DAILY INSPECTION CHECKLIST - "HIRT VCS-200 SYSTEM E.O. G-70-139 (Aboveground)"

GDF FORM HI2

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
INSPECT DAILY - Initials of individual who performed the inspection.																															
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? - 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?																															
Vacuum Monitor - is reading 0.4 inches water column during dispensing																															
INSPECT WEEKLY (Minimum) - Initials of individual who performed the inspection.																															
Tank 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?																															
Drybrakes - spring movement opens and returns to closed position?																															
For Phil-Tite Vapor Side Debris Bucket – in place and in good condition?																															
For Phil-Title Vapor Side Hand Pump – available and in good condition?																															

EQUIPMENT REPAIR LOG

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

DATE OF INSPECTION	DESCRIPTION OF DEFECT	DATE OF REPAIR	DESCRIPTION OF REPAIR

Fill out the attached forms when you perform your daily and 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. The person who performed the daily and weekly inspections should initial the form for that day.