

Dear Gasoline Dispensing Facility Owner/Operator:

Stage II vapor recovery systems have been required at most Chicago area retail and commercial gasoline dispensing facilities (GDF) located in Cook, DuPage, Kane, Lake, McHenry, and Will counties, along with Oswego Township in Kendall County, and Goose Lake and Aux Sable Townships in Grundy County, since the mid-1990's. Recently, the U.S. Environmental Protection Agency (U.S. EPA) determined that onboard refueling vapor recovery technology is now present in enough motor vehicles such that the onboard vapor recovery systems on the vehicles can now replace the dispenser-based Stage II equipment. With this determination, the U.S. EPA is allowing states, including Illinois, to no longer require Stage II vapor recovery and to begin decommissioning the existing Stage II vapor recovery systems at affected facilities.

As a result of U.S. EPA's action, the Illinois EPA submitted proposed rule changes to the Stage II program this past summer to the Illinois Pollution Control Board (PCB). On December 19, 2013 the PCB adopted the rules to: (1) eliminate the Stage II equipment installation requirements for new GDFs; and (2) require existing retail and commercial GDFs that have Stage II systems to decommission the equipment by December 31, 2016. It is important to note that, while GDF owners or operators can now decommission their Stage II systems, the Stage II equipment and its related components must remain in good working order, with proper maintenance, and stay in service until the day that contractors arrive to decommission the equipment at the site.

At least ten (10) days prior to the start of decommissioning activities at your facility, a Notice of Intent to Decommission Stage II Vapor Recovery Equipment form must be submitted to the Illinois EPA. The Stage II systems must be decommissioned using one or more contractors that have the appropriate licenses and registrations with the Office of the Illinois State Fire Marshal and the Illinois Department of Agriculture's Bureau of Weights & Measures. The necessary forms, general information on the GDF decommissioning and contractor requirements, and applicable rules can be found by clicking on the "Stage II Vapor Recovery Decommissioning" link (right sidebar) on the Illinois EPA's website at www.epa.state.il.us.

During the past several years, the Illinois Small Business Environmental Assistance Program (IL SBEAP) at the Illinois Department of Commerce & Economic Opportunity has provided recordkeeping calendars to assist stations in complying with the Stage II regulations. The following log pages are available to assist GDFs with recordkeeping until the facility's Stage II equipment is decommissioned.

For additional information about the recently adopted Stage II program changes and equipment decommissioning requirements, be sure to visit www.epa.state.il.us. For questions or information that is not available online, you can contact the Illinois EPA at epa.stage2@illinois.gov or call **217-557-1441**. In addition, you may contact the Illinois Small Business Environmental Assistance Program at **800-252-3998**.



Summary of Federal Regulatory Requirements for Gas Dispensing Facilities

The United States Environmental Protection Agency (USEPA) adopted requirements for gasoline dispensing facilities (GDF) on January 10, 2008 and revised on January 24, 2011. The federal rule is an additional requirement that is separate from the Stage I and Stage II vapor recovery requirements in

Illinois. Unlike the Illinois regulations, the federal rule applies to all dispensing stations, including fueling of non-road engines and non-road vehicles, in Illinois based on your Average Monthly Throughput (AMT) and remains in affect even after the Stage II equipment has been decommissioned.

GASOLINE DISPENSING FACILITIES (GDF) (SUBPART CCCCCC)

What Is an Area Source?

- Any source that is not a major source. (A major source is a facility that emits, or has the potential to emit in the absence of controls, at least 10 tons per year (TPY) of individual hazardous air pollutants (HAP) or 25 TPY of combined HAP.)

Who Does This Rule Apply To?

- This rule applies to existing or new gasoline dispensing facilities (GDF) that are area sources. The affected source includes each gasoline cargo tank during the delivery of product to a GDF and also includes each storage tank.

What Am I Required To Do?

- Meet requirements in subpart CCCCCC depending on the GDF's monthly gasoline throughput. (See Table 1.)

How Do I Calculate Monthly Throughput?

- Sum the total volume of gasoline loaded into or dispensed from all gasoline storage tanks at each GDF during the current day, plus the total volume of gasoline loaded into or dispensed from all gasoline storage tanks at each GDF during the previous 364 days, and then dividing that sum by 12 equals your monthly throughput.

Compliance Demonstration

- Some owners or operators, depending on what vapor balance option is met, must determine, at the time of installation and every 3 years thereafter, the leak rate and cracking pressure of pressure-vacuum vent valves installed on gasoline storage tanks. Some owners or operators, depending on what vapor balance option is met, must also conduct a static pressure test on gasoline storage tanks.
- Owners or operators of GDF using the vapor balance option (**number 8 in Table 1**) must demonstrate initial compliance by conducting an initial performance test to demonstrate that the vapor balance system achieves 95 percent reduction.
- All GDF's must at all times operate and maintain equipment in a manner consistent with good safety and air pollution control practices.

What Is The Compliance Date?

- New Sources (affected sources constructed since November 9, 2006): January 10, 2008 or upon startup if startup occurs after January 10, 2008.
- Existing Sources: January 10, 2011.

GDF's that load gasoline into fuel tanks other than motor vehicles

- Existing January 24, 2014
- New January 24, 2011 or upon startup

What Are The Permitting Requirements?

- Owners and operators of GDF are not required to obtain title V permits because of being subject to this rule; however, if a source is otherwise required to obtain a title V permit (applicability criteria found in 40 CFR 70.3(a) and (b) or 40 CFR 71.3(a) and (b)), the source must apply for and obtain a title V permit.

What Records Are Required?

REPORTING:

- Reporting requirements for owners and operators of GDF are limited in most cases to the Initial Notification, Notification of Compliance Status and Malfunction Reports. **As shown in Table 1** and footnote 3, those GDF currently operating submerged fill or submerged fill plus vapor balancing equipment that comply with an enforceable State, local, or tribal rule and which include the specified requirements, are not required to submit these notifications. **See Table 1** for reporting requirements based on the GDF's monthly gasoline throughput.

RECORDKEEPING:

- Monthly throughput records.
- Keep records of initial and every three year pressure test(s) for certain vapor balancing systems.
- Records must be kept for a period of 5 years.

For more information:

Illinois Small Business Environmental Assistance Program
Illinois Department of Commerce and Economic Opportunity
500 East Monroe Street • Springfield, IL 62701
Phone: 800/252-3998 • Fax: 217/557-2853

www.iencconnect.com/enviro
dceo.sbeap@illinois.gov

You can also contact your Regional EPA air toxics office at the following numbers:

Region 5
77 West Jackson Blvd. • Chicago, IL 60604-3507
www.epa.gov/region5
(312) 886-6812 • (312) 353-6684 • (312) 886-6798

Table 1 National Air Toxic Standards for Gasoline Dispensing Facilities (GDF) (40 CFR 63, Subpart CCCCCC)¹

Monthly Throughput	Requirements: (Must be in compliance by 1/10/2011 for existing GDF, and upon startup ² for new GDF) ⁴	Reporting
< 10,000 gallons	<ol style="list-style-type: none"> 1. Minimize spills. 2. Clean up spills expeditiously. 3. Cover gasoline containers & storage tank fill pipes with gasketed seal. 4. Minimize gasoline sent to open collection systems. 	None, however must be able to demonstrate, within 24 hours of request, throughput is below 10,000 gallons per month.
≥ 10,000 gallons	<p>All of the above, plus:</p> <ol style="list-style-type: none"> 5. For storage tanks ≥ 250 gallons capacity, load storage tank using submerged fill with discharge that is no more than the following from the bottom of tank: <ol style="list-style-type: none"> a) 12 inches for pipes installed on or before 11/9/2006 b) 6 inches for pipes installed after 11/9/2006. <p>All of the above, plus one of the below:</p> <ol style="list-style-type: none"> 6. Operate a vapor balance system installed prior to 1/10/08, that meets an enforceable State, local, or tribal rule or permit that requires, either <ol style="list-style-type: none"> a) Achieves an emission reduction of at least 90%, or b) Operates meeting the management practices specified below (#7). 	<ol style="list-style-type: none"> 1. Initial Notification by 5/9/08 for existing GDF, and within 15 days for new or reconstructed GDF³ 2. Compliance status by 3/11/2011. (based upon rule revisions of 1/24/2011) 3. Malfunction report by March 15th of each year there is a malfunction.
≥ 100,000 gallons	<ol style="list-style-type: none"> 7. Operate vapor balance system during storage tank loadings using the following management practices. <ol style="list-style-type: none"> a) Equip connections & lines with seal closures b) Vapor tight line from storage tank to cargo tank c) Cargo Tank pressure remains below specified settings d) Designed to prevent over tight/loose fittings e) Gauge well provided with submerged drop tube extending specified distance (see item 5) from tank bottom f) Use vapor tight caps for liquid fill connections g) Install pressure/vacuum vent valves on tank vent pipes at specified setting, and test initially and every 3 years h) Vapor balance system must meet static pressure test initially and every 3 years i) Dual-point (no coaxial) vapor balance systems for new GDF or tanks constructed after 11/9/2006 at existing GDF, and reconstructed GDF. 8. Vapor balance system demonstrated to achieve a reduction of 95% or better. 	<p>Same as 1, 2 & 3 above, plus:</p> <ol style="list-style-type: none"> 4. Keep records, report, and test as specified in enforceable conditions. <p>Same as 1, 2 & 3 above, plus:</p> <ol style="list-style-type: none"> 5. Keep record of initial and every three year pressure tests. <p>Same as 1, 2, 3 & 5 above, plus:</p> <ol style="list-style-type: none"> 6. Test notification 60 days before test and test results 180 days after testing.

1. This is a summary table; compliance will only be determined by compliance with actual rule text in 40 CFR 63, subpart CCCCCC.

2. New and reconstructed GDF constructed after 11/9/2006 must be in compliance upon startup or 1/10/2008, whichever is later.

3. In some cases, Initial Notification and Notification of Compliance Status are not required if submerged fill and/or vapor balance system was installed prior to 1/10/08 and meets certain prior enforceable conditions (see 63.11124(a)(3) and (b)(3)). Initial Notifications for GDF's that dispense gasoline into fuel tanks other than those in motor vehicles and are subject to control requirements are due May 24, 2011 based upon the 1/24/2011 revisions to the NESHAP.

4. Existing GDF's that load gasoline into fuel tanks other than those in motor vehicles must comply by 1/24/2014. Sources of this kind that were new or reconstructed between 12/15/2009 and 1/24/2011 must comply with the rule by 1/24/2011; if startup was after 1/24/2011 the source must comply upon startup.

March 2014

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD MARCH 2014 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name

Signature

Date

April 2014

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD APRIL 2014 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name

Signature

Date

May 2014

Is your Stage I Notification of Compliance Status current? YES NO
 Is the Training Certificate up to date for a current employee? YES NO
 Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD MAY 2014 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
APRIL 2014 S M T W T F S 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	JUNE 2014 S M T W T F S 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			1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	MOTHERS' DAY	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	24 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	MEMORIAL DAY	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

May 2014

Stage I/II Vapor Recovery Recordkeeping Workbook

June 2014

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD JUNE 2014 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	FATHERS' DAY	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	24 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____				MAY 2014 S M T W T F S 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	JULY 2014 S M T W T F S 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

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

June 2014

Stage I/II Vapor Recovery Recordkeeping Workbook

July 2014

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD JULY 2014 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name

Signature

Date

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
JUNE 2014 S M T W T F S 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	AUGUST 2014 S M T W T F S 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	1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	24 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	INDEPENDENCE DAY	

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

July 2014

Stage I/II Vapor Recovery Recordkeeping Workbook

August 2014

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD AUGUST 2014 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
July 2014 S M T W T F S 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	SEPTEMBER 2014 S M T W T F S 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				1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
24/31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

August 2014

Stage I/II Vapor Recovery Recordkeeping Workbook

September 2014

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD SEPTEMBER 2014 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

October 2014

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD OCTOBER 2014 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

November 2014

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD NOVEMBER 2014 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OCTOBER 2014 S M T W T F S 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	DECEMBER 2014 S M T W T F S 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					1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	11 VETERANS' DAY <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
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Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

November 2014

Stage I/II Vapor Recovery Recordkeeping Workbook

December 2014

Is your Stage I Notification of Compliance Status current? YES NO
 Is the Training Certificate up to date for a current employee? YES NO
 Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD DECEMBER 2014 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY																																																																																																																
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Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

December 2014

Stage I/II Vapor Recovery Recordkeeping Workbook

January 2015

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD JANUARY 2015 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DECEMBER 2014 S M T W T F S 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	FEBRUARY 2015 S M T W T F S 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			1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
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NEW YEAR'S DAY

MARTIN LUTHER KING JR. DAY

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

January 2015

Stage I/II Vapor Recovery Recordkeeping Workbook

February 2015

Is your Stage I Notification of Compliance Status current? YES NO
 Is the Training Certificate up to date for a current employee? YES NO
 Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD FEBRUARY 2015 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY																																																																																				
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29	30	31																																																																																								

VALENTINE'S DAY

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

February 2015

Stage I/II Vapor Recovery Recordkeeping Workbook

March 2015

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD MARCH 2015 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY																																																																																		
1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____																																																																																		
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15 Malfunction Reports Due for the year. <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____																																																																																		
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29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	Attention: If you experienced malfunctions in the last year, you must file a malfunction report by March 15. Visit www.ienconnect.com/enviro for a Malfunction Report Form .		FEBRUARY 2015 <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> </table>	S	M	T	W	T	F	S	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	APRIL 2015 <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td></td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td></td></tr> <tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td></td></tr> <tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td></td><td></td><td></td></tr> </table>	S	M	T	W	T	F	S					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			
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Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

March 2015

April 2015

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD APRIL 2015 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MARCH 2015 S M T W T F S 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	MAY 2015 S M T W T F S 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		1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	EASTER SUNDAY	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
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26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____		

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

April 2015

Stage I/II Vapor Recovery Recordkeeping Workbook

May 2015

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD MAY 2015 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
APRIL 2015 S M T W T F S 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	JUNE 2015 S M T W T F S 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				1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	
3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	CINCO DE MAYO	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	MOTHERS' DAY	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	
24/31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	MEMORIAL DAY	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

May 2015

Stage I/II Vapor Recovery Recordkeeping Workbook

June 2015

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD JUNE 2015 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

July 2015

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD JULY 2015 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
JUNE 2015 S M T W T F S 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	AUGUST 2015 S M T W T F S 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		1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	24 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	INDEPENDENCE DAY

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

July 2015

Stage I/II Vapor Recovery Recordkeeping Workbook

August 2015

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD AUGUST 2015 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
JULY 2015 S M T W T F S 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	SEPTEMBER 2015 S M T W T F S 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					1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
23/30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	24/31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

August 2015

Stage I/II Vapor Recovery Recordkeeping Workbook

September 2015

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD SEPTEMBER 2015 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

October 2015

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOT			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD OCTOBER 2015 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SEPTEMBER 2015 S M T W T F S 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	NOVEMBER 2015 S M T W T F S 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			1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	COLUMBUS DAY 13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	24 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

October 2015

Stage I/II Vapor Recovery Recordkeeping Workbook

November 2015

Is your Stage I Notification of Compliance Status current? YES NO
 Is the Training Certificate up to date for a current employee? YES NO
 Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD NOVEMBER 2015 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY																																																																																																		
1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____																																																																																																		
8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	VETERANS' DAY	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____																																																																																																	
15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____																																																																																																		
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Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

November 2015

Stage I/II Vapor Recovery Recordkeeping Workbook

December 2015

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD DECEMBER 2015 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
NOVEMBER 2015 S M T W T F S 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	JANUARY 2016 S M T W T F S 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	1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
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27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	CHRISTMAS DAY	

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

December 2015

Stage I/II Vapor Recovery Recordkeeping Workbook

January 2016

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD JANUARY 2016 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DECEMBER 2015 S M T W T F S 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	FEBRUARY 2016 S M T W T F S 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				1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	2 NEW YEAR'S DAY <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	MARTIN LUTHER KING, JR. DAY 19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
24/31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

January 2016

Stage I/II Vapor Recovery Recordkeeping Workbook

February 2016

Is your Stage I Notification of Compliance Status current? YES NO
 Is the Training Certificate up to date for a current employee? YES NO
 Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD FEBRUARY 2016 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

March 2016

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD MARCH 2016 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name

Signature

Date

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY																																																																																				
<p>Attention: If you experienced malfunctions in the last year, you must file a malfunction report by March 15. Visit www.ienconnect.com/enviro for a Malfunction Report Form.</p>		<p>1</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>2</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>3</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>4</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>5</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____																																																																																				
<p>6</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>7</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>8</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>9</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>10</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>11</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>12</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____																																																																																				
<p>13</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>14</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>15 Malfunction Reports Due for the year.</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>16</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>17</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>18</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>19</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____																																																																																				
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<p>27</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">EASTER SUNDAY</p> <p>28</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>29</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>30</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>31</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>FEBRUARY 2016</p> <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	S	M	T	W	T	F	S		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						<p>APRIL 2016</p> <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1 2</td></tr> <tr><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr> <tr><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td></tr> <tr><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td></tr> </table>	S	M	T	W	T	F	S							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
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Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

March 2016

Stage I/II Vapor Recovery Recordkeeping Workbook

April 2016

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD APRIL 2016 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name

Signature

Date

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MARCH 2016 S M T W T F S 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	MAY 2016 S M T W T F S 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				1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
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Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

April 2016

Stage I/II Vapor Recovery Recordkeeping Workbook

May 2016

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD MAY 2016 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY																																																																																				
1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____																																																																																				
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Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

May 2016

Stage I/II Vapor Recovery Recordkeeping Workbook

June 2016

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD JUNE 2016 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name

Signature

Date

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY																																																																																											
<p>MAY 2016</p> <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	S	M	T	W	T	F	S	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					<p>JULY 2016</p> <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1 2</td></tr> <tr><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr> <tr><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td></tr> <tr><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td></tr> <tr><td>31</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	S	M	T	W	T	F	S							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								<p>1</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>2</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>3</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	<p>4</p> <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
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Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

June 2016

Stage I/II Vapor Recovery Recordkeeping Workbook

July 2016

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD JULY 2016 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
JUNE 2016 S M T W T F S 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	AUGUST 2016 S M T W T F S 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		Reminder: Stage II Vapor Recovery Equipment must be decommissioned by a licensed professional no later than December 31, 2016		1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	
3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	INDEPENDENCE DAY	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
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Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

July 2016

August 2016

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD AUGUST 2016 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
July 2016 S M T W T F S 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	1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
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28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	Reminder: Stage II Vapor Recovery Equipment must be decommissioned by a licensed professional no later than December 31, 2016		SEPTEMBER 2016 S M T W T F S 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

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

August 2016

Stage I/II Vapor Recovery Recordkeeping Workbook

September 2016

Is your Stage I Notification of Compliance Status current? YES NO
 Is the Training Certificate up to date for a current employee? YES NO
 Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOT			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD SEPTEMBER 2016 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AUGUST 2016 S M T W T F S 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	OCTOBER 2016 S M T W T F S 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	Reminder: Stage II Vapor Recovery Equipment must be decommissioned by a licensed professional no later than December 31, 2016		1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 LABOR DAY <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	24 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

September 2016

Stage I/II Vapor Recovery Recordkeeping Workbook

October 2016

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD OCTOBER 2016 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
SEPTEMBER 2016 S M T W T F S 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	NOVEMBER 2016 S M T W T F S 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	Reminder: Stage II Vapor Recovery Equipment must be decommissioned by a licensed professional no later than December 31, 2016					1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	
9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	COLUMBUS DAY	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	
23/30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	24/31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	HALLOWEEN 31	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

October 2016

Stage I/II Vapor Recovery Recordkeeping Workbook

November 2016

Is your Stage I Notification of Compliance Status current? YES NO
 Is the Training Certificate up to date for a current employee? YES NO
 Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD NOVEMBER 2016 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY		
OCTOBER 2016 S M T W T F S 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	DECEMBER 2016 S M T W T F S 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	1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____		
6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	ELECTION DAY	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	VETERANS' DAY	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____		
20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	24 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	THANKSGIVING DAY	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	
27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	Reminder: Stage II Vapor Recovery Equipment must be decommissioned by a licensed professional no later than December 31, 2016				

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

November 2016

Stage I/II Vapor Recovery Recordkeeping Workbook

December 2016

Is your Stage I Notification of Compliance Status current? YES NO

Is the Training Certificate up to date for a current employee? YES NO

Do you have a copy of your most recent test results on site? YES NO

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Caps locked on with gaskets in place	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fill tube/adaptor not damaged or loose	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pressure Vacuum Vent installed, not damaged	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
– No kinks, flat spots, tears, or cuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE BELLOWS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NOZZLE			
– Auto Shutoff working properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
VAPOR PROCESSING UNIT WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKAWAYS			
– No visible tears or leaks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD DECEMBER 2016 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

I certify the monthly inspection results to be accurate.

Print Name _____

Signature _____

Date _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
NOVEMBER 2016 S M T W T F S 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	JANUARY 2017 S M T W T F S 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	Reminder: Stage II Vapor Recovery Equipment must be decommissioned by a licensed professional no later than December 31, 2016		1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	24 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	CHRISTMAS DAY	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____
						31 Stage II Vapor Recovery Systems Must Be Decommissioned <input type="checkbox"/> Ok <input type="checkbox"/> Problem see report Inspected by _____

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

December 2016

Stage I/II Vapor Recovery Recordkeeping Workbook