

Spill and Overfill Testing Report Form

The applicable portions of this form must be completed and provided to the facility owner/operator within 30 days of the test date, along with written test procedures, data collection logs, and printouts from test equipment (if applicable). Facility must keep this page along with pages 2-3 as applicable on record for submittal to the WVDEP upon request. Each page must identify the facility and contain the WVDEP certified worker's signature and WVDEP certified worker must be onsite during testing.

A. Facility Information		WVDEP FACILITY ID#:	
Facility Name:	Site Address:		
Facility Contact:	Phone:	Date of Testing:	

B. Testing Contractor Information

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements.				
Company:	Print Name of Tester:	WVDEP Certification #:	Tester's Signature:	Date:
Address:	City:	Phone number:	Email address:	

C. Testing of Spill Buckets (Required every three years)

Spill bucket(s) not tested

Test Method <input type="checkbox"/> Bucket Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Other	Test Equipment Used:
Developed By: <i>(Specify Method Here):</i>	
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Other <i>(Specify):</i>	Equipment Precision:

	Bucket #	Bucket #	Bucket #	Bucket #	Bucket #	Bucket #	Bucket #
Bucket depth:							
Wait time between applying pressure/vacuum/water & starting test:							
Test start time:							
Initial reading:							
Test end time:							
Final reading:							
Change in reading:							
Pass/Fail Criteria	Follow a recommended code of practice or manufacturer's recommendations.						
Test Result:	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

D. Overfill Prevention Evaluation (Required every three years)

	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Tank Capacity						
Tank Diameter						
Product Stored						

Spill and Overfill Testing Report Form - Page 3 of 3

Facility Name: _____

Facility ID #: _____

Overfill Alarm	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Test Method	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Other(<i>Specify Method Here</i>):					
Visible or Audible to delivery driver?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Probe and Float in good condition?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Float moves freely?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does simulated overfill trigger alarm?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Capacity when alarm is triggered? %						
Test Result:	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Tester
Signature: _____

Date: _____
Print Name: _____

Phone:
Contact: _____