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For DAQ Use Only

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## AIR TO LIQUID RATIO TEST RESULTS FORM (Vapor Assist and Healy)

**Initial**
                         
  **Triennial**
                         
  **Other**

Source Name: \_\_\_\_\_ Source ID: \_\_\_\_\_

Source Address: \_\_\_\_\_  
(address)
(city)
(zip)

Test Date: \_\_\_\_\_ Time of Test: \_\_\_\_\_

Phase II Executive Order #: \_\_\_\_\_ Equipment Calibration Date: \_\_\_\_\_

Allowable A/L & GPM Range: \_\_\_\_\_

Phase II System Type: \_\_\_\_\_ Number of Nozzles: \_\_\_\_\_

Dispenser #	Product Grade	Nozzle Make/Model	Flow (GPM)	A/L	Pass (P), Fail (F) or Not Test (NT) if not operational	Comment

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Dispenser #	Product Grade	Nozzle Make/Model	Flow (GPM)	A/L	Pass (P), Fail (F) or Not Tested (NT) if not operational	Comment

**Additional Comments:**