

Questions? Problems?
Call 702-455-1660

Gasoline Dispensing Operation Daily Inspection Log

Phase I & II 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
Spill Buckets - Clean & liquid free?																															
Vapor Cap & Seal – Present, Operational & in good condition?																															
Vapor Adapter - Tight & sealing properly?																															
Fill Cap & Seal – Present, Operational & in good condition?																															
Fill Tube Adapter & Seal – Operational & in good condition?																															
Drain Plug - Operational? (if equipped)																															
Pressure Vacuum (P/V) Valve - Installed and visibly intact?																															
Truck vapor tightness documentation?****																															
****Vapor balance system checks-Monthly (performed by maintenance or operator) ****																Date: <input type="checkbox"/> Sight/sound/smell test OR <input type="checkbox"/> Soapy water spray test															
Phase II Balance-MUST BE INSPECTED DAILY																															
Nozzles - Free of drips & leaks?																															
Spouts-Tight, tip round, no crimps or leaks?																															
Nozzle Face Seals & Bellows - No tears, cracks, or damage?																															
Retractor - Operational? (If equipped)																															
Clamps Present & tight?																															

CONTINUED ON BACK

****Check permit for requirement****

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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/Maintenance Logs (Attach additional sheets if necessary)																															
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															
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