



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK SENSOR FUNCTIONALITY TESTING FORM

I. FACILITY INFORMATION – Type or print (in ink) all items.

Facility ID #:	Facility Name:	
Facility Street Address:		
Facility Telephone:	County:	Municipality:

II. TESTER INFORMATION

Tester Name:	Tester Cert. #:	Tester Telephone:
Company Name:	Company Cert. #:	Test Date:

III. TEST PROCEDURE – Briefly describe procedure(s) used to test the sensors (i.e. PEI/RP1200, manufacturer's testing procedure, etc.)

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IV. SENSOR AND TESTING INFORMATION

Sensor Location					
Sensor Number ¹					
Manufacturer					
Model					
Sensor Type	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating
Test Liquid	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product
Is the ATG console clear of alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor properly positioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor in a good state of repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the sensor trigger an alarm when placed in the test liquid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor correctly identified on the ATG?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does a sensor alarm automatically disable the pump? ²	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
V. TEST RESULT ³	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

1. Designate each sensor tested numerically or by code on the site drawing.
2. Required for pressurized piping systems installed after November 10, 2007, using sensors for 3 gph piping release detection.
3. Failed sensors must be repaired or replaced immediately.

Facility ID #: _____ Facility Name: _____ Test Date: _____

VI. COMMENTS

The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.

Include actions taken to repair or replace failed devices.

If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.

VII. SITE DRAWING

Provide a detailed site drawing of the applicable UST(s), product piping, and containment structure layout in the space below (or attach a detailed site drawing prepared on a separate sheet). In addition, clearly indicate which sensors were tested. Label each sensor with a unique number or code, used in section V, above. Any other pertinent information should also be included.

VII. OWNER'S REPRESENTATIVE CERTIFICATION

I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904(relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Signature: _____

Date Signed: _____

VIII. TESTER CERTIFICATION

By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904(relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Signature: _____

Date Signed: _____