

# Gasoline Dispensing Facilities Daily Inspection Log

## PHASE I



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: _____ <input type="checkbox"/> Sight/sound/smell test    OR <input type="checkbox"/> Soapy water spray test    OR <input type="checkbox"/> Other																															

Questions? Problems?  
Call 702-455-1660

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Comments/Repairs/Notes/Maintenance Logs (Attach additional sheets if necessary)

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