



**GA EPD USTMP  
3 YEAR OVERFILL ALARM INSPECTION REPORT**

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility ID#:	Phone #:
Tester Company and Phone:	Test Date:
Tester Name and Phone:	Overfill Model:
Tank Material:	

**Instructions**

1. Tank Charts are located at: <http://containmentsolutions.com/calibration-charts.html>
2. This form allows you to record up to 4 tanks.
3. Keep a record copy of this inspection for 3 years.

**Measurements**

Tank ID (product stored)				
Has overfill device been removed from tank?				
A Actual Tank Capacity (gallons) <b>USE CHART</b>				

**Calculations**

B Actual Tank Capacity <b>A</b> X 90% = 90% Tank Volume (gallons)				
C Height (inches) of 90% Tank Volume <b>B USE CHART</b>				
D Height (inches) from bottom of stem to float when alarm activates				

**Device Certification Criteria**

1. Does overfill alarm activate 90% or less capacity? (Is D ≤ C?)				
2. Does the overfill alarm activate in test mode at console?				
3. Can alarm be heard or seen from where the tank is filled?				
4. Does fuel float level on console agree with the gauge stick reading?				
5. Does the overfill alarm pass a visual and mechanical inspection? (Freedom of movement; no damage, contamination, weakening due to wear or corrosion)				
6. Are the external alarm and light functional?				

**Device Certification (PASS/FAIL)**

Technician certifies that the device is operationally compliant and that Criteria 1, 2, 3, 4, 5 and 6 are YES.				
--	--	--	--	--

**Comments**

I hereby certify that all the information contained in this report is true, accurate and in full compliance with legal requirements.

Tester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Overfill Alarm Diagram

