

GEORGIA ENVIRONMENTAL PROTECTION DIVISION ANNUAL SENSOR TEST REPORT FOR YEAR _____

Questions on how to complete this form should be directed to the GAEPD UST Program Management, (404)362-2687

Facility Name:	Owner:	
Address:	Address:	
City, County, Zip:	City, State, Zip:	
Facility I.D. #:	Phone #:	
Tester Name:	Tester Phone #:	
Tester Company:	Test Date:	Future Test Date:

Instructions

1. Submit a completed copy of this form within 30 days of performing test to: This form allows you to record up to 6 Tanks, assuming that the Facility ID Number remains the same.
2. Complete portion of form pertaining to type of equipment tested for each tank.
3. Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
4. Keep a record copy of this testing for 3 years.

Tank # or Dispenser #										
Compatible Fuel Stored										
Tank Capacity (gallons)										
Tank Status										
Tank Interstitial Type (wet/dry)										
ATG Brand and Model										
Sensor Manufacturer/Model (Series 794380-303 794380-208; TSP-ULS, TSP-HIS, TSP-DTS, Etc.)										
Sensor Serial Number										
Sensor type (e.g. single float, dual float (hydrostatic), optical										
Discriminating (D) or Non-discriminating (ND)?	D	ND								

Automatic Tank Gauge and Other Controllers

Alarm test (Audible and Visual)	meets criteria needs action n/a					
System Configuration Verification	meets criteria needs action n/a					
Battery backup test	meets criteria needs action n/a					
Tester's initials						

Sensors

Sensor Location						
Enter Location #/Description						
Is the ATG console clear of any active or recurring warnings or alarms regarding the leak sensor?	yes no	yes no	yes no	yes no	yes no	yes no
If the sensor is in alarm and functioning indicate why.						

Is piping interstitial space open or are test boots positioned to allow product to enter sump from primary piping?	yes no	yes no	yes no	yes no	yes no	yes no
Are sensors positioned vertically and mounted at the lowest point of interstice near bottom of the sump or tank?	yes no	yes no	yes no	yes no	yes no	yes no
Is the sensor alarm circuit operational? (cable, housing sensor, etc.)	yes no	yes no	yes no	yes no	yes no	yes no
Test Liquid	Water Product	Water Product	Water Product	Water Product	Water Product	Water Product
When placed in test liquid, does the sensor trigger alarm?	yes no	yes no	yes no	yes no	yes no	yes no
If position sensitive, does sensor alarm when raised off bottom?	yes no	yes no	yes no	yes no	yes no	yes no
When an alarm is triggered, is the sensor properly identified on the ATG console?	yes no	yes no	yes no	yes no	yes no	yes no
Alarm (Audible and Visual) functioning properly?	yes no	yes no	yes no	yes no	yes no	yes no
Is sensor relayed to shut pump off?	yes no	yes no	yes no	yes no	yes no	yes no
Did the sensor test shut pump off?	yes no	yes no	yes no	yes no	yes no	yes no
Response Time (RT) & Clear Time (CT) required to pass test per the manufacture instruction	RT	RT	RT	RT	RT	RT
	CT	CT	CT	CT	CT	CT
Result of Sensor test? (Sensor must meet all applicable criteria to pass.)	pass fail	pass fail	pass fail	pass fail	pass fail	pass fail
Tester's initials						
Repairs/Replacement Needed	Date of Repair	Comments/Description of Repairs				
<p>I hereby certify that all the information contained in this report is true, accurate and in full compliance with legal requirements.</p> <p>Tester's Signature: _____ Date: _____</p>						

Additional Attachments Required

1. Clear the alarm condition on the console.
2. Print the alarm report, cleared alarm report, and sensor report.
3. Attach to Annual Sensor Test Report.