

**UNDERGROUND STORAGE TANK
SPILL CONTAINER TESTING REPORT FORM (Page 1 of 1)**

Type of Action Installation Test Repair Test 12 Month Test

I. FACILITY INFORMATION

CERS ID _____ Date of Spill Container Test _____

Business Name *(Same as Facility Name or DBA-Doing Business As)*

Business Site Address _____ City _____ ZIP Code _____

II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION

Name of UST Service Technician Performing the Test *(Print as shown on the ICC Certification.)* _____ Phone # _____

Contractor / Tank Tester License # _____ ICC Certification # _____ ICC Certification Expiration Date _____

Spill Container Testing Training and Certifications *(List applicable certifications.)*

III. SPILL CONTAINER TESTING INFORMATION

Test Method Used: Manufacturer Guidelines *(Specify):*
 Industry Code or Engineering Standard *(Specify):*
 Engineered Method *(Specify):*

Attach the testing procedures and all documentation required to determine the results. # of Attached Pages _____

TANK ID: <i>(By tank number, stored product, etc.)</i>				
Spill Container Manufacturer:				
Method of Cathodic Protection:	<input type="checkbox"/> Non-Metallic <input type="checkbox"/> Isolation <input type="checkbox"/> Other <i>(Specify in V.)</i>	<input type="checkbox"/> Non-Metallic <input type="checkbox"/> Isolation <input type="checkbox"/> Other <i>(Specify in V.)</i>	<input type="checkbox"/> Non-Metallic <input type="checkbox"/> Isolation <input type="checkbox"/> Other <i>(Specify in V.)</i>	<input type="checkbox"/> Non-Metallic <input type="checkbox"/> Isolation <input type="checkbox"/> Other <i>(Specify in V.)</i>
Inside Diameter of Spill Container: <i>(Inches)</i>				
Depth of Spill Container: <i>(Inches)</i>				
Does the spill container have a 5 gallon capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Method to Keep Spill Container Empty:	<input type="checkbox"/> Drain Valve <input type="checkbox"/> Onsite Pump <input type="checkbox"/> Other <i>(Specify in V.)</i>	<input type="checkbox"/> Drain Valve <input type="checkbox"/> Onsite Pump <input type="checkbox"/> Other <i>(Specify in V.)</i>	<input type="checkbox"/> Drain Valve <input type="checkbox"/> Onsite Pump <input type="checkbox"/> Other <i>(Specify in V.)</i>	<input type="checkbox"/> Drain Valve <input type="checkbox"/> Onsite Pump <input type="checkbox"/> Other <i>(Specify in V.)</i>

IV. SUMMARY OF TESTING RESULTS

Spill Container Test Results: Pass Fail Pass Fail Pass Fail Pass Fail

V. COMMENTS

Any items marked "Fail" above must be explained in this section. Any additional comments may also be provided here.

VI. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS TESTING

I hereby certify that the spill containers were tested in accordance with California Code of Regulations, Title 23, Division 3, Chapter 16, Section 2637.1 and all the information contained herein is accurate.

UST Service Technician Signature _____

If the facility has more components than this form accommodates, additional copies of this page may be attached.