

Questions? Problems?
Call 702-455-5942

Gasoline Dispensing Facility Daily Inspection Log – PHASE I ONLY



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 - Fill Side | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MUST BE INSPECTED AFTER EACH 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 |
| Spill Buckets - Clean & liquid free? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drain Plug - Operational? (If equipped) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fill Cap - Operational & in good condition? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fill Cap Seal - Present & in good condition? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fill Tube Adapter - Tight? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fill Tube Adapter Seal - Present & in good condition? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phase I – Vapor Recovery Side | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MUST BE INSPECTED AFTER EACH DELIVERY (may limit inspections to once daily if multiple deliveries are received) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vapor Cap - Operational & in good condition? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vapor Cap Seal - Present & in good condition? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vapor Adapter - Tight & sealing properly? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pressure Vacuum (P/V) Valve - Installed and visibly intact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dispensers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MUST BE INSPECTED AFTER EACH DELIVERY (may limit inspections to once daily if multiple deliveries are received) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spout tips – No kinks or damage? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments/Repairs/Notes (Attach additional sheets if necessary) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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