

Questions? Problems?
Call 702-455-5942

Gasoline Dispensing Facility Daily Inspection Log – BALANCE



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.																																
Phase I – MUST BE INSPECTED AFTER EACH FUEL DELIVERY (may limit inspections to once daily if multiple deliveries are received)																																
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?																																
Phase II BALANCE – MUST BE INSPECTED DAILY																																
Nozzles - Free of drips & leaks?																																
Nozzle Face Seals & Bellows - No tears, cracks, or damage?																																
Retractor - Operational? (If equipped)																																
Clamps - Present & tight?																																
Nozzle Check Valves - Operational? (If equipped)																																
Hoses - No tears, cuts, holes, kinks? Not flattened?																																
Hoses - Proper length? Does not touch the ground?																																
Comments/Repairs/Notes (Attach additional sheets if necessary)																																

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assistance
PROGRAM

Maintenance Log			
Pump #		Pump #	
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	
Pump #		Pump #	
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	
Pump #		Pump #	
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	
Pump #		Pump #	
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	
Pump #		Pump #	
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	