# WEEKLY NSPECTION CHECKLIST - "BALANCE SYSTEM - FLEET"

**Station Name (dba):** _____ **Permit No:** _____ **Month/Year:** _____, 20_____

| Activity / 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 |
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| **INSPECT WEEKLY (minimum)** | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| **Nozzles** - no drips, leaks, cracks, or odors? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nozzle Shutoff** - operational? Does nozzle shut off after fueling is completed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Faceplates** - present, smooth, no tears, forming a tight seal? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nozzle Check Valves** - properly clamped and tight?<br>- Check nozzle boot for looseness by rotating it while holding the body. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nozzle** - hold open latches present and operational? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nozzle Spout** - not broken, dented, mushroomed or out-of-round? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bellows** - no cracks, cuts, tears, or rips? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hoses** - no splits, cuts, tears, kinks, flattened spots or blockage? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hose Connections** - no leaks along the hose or at any of the connections? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hose Lengths** - less than 6 inches in contact with island or ground? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hose Loops** - don't exceed 10 inches? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hose Nozzle End** - nozzle connected to correct end of hose? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Breakaway** - no leaks or wet spots? Check for signs of damage or separations. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Swivels** - swivels turn/rotate easily so the hose doesn't kink? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Retractors** - working properly? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dispensing rates** - between 5-10 gal/min? Check while observing dispensing activities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Drive-offs** - no drive-offs have occurred in the past 24 hours? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dust Cap – seal in place and in good condition**? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Spill Containment boxes** - free of all liquid and debris? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Drain Valve in spill containment box** - open and close while pulling on the chain/handle? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tank Caps** - gaskets in place, no cracks, and locked tightly in place? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Drybreaks** – spring movement opens and returns to closed position? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For Phil-Tite Vapor Side Debris Basket – in place and in good condition?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For Phil-Tite Vapor Side Hand Pump – available and in good condition?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Initials of individual who performed the inspection.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# MONTEREY BAY UNIFIED AIR POLLUTION CONTROL DISTRICT

*Serving Monterey, San Benito, and Santa Cruz Counties*

**24580 Silver Cloud Court ❖ Monterey, CA 93940 ❖ (831)647-9411 / FAX (831)647-8501**


## EQUIPMENT REPAIR LOG

**Station Name (dba):**_____ **Permit No:** _____ **Month/Year:** _____, 20_____.

| Date of Maintenance/Test/ Inspection/Failure (including date and time of maintenance call) | Repair Date To Correct Test Failure | Maintenance/Test/Inspection Performed and Results | Testing Contractor | Name of Individual Conducting Maintenance or Test | Telephone Number |
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**Fill out the attached forms when you perform your weekly inspections. On the front of the check list put a (Y) for "Yes" in the spaces for each day if the specific items are in good condition. Put an (N) for "No" in the spaces for the specified items that are not in good condition. For those items that are marked with an (N), fill out the equipment repair log on the back of the check list. Specify the nozzle or affected component. Describe the defect observed on the specified item and repair work or replacement performed, and results of any testing. Enter the Contractor name, name of contractor employee performing the work, and contractor's phone number. The person who performed the weekly inspections should initial the form for that day.**