

**UNDERGROUND STORAGE TANK
SECONDARY CONTAINMENT TESTING REPORT FORM** (Page 1 of 6)

Type of Action ☐ Installation Test ☐ Repair Test ☐ Six Month Test ☐ 36 Month Test

I. FACILITY INFORMATION

CERS ID		Date of Secondary Containment 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

III. SUMMARY OF SECONDARY CONTAINMENT TESTING RESULTS

TANK ID: (By tank number, stored product, etc.)	A	B	C	D
Tank Containment				
Tightness Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Product Piping Containment				
Tightness Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Communication Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Remote Fill Piping Containment				
Tightness Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Communication Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Vent Piping Containment				
Tightness Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Communication Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Vapor Recovery Piping Containment				
Tightness Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Communication Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Turbine / Product Piping				
Tightness Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Fill Riser Sump				
Tightness Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
VENT / TRANSITION SUMP ID:	a	b	c	d
Tightness Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
UDC ID:	1	2	3	4
Tightness Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
UDC ID:	5	6	7	8
Tightness Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
UDC ID:	9	10	11	12
Tightness Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA

All items marked "Fail" or "NA" must be explained in their respective "COMMENTS" section.

IV. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS TESTING

I hereby certify that the secondary containment was tested in accordance with California Code of Regulations, Title 23, Division 3, Chapter 16, Section 2637 and all the information contained herein is accurate.

UST Service Technician Signature

**UNDERGROUND STORAGE TANK
SECONDARY CONTAINMENT TESTING REPORT FORM** (Page 2 of 6)

V. TANK SECONDARY CONTAINMENT INFORMATION

Manufacturer	Identify Tank ID from Section III for each Manufacturer			
	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
Test Method Used:	<input type="checkbox"/> Manufacturer Guidelines (<i>Specify</i>):			
	<input type="checkbox"/> Industry Code or Engineering Standard (<i>Specify</i>):			
	<input type="checkbox"/> Engineered Method (<i>Specify</i>):			

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Tank Containment Testing Training and Certifications (<i>List applicable certifications.</i>)	Expiration Date

VI. COMMENTS

Provide any additional comments here.

VII. PRODUCT PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify Tank ID from Section III for each Manufacturer			
	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
Test Method Used:	<input type="checkbox"/> Manufacturer Guidelines (<i>Specify</i>):			
	<input type="checkbox"/> Industry Code or Engineering Standard (<i>Specify</i>):			
	<input type="checkbox"/> Engineered Method (<i>Specify</i>):			

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Product Piping Containment Testing Training and Certifications (<i>List applicable certifications.</i>)	Expiration Date

Interstitial Communication Verification Method Used:

VIII. COMMENTS

Provide any additional comments here.

**UNDERGROUND STORAGE TANK
SECONDARY CONTAINMENT TESTING REPORT FORM** (Page 3 of 6)

IX. REMOTE FILL PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify Tank ID from Section III for each Manufacturer			
	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
Test Method Used:	<input type="checkbox"/> Manufacturer Guidelines (Specify): <input type="checkbox"/> Industry Code or Engineering Standard (Specify): <input type="checkbox"/> Engineered Method (Specify):			

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Remote Fill Piping Containment Testing Training and Certifications (List applicable certifications.)	Expiration Date

Interstitial Communication Verification Method Used:
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X. COMMENTS

Provide any additional comments here.

XI. VENT PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify Tank ID from Section III for each Manufacturer			
	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
Test Method Used:	<input type="checkbox"/> Manufacturer Guidelines (Specify): <input type="checkbox"/> Industry Code or Engineering Standard (Specify): <input type="checkbox"/> Engineered Method (Specify):			

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Vent Piping Containment Testing Training and Certifications (List applicable certifications.)	Expiration Date

Interstitial Communication Verification Method Used:
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XII. COMMENTS

Provide any additional comments here.

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XIII. VAPOR RECOVERY PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify Tank ID from Section III for each Manufacturer			
	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
Test Method Used:	<input type="checkbox"/> Manufacturer Guidelines (<i>Specify</i>): <input type="checkbox"/> Industry Code or Engineering Standard (<i>Specify</i>): <input type="checkbox"/> Engineered Method (<i>Specify</i>):			

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Vapor Recovery Piping Containment Testing Training and Certifications (<i>List applicable certifications.</i>)	Expiration Date

Interstitial Communication Verification Method Used:

XIV. COMMENTS

Provide any additional comments here.

XV. TURBINE / PRODUCT PIPING SUMP TESTING INFORMATION

Manufacturer	Identify Tank ID from Section III for each Manufacturer			
	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
Test Method Used:	<input type="checkbox"/> Manufacturer Guidelines (<i>Specify</i>): <input type="checkbox"/> Industry Code or Engineering Standard (<i>Specify</i>): <input type="checkbox"/> Engineered Method (<i>Specify</i>):			

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Turbine / Product Piping Sump Testing Training and Certifications (<i>List applicable certifications.</i>)	Expiration Date

XVI. COMMENTS

Provide any additional comments here.

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XVII. FILL RISER SUMP TESTING INFORMATION

Manufacturer		Identify Tank ID from Section III for each Manufacturer			
		A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
		A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
Test Method Used:	<input type="checkbox"/> Manufacturer Guidelines (<i>Specify</i>):				
	<input type="checkbox"/> Industry Code or Engineering Standard (<i>Specify</i>):				
	<input type="checkbox"/> Engineered Method (<i>Specify</i>):				

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Fill Riser Sump Testing Training and Certifications (<i>List applicable certifications.</i>)	Expiration Date

XVIII. COMMENTS

Provide any additional comments here.

XIX. VENT / TRANSITION SUMP TESTING INFORMATION

Manufacturer		Identify Vent / Transition Sump ID from Section III for each Manufacturer			
		a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>
		a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>
Test Method Used:	<input type="checkbox"/> Manufacturer Guidelines (<i>Specify</i>):				
	<input type="checkbox"/> Industry Code or Engineering Standard (<i>Specify</i>):				
	<input type="checkbox"/> Engineered Method (<i>Specify</i>):				

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Vent / Transition Sump Testing Training and Certifications (<i>List applicable certifications.</i>)	Expiration Date

XX. COMMENTS

Provide any additional comments here.

**UNDERGROUND STORAGE TANK
SECONDARY CONTAINMENT TESTING REPORT FORM (Page 6 of 6)**

XXI. UNDER-DISPENSER CONTAINMENT TESTING INFORMATION

Manufacturer(s)	Identify UDC ID from Section III for each Manufacturer											
	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>
	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>

Test Method Used:	<input type="checkbox"/> Manufacturer Guidelines (Specify):
	<input type="checkbox"/> Industry Code or Engineering Standard (Specify):
	<input type="checkbox"/> Engineered Method (Specify):

Attach the testing procedures and all documentation required to determine the results	# of Attached Pages
UDC Testing Training and Certifications (List applicable certifications.)	Expiration Date

XXII. COMMENTS

Provide any additional comments here.

DRAFT

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