



## UNDERGROUND STORAGE TANK OVERFILL PREVENTION EVALUATION FORM

<b>I. FACILITY INFORMATION – Type or print (in ink) all items.</b>					
Facility ID #:		Facility Name:			
Facility Street Address:					
Facility Telephone:		Facility Email:		Ward:	
<b>II. TESTER INFORMATION</b>					
Tester Name:		Tester Cert. #:		Tester Telephone:	
Company Name:		Company Cert. #:		Test Date:	
<b>III. TANK AND DEVICE INFORMATION</b>					
Tank Number					
Tank Capacity					
Tank Diameter					
Product Stored					
Overfill Manufacturer					
Overfill Model					
Product Delivery Method	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity
Overfill Type	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Other <input type="checkbox"/> None
<b>IV. TEST INFORMATION (Complete all applicable overfill types)</b>					
<b>A. DROP TUBE SHUTOFF DEVICE</b>					
Drop tube and float free of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Float and poppet move freely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poppet enters flow path when float is engaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank capacity when flow is stopped (%)					
<b>B. OVERFILL ALARM</b>					
Visible and audible to delivery driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Probe and float in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Float moves freely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does simulated overfill trigger alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank capacity when alarm is triggered (%)					

Facility ID #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Test Date: \_\_\_\_\_

**C. BALL FLOAT VALVE**

Standard drop tube installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the only fill present a direct fill?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ball and cage present and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ball moves freely in cage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank capacity when flow is restricted (%)							

**D. OTHER, E.G. WHISTLE VENT ALARM**

Permanently Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audible to delivery driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank capacity when whistle stops (%)							
OTHER COMMENTS							

**V. TEST RESULTS**

Any "No" answer in Section IV. Indicates the overflow device fails. Failure of any overflow prevention device requires immediate repair or replacement. Underground Storage Tanks may not receive product deliveries without functional overflow prevention.

Pass Fail Pass Fail Pass Fail Pass Fail Pass Fail

**VI. COMMENTS**

The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.

Include actions taken to repair or replace failed devices. **Installation, repair, and removal of overflow prevention devices requires the use of a Department certified individual.** Failed ball float valves may not be repaired or replaced; an alternate form of overflow prevention must be installed.

If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.

**VII. OWNER'S REPRESENTATIVE CERTIFICATION**

I have reviewed this report. I certify under penalty of law as provided in that the information provided by me is true, accurate, and complete to the best of my knowledge and belief. Pursuant to D.C. Official Code § 22-2405, the making of a false statement in writing to any instrumentality of the District of Columbia government is a criminal offense punishable by criminal penalties.

Signature:

Date Signed:

**VIII. TESTER CERTIFICATION**

By signing this document as the Tester, I certify under penalty of law as provided in that the information provided by me is true, accurate, and complete to the best of my knowledge and belief. Pursuant to D.C. Official Code § 22-2405, the making of a false statement in writing to any instrumentality of the District of Columbia government is a criminal offense punishable by criminal penalties.

Tester's Signature:

Date Signed: