

**Appendix 7**  
**Underground Storage Tank**  
**Overfill Prevention Equipment Testing Report Form**

**TESTING TYPE**                      ☐ Installation                      ☐ Repair                      ☐ 36 Month

<b>1. FACILITY INFORMATION</b>		
CERS ID	Test Date	
Facility Name		
Facility Address	City	ZIP Code
<b>2. SERVICE TECHNICIAN INFORMATION</b>		
Company Performing Testing	Phone	
Mailing Address		
Service Technician Performing Testing		
Contractor License Number		
ICC Certification	ICC Expiration Date	
<b>3. TRAINING AND CERTIFICATIONS</b>		
Manufacturer and Test Equipment Training Certifications	Training Expiration Date	
<b>4. TEST PROCEDURE INFORMATION</b>		
Test Procedures Used	Components Tested	
<b>5. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING TEST</b>		
<i>I hereby certify that the OPE was tested in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2665; that required supporting documentation, including calibration charts, is attached; and all information contained herein is accurate. I understand that test procedures must be made available upon request by the governing authority.</i>		
Service Technician Signature	Date	Total # of Pages

CERS = California Environmental Reporting System, ICC = International Code Council,  
ID = Identification, OPE = Overfill Prevention Equipment

# Underground Storage Tank Overfill Prevention Equipment Testing Report Form

## 6. OVERFILL PREVENTION EQUIPMENT DETAILS

Test Method Developed by    ☐ Manufacturer    ☐ Industry Standard    ☐ Professional Engineer

☐ Check this box if Appendix 7.1 continuation page is attached.

Tank ID (one OPE per column)				
Tank Manufacturer				
Tank Capacity (Gallons)				
Tank Inside Diameter (Inches)				
Are both vent and tank riser piping secondarily contained?	<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
OPE Manufacturer / Model				
What is the OPE response when activated? (Check all that apply.)	<input type="checkbox"/> Shut off <input type="checkbox"/> Restrict <input type="checkbox"/> Audible <input type="checkbox"/> Visual	<input type="checkbox"/> Shut off <input type="checkbox"/> Restrict <input type="checkbox"/> Audible <input type="checkbox"/> Visual	<input type="checkbox"/> Shut off <input type="checkbox"/> Restrict <input type="checkbox"/> Audible <input type="checkbox"/> Visual	<input type="checkbox"/> Shut off <input type="checkbox"/> Restrict <input type="checkbox"/> Audible <input type="checkbox"/> Visual
Are flow restrictors installed on vent piping that may interfere with the OPE operation?	<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
For audible/visual overfill alarms, are they clearly audible/visible at the tank fill point?	<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
At what level in the tank does the OPE 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?	<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

## 7. SUMMARY OF TEST RESULTS

OPE Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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## 8. COMMENTS

\* ☐ Check this box if flow restrictors interfere with overfill prevention and repairs are required.