

APPENDIX C-7**UST OVERFILL EQUIPMENT INSPECTION
AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE**

Facility Name:			Owner:			
Address:			Address:			
City, State, Zip Code:			City, State, Zip Code:			
Facility I.D. #:			Phone #:			
Testing Company:			Phone #:		Date:	
This data sheet is for inspecting automatic shutoff devices and ball float valves. See PEI/RP1200 Section 7 for inspection procedures.						
Product Grade	-	-	-	-	-	-
Tank Number	-	-	-	-	-	-
Tank Volume, gallons	-	-	-	-	-	-
Tank Diameter, inches	-	-	-	-	-	-
Overfill Prevention Device Brand	-	-	-	-	-	-
Type	-	-	-	-	-	-
AUTOMATIC SHUTOFF DEVICE INSPECTION						
-	-	-	-	-	-	-
BALL FLOAT VALVE INSPECTION**						
-	-	-	-	-	-	-
A "No" to any item in Lines 1-5 indicates a test failure.						
Test Results	-	-	-	-	-	-
Comments						

* Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity

** If a ball float is found to fail the inspection, another method of overfill must be used.

*** Use manufacturer's suggested procedure for determining if flow restriction device will restrict flow at 90% capacity

Tester's Name (print) _____

Tester's Signature _____