Gasoline Dispensing Operation Daily Inspection Log
PHASE I

small business
assistance
P R O G R A M

Source ID#: _____

Month: _____

Source Name: _____

Year: _____

Total Monthly Throughput – All Grades of Gasoline (NOT DIESEL) _____ Gallons

	Date																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Initials of employee doing inspection																															
Enter a "Y" in each box if no problem is found that day. Enter an "N" if there is a problem. If you enter an "N," explain the problem and corrective actions taken below.																															
Phase I - Fill Side/Vapor Recovery Side **MUST BE INSPECTED AFTER EACH DELIVERY (may limit inspections to once daily if multiple deliveries are received)**																															
Fuel delivered today? If yes, enter time?	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Spill Buckets - Clean & liquid free?																															
Vapor Cap & Seal – Present, Operational & in good condition?																															
Vapor Adapter - Tight & sealing properly?																															
Fill Cap & Seal – Present, Operational & in good condition?																															
Fill Tube Adapter & Seal - Operational & in good condition?																															
Drain Plug - Operational? (If equipped)																															
Pressure Vacuum (P/V) Valve - Installed and visibly intact?																															
Truck vapor tightness documentation? ****																															
Dispensers **MUST BE INSPECTED AFTER EACH DELIVERY (may limit inspections to once daily if multiple deliveries are received)**																															
Spout tips – No kinks or damage?																															
****Monthly vapor balance system check (performed by maintenance or operator) ****																															
Date:	☐ Sight/sound/smell test or ☐ Soapy water spray test																														
Comments/Repairs/Notes/Maintenance Logs (Attach additional sheets if necessary)																															

****Check permit for requirement****