

Questions? Problems?  
Call 702-455-5942

# Gasoline Dispensing Facilities Daily Inspection Log – ASSIST



small business  
assistance  
PROGRAM

Source ID#: \_\_\_\_\_

Month: \_\_\_\_\_

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

Year: \_\_\_\_\_

Total Monthly Throughput – All Grades of Gasoline (NOT DIESEL) \_\_\_\_\_ Gallons

	Date																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Initials of employee doing inspection																																
Enter a "Y" in each box if no problem is found that day. Enter an "N" if there is a problem. If you enter an "N," explain the problem and corrective actions taken below.																																
<b>Phase I – MUST BE INSPECTED AFTER EACH FUEL DELIVERY (may limit inspections to once daily if multiple deliveries are received)</b>																																
Fuel delivered today? If yes, enter time?	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Spill Buckets - Clean & liquid free?																																
Drain Plug - Operational? (If equipped)																																
Fill Cap & Seal - Operational & in good condition?																																
Fill Tube Adapter & Seal - Tight, operational & in good condition?																																
Vapor Cap & Seal - Operational & in good condition?																																
Vapor Adapter - Tight & sealing properly?																																
Pressure Vacuum (P/V) Valve - Installed and visibly intact?																																
<b>Phase II ASSIST – MUST BE INSPECTED DAILY</b>																																
Nozzles - Free of drips & leaks?																																
Spouts - Tight, tip round, no crimps or leaks?																																
Clamps (ECD) - Present & tight?																																
Splash Guards (ECD) - Operational & in good condition?																																
Retractor - Operational? (If equipped)																																
Hoses - No leaks or kinks? Not flattened?																																
Hoses - Proper length? - No more than 6" contacting the ground?																																
<b>Comments/Repairs/Notes (Attach additional sheets if necessary)</b>																																

# Gasoline Dispensing Facility Daily Inspection Log – ASSIST



Maintenance Log			
<b>Pump #</b>		<b>Pump #</b>	<b>assistance PROGRAM</b>
Date out of service		Date out of service	
Time out of service	AM/PM	Time out of service	AM/PM
Part and location		Part and location	
Description of problem		Description of problem	
Date of repair		Date of repair	
<b>Pump #</b>		<b>Pump #</b>	
Date out of service		Date out of service	
Time out of service	AM/PM	Time out of service	AM/PM
Part and location		Part and location	
Description of problem		Description of problem	
Date of repair		Date of repair	
<b>Pump #</b>		<b>Pump #</b>	
Date out of service		Date out of service	
Time out of service	AM/PM	Time out of service	AM/PM
Part and location		Part and location	
Description of problem		Description of problem	
Date of repair		Date of repair	
<b>Pump #</b>		<b>Pump #</b>	
Date out of service		Date out of service	
Time out of service	AM/PM	Time out of service	AM/PM
Part and location		Part and location	
Description of problem		Description of problem	
Date of repair		Date of repair	
<b>Pump #</b>		<b>Pump #</b>	
Date out of service		Date out of service	
Time out of service	AM/PM	Time out of service	AM/PM
Part and location		Part and location	
Description of problem		Description of problem	
Date of repair		Date of repair	