Gasoline Dispensing Facilities Daily Inspection Log
Phase I & II Assist



Source ID#: ____

Questions? Problems? Call 702-455-1660

Month:_____

Year:

Source Name:

Total Monthly Throughput – All Grades of Gasoline (NOT DIESEL) ______ O

	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																													1		
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 – MUST BE INSPECTED AFTER EACH FUEL DELIVERY (may limit inspections to once daily if multiple deliveries are received)																															
Fuel delivered today?																													1		
If yes, enter time?	AM PM	АМ РМ	АМ РМ	АМ РМ	AM PM	АМ РМ	AM PM	AM PM	AM PM	AM PM	АМ РМ	АМ РМ	AM PM	AM PM	AM PM	AM PM	АМ РМ	AM PM	АМ РМ	AM PM	АМ РМ	AM PM	AM PM	AM PM	АМ РМ	AM PM	AM PM	АМ РМ	АМ РМ	AM PM	AM PM
Spill Buckets -																													1		
Clean & liquid free?																													1		1
Vapor Cap & Seals – Present,																															
Operational & in good condition?																													1		1
Vapor Adapter -																															
Tight & sealing properly?																													1		1
Fill Cap & Seal – Present, Operational																													i		1
& in good condition?																													1		1
Fill Tube Adapter & Seal- Operational																													1		1
& in good condition?																													1		1
Drain Plug –																													1		1
Operational? (If equipped)																													1		1
Pressure Vacuum (P/V) Valve –																													1		1
Installed and visibly intact?																													1		1
Truck vapor tightness																													1		1
documentation?****																													1		1
****Vapor balance system checks-N	Ionthly	(perfo	ormed	by ma	inten	ance o	r oper	ator) '	****	Date:				[⊐ si	ight/ s	ound/	smell	test	OR [∃ So	apy w	ater s	pray to	est OR		Other	(Please	commer	nt below	1)
Phase II Assist – MUST BE INSPECTED DAILY																															
Nozzles -																													1		1
Free of drips & leaks?																													1		1
Spouts - Tight, tip round, no crimps																													i		1
or leaks?																													1		1
Clamps (ECD) -																													i		1
Present & tight?																													1		1
Splash Guards (ECD)																															
Operational & in good condition?																															
Retractor -				Ì		Ì					İ	Ì					İ		İ										i – †		i
Operational? (If equipped)																													1		I
Hoses -																															
No leaks or kinks? Not flattened?																															<u> </u>
Hoses - Proper length? - No more																													_i T		7
than 6" contacting the ground?																													1		1

**** This requirement is only for GDFs located in the Las Vegas Valley (HA212). Check your permit to see if it is applicable to your GDF ****

Gasoline Dispensing Facilities Daily Inspection Log Phase I & II ASSIST

Comments/Repairs/Notes (Attach additional sheets if necessary)												
Maintenance Log												
Pump #		Pump #										
Date out of service		Date out of service										
Time out of service	AM/PM	Time out of service	AM/PM									
Part and location		Part and location										
Description of problem		Description of problem										
Date of repair		Date of repair										
Pump #		Pump #										
Date out of service		Date out of service										
Time out of service	AM/PM	Time out of service	AM/PM									
Part and location		Part and location										
Description of problem		Description of problem										
Date of repair		Date of repair										
Pump #		Pump #										
Date out of service		Date out of service										
Time out of service	AM/PM	Time out of service	AM/PM									
Part and location		Part and location										
Description of problem		Description of problem										
Date of repair		Date of repair										