

Appendix 7.1
Underground Storage Tank
Overfill Prevention Equipment Testing Report Form Continuation Page

CERS ID	Facility Name	Test Date
---------	---------------	-----------

6. OVERFILL PREVENTION EQUIPMENT DETAILS (continued)

Test Method Developed by <input type="checkbox"/> Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer				
Tank ID <i>(one OPE per column)</i>				
Tank Manufacturer				
Tank Capacity <i>(Gallons)</i>				
Tank Inside Diameter <i>(Inches)</i>				
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? <i>(Check all that apply.)</i>	<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? <i>(Inches from bottom of tank)</i>				
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 (continued)

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
------------------	--	--	--	--

* Check the box in **Section 8** if flow restrictors interfere with overfill prevention and equipment repairs are required.

*All tests marked "Fail" and any repairs made during the test must be described in **Section 8**.*