

Appendix IX Underground Storage Tank Overfill Prevention Equipment Inspection Report Form

TYPE OF ACTION Installation Repair 36 Month

1. FACILITY INFORMATION

CERS ID	Inspection Date	
Facility Name		
Facility Address	City	ZIP Code

2. SERVICE TECHNICIAN INFORMATION

Company Performing the Inspection	Phone
Mailing Address	
Service Technician Performing Inspection	
Contractor/Tank Tester License Number	
ICC Number	Expiration Date

3. TRAINING AND CERTIFICATIONS

<i>Manufacturer and Test Equipment Training Certifications</i>	<i>Expiration Date</i>

4. INSPECTION PROCEDURES INFORMATION

<i>Inspection Procedures Used</i>	<i>Components Inspected</i>

5. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING INSPECTION

I hereby certify that the OPE was inspected in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637.2; that required supporting documentation is attached; and all information contained herein is accurate. I understand that test procedures shall be made available upon request by the governing authority.

Service Technician Signature	Date	Total # of Pages
------------------------------	------	------------------

CERS = California Environmental Reporting System, ID = Identification, ICC = International Code Council, OPE = Overfill Prevention Equipment

