DETAILS |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tank ID** *(one OPE per column)* |  |  |  |  |
| Are both vent and tank riser piping secondarily contained? | Yes  No | Yes  No | Yes  No | Yes  No |
| OPE Model |  |  |  |  |
| What is the OPE response when activated? *(Check all that apply.)* | Shut off  Flow Restricts  Flow  Audible  Alarm  Visual  Alarm | Shut off  Flow Restricts  Flow  Audible  Alarm  Visual  Alarm | Shut off  Flow Restricts  Flow  Audible  Alarm  Visual  Alarm | Shut off  Flow Restricts  Flow  Audible  Alarm  Visual  Alarm |
| Are flow restrictors installed on vent piping that may interfere with the OPE operation? | Yes\*  No | Yes\*  No | Yes\*  No | Yes\*  No |
| At what level in the tank is the OPE set to activate? *(Inches from bottom of tank)* |  |  |  |  |
| What is the percent capacity of the tank at which the OPE activates? |  |  |  |  |
| Is the OPE in proper operating condition to respond when the stored substance reaches the designated regulatory level? | Yes  No | Yes  No | Yes  No | Yes  No |

|  |
| --- |
| 7. SUMMARY OF TESTING RESULTS |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OPE Inspection Results | Pass  Fail | Pass  Fail | Pass  Fail | Pass  Fail |

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|  |
| --- |
| 8. COMMENTS |

|  |
| --- |
| *Describe all results marked “Fail” and each proposed remedy.*  \* Mark here if:  Flow restrictors interfere with overfill prevention and equipment repairs required. |