



NASSAU COUNTY DEPARTMENT OF HEALTH

200 COUNTY SEAT DRIVE
MINEOLA, NY 11501

PHONE: (516) 227-9691

FAX: (516) 227-9613



FOR OFFICE USE ONLY

PETROLEUM BULK STORAGE TANK SYSTEM FUNCTIONALITY TEST

PLEASE TYPE OR PRINT CLEARLY - Information you provide should match that of the permit issued to the facility.

A. FACILITY INFORMATION			
CONTACT NAME		TELEPHONE NUMBER	EMAIL ADDRESS
FACILITY NAME			FACILITY ID #
ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS	CITY	STATE	ZIP
PERMITTEE INFORMATION			
PERMITTEE NAME			TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP
CONTRACTOR INFORMATION			
COMPANY NAME			TELEPHONE/CELL NUMBER
TECHNICIAN NAME		CERTIFICATE OF FITNESS #	EXPIRATION DATE
CONTACT PERSON	E-MAIL	WORK ORDER NUMBER	

All of the applicable fields on this form must be used to document functionality testing of monitoring equipment. **A separate verification or report must be prepared for each monitoring system control panel** by the technician who performs the work. This test **MUST** be performed on a biennial basis and a copy of this form, or one similar to it with all of the applicable information provided, must be provided to the tank system owner/operator **AND** be submitted to the Nassau County Department of Health with the applicable fees. The owner/operator must retain these records in accordance with Nassau County Public Health Ordinance, Article XV.

B. RESULTS OF TESTING/SERVICING			
DATE OF TESTING/SERVICING: _____	START TIME: _____	AM PM	END TIME: _____
TECHNICIAN'S MANUFACTURER'S CERTIFICATION NUMBER: _____		LEVEL: _____	
ATG MAKE AND MODEL: _____	<input type="checkbox"/> CSLD	SOFTWARE VERSION INSTALLED: _____	
ALL EQUIPMENT TESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	ALL EQUIPMENT VERIFIED AS FUNCTIONAL: <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE ALL DEFICIENCIES CORRECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	

NOTE: If response is "No" for any question above; call NCDH immediately and send page 1 of this form to NCDH via fax.

IN SECTION BELOW, DESCRIBE HOW AND WHEN DEFICIENCIES WERE OR WILL BE CORRECTED.

COMMENTS:

Operator was advised to hire contractor to correct deficiencies or service items not inspected or verified: YES NO NA (No deficiencies or items not inspected or verified)

Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines and the system is set up correctly. Attached to this report is additional documentation (e.g. manufacturers' checklists) necessary to verify that this information is correct. For any equipment capable of generating such reports, I have also attached a copy of the following; (check all that apply):

Set-up as found Set-up as left (corrections made: YES NO) Alarm History

TECHNICIAN NAME (PRINT)

SIGNATURE

DATE OF TESTING/SERVICING

FACILITY REPRESENTATIVE (PRINT)

SIGNATURE

DATE OF TESTING/SERVICING

C. INVENTORY OF TANK EQUIPMENT TESTED / CERTIFIED Check and write in the appropriate boxes to indicate equipment tested & operational.

Tank No. _____ Compartment Tank

Product: _____

YES NO NA In-Tank Gauging Probe:

Make / Model #: _____

YES NO NA Interstitial Sensor:

Make / Model #: _____

YES NO NA STP Sump Sensor:

Make / Model #: _____

YES NO NA Tank Fill Sump Sensor:

Make / Model #: _____

YES NO NA Tank Sumps clear of debris.

YES NO NA Mechanical Line Leak Detector installed:

Make / Model #: _____

YES NO NA Electronic Leak Detector installed:

Make / Model #: _____

YES NO Tank Overfill - 90% alert installed.

YES NO NA Tank Overfill - 95% auto shut-off drop tube

Tank No. _____ Compartment Tank

Product: _____

YES NO NA In-Tank Gauging Probe:

Make / Model #: _____

YES NO NA Interstitial Sensor:

Make / Model #: _____

YES NO NA STP Sump Sensor:

Make / Model #: _____

YES NO NA Tank Fill Sump Sensor:

Make / Model #: _____

YES NO NA Tank Sumps clear of debris.

YES NO NA Mechanical Line Leak Detector installed:

Make / Model #: _____

YES NO NA Electronic Leak Detector installed:

Make / Model #: _____

YES NO Tank Overfill - 90% alert installed.

YES NO NA Tank Overfill - 95% auto shut-off drop tube

Tank No. _____ Compartment Tank

Product: _____

YES NO NA In-Tank Gauging Probe:

Make / Model #: _____

YES NO NA Interstitial Sensor:

Make / Model #: _____

YES NO NA STP Sump Sensor:

Make / Model #: _____

YES NO NA Tank Fill Sump Sensor:

Make / Model #: _____

YES NO NA Tank Sumps clear of debris.

YES NO NA Mechanical Line Leak Detector installed:

Make / Model #: _____

YES NO NA Electronic Leak Detector installed:

Make / Model #: _____

YES NO Tank Overfill - 90% alert installed.

YES NO NA Tank Overfill - 95% auto shut-off drop tube

Tank No. _____ Compartment Tank

Product: _____

YES NO NA In-Tank Gauging Probe:

Make / Model #: _____

YES NO NA Interstitial Sensor:

Make / Model #: _____

YES NO NA STP Sump Sensor:

Make / Model #: _____

YES NO NA Tank Fill Sump Sensor:

Make / Model #: _____

YES NO NA Tank Sumps clear of debris.

YES NO NA Mechanical Line Leak Detector installed:

Make / Model #: _____

YES NO NA Electronic Leak Detector installed:

Make / Model #: _____

YES NO Tank Overfill - 90% alert installed.

YES NO NA Tank Overfill - 95% auto shut-off drop tube

Tank No. _____ Compartment Tank

Product: _____

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Make / Model #: _____

YES NO NA Interstitial Sensor:

Make / Model #: _____

YES NO NA STP Sump Sensor:

Make / Model #: _____

YES NO NA Tank Fill Sump Sensor:

Make / Model #: _____

YES NO NA Tank Sumps clear of debris.

YES NO NA Mechanical Line Leak Detector installed:

Make / Model #: _____

YES NO NA Electronic Leak Detector installed:

Make / Model #: _____

YES NO Tank Overfill - 90% alert installed.

YES NO NA Tank Overfill - 95% auto shut-off drop tube

Tank No. _____ Compartment Tank

Product: _____

YES NO NA In-Tank Gauging Probe:

Make / Model #: _____

YES NO NA Interstitial Sensor:

Make / Model #: _____

YES NO NA STP Sump Sensor:

Make / Model #: _____

YES NO NA Tank Fill Sump Sensor:

Make / Model #: _____

YES NO NA Tank Sumps clear of debris.

YES NO NA Mechanical Line Leak Detector installed:

Make / Model #: _____

YES NO NA Electronic Leak Detector installed:

Make / Model #: _____

YES NO Tank Overfill - 90% alert installed.

YES NO NA Tank Overfill - 95% auto shut-off drop tube

* If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility. *

D. DISPENSER EQUIPMENT TESTED / CERTIFIED *Check and write in the appropriate boxes to indicate equipment tested & operational.*

<p>Dispenser No. _____ Product: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Dispenser Containment Sensor</p> <p>Make / Model #: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Shear Valve(s)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Dispenser Sumps</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Dispenser Sumps clear of debris.</p>	<p>Dispenser No. _____ Product: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Dispenser Containment Sensor</p> <p>Make / Model #: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Shear Valve(s)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Dispenser Sumps</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Dispenser Sumps clear of debris.</p>
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* If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility. *

E. OVERFILL

- YES NO Is an outdoor audible and visual alarm to alert when the tanks have reached the 90% fill level installed and functional?
(Check appropriate box(s)) Audible operating Visual operating
- YES NO Overfill auto shut-off drop tubes were removed, inspected, reinstalled and are operational for 95% maximum tank fill.
- YES NO There are no ball floats in any tank. Any that existed have been removed.

F. CONTAINMENT

- YES NO NA Are all spill buckets intact with no evident holes, cracks, bulges, collapsed walls?
- YES NO NA If spill bucket is designed with a plunger, is it functional?
- YES NO NA All tank and dispenser sump sensors were visually inspected, functionally tested, and are confirmed operational.
- YES NO NA Are all sensors installed according to manufacturer's specifications or at lowest point of secondary containment and positioned so that nothing will interfere with their proper operation?
- YES NO NA Have all "stand-alone" sensors been tested and determined to be functional?
- YES NO NA For pressurized piping systems does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak. If yes which sensor location activates shutdown?
 Sump sensor Dispenser sensor Did you confirm a positive shut-down? YES NO
- YES NO NA Test ports/fittings/boots removed or left open on secondary containment interstitial piping?
- YES NO NA Submersible or dispenser sump inspection indicates holes, cracks, bulges, collapsed walls or failed penetration boots?
- YES NO NA Was liquid found inside any secondary containment system?
 Product Water *If yes describe how resolved in comments.*

G. GENERAL

- YES NO Monitoring system set-up was reviewed to ensure proper settings. Corrections made? YES NO
Attach set up reports and a description of set-up corrections in section B, if applicable.
- YES NO Are there any current alarms? What:
- YES NO NA If alarms are relayed to a remote monitoring station is all communications equipment (e.g. modem) operational.
- YES NO Was any monitoring equipment replaced? *If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in comment section.*
- YES NO All emergency stops are operational and functioning.
- YES NO ATG or monitoring system's visual and audible alarm(s) are operational and functioning.
- YES NO NA All tanks with flammable contents (*gasoline, E-85, etc.*) have a properly functioning pressure vacuum vent cap.
- YES NO NA All tanks with combustible contents (*diesel, waste oil, etc.*) have a properly functioning open atmospheric vent cap.
- YES NO NA All gasoline dispenser hoses are free of punctures and leaks.
- YES NO NA Are all dual point adaptor and vapor recovery poppet and caps functional with gaskets?
- In-Tank Gauging**
 - Check this box if no tank gauging equipment installed.**
 - Check this box if tank gauge is not functioning.**
- YES NO All input wiring has been visually inspected for proper entry and termination.
- YES NO All tank gauging probes, visually inspected for damage and residue buildup.
- YES NO Accuracy of system product level readings tested?
- YES NO Have all the tanks been checked for water? Has the water been removed? YES NO NA
- YES NO All probes reinstalled properly and verified as operational. All cap, gasket and grommet fittings are watertight?
- YES NO NA All items on the equipment manufacturer's maintenance checklist completed?
This section is in addition to the required annual functionality test of MLLD or ELLD.
- Leak Detector**
 - Check this box if no leak detection equipment is installed.**
 - Check this box if leak detection is not functioning.**
- YES NO NA Each Electronic Line Leak Detector automatically shut off the submersible if the ELLD detects a 3gph leak?
- YES NO NA For Electronic Line Leak Detectors have all accessible wiring connections been visually inspected?
- New Installations Only**
 - Fire suppression system has been tested within six months after the completion of construction.**
 - Fire suppression system has NOT been tested within six months after the completion of construction.**
- YES NO Tank fills have a permanent label affixed at the fill port with the proper information
- YES NO "No Smoking" and "Unlawful to Dispense Gasoline into Unapproved Containers" signs installed.
- YES NO All fills, sumps, vapor recovery ports, etc. are properly color coded.