



INVOICE # _____

MONITORING SYSTEM CERTIFICATION

A. General Information

Facility Name: _____ Bldg. No.: _____

Site Address: _____ City: _____ Zip: _____

Facility Contact Person: _____ Contact Phone No.: (____) _____

Make/Model of Monitoring System: _____ Date of Testing/Servicing: ____/____/____

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced;

Tank ID- _____ ☐ In-Tank Gauging Probe. Model: _____ ☐ Annular Space or Vault Sensor. Model: _____ ☐ Piping Sump / Trench Sensor(s). Model: _____ ☐ Fill Sump Sensor(s). Model: _____ ☐ Mechanical Line Leak Detector. Model: _____ ☐ Electronic Line Leak Detector. Model: _____ ☐ Tank Overfill / High-Level Sensor. Model: _____ ☐ Other _____	Tank ID - _____ ☐ In-Tank -Gauging Probe. Model: _____ ☐ Annular Space or Vault Sensor. Model: _____ ☐ Piping Sump / Trench Sensor(s). Model: _____ ☐ Fill Sump Sensor(s). Model: _____ ☐ Mechanical Line Leak Detector. Model: _____ ☐ Electronic Line Leak Detector. Model: _____ ☐ Tank Overfill / High-Level Sensor. Model: _____ ☐ Other _____
Tank ID- _____ ☐ In-Tank Gauging Probe. Model: _____ ☐ Annular Space or Vault Sensor. Model: _____ ☐ Piping Sump / Trench Sensor(s). Model: _____ ☐ Fill Sump Sensor(s). Model: _____ ☐ Mechanical Line Leak Detector. Model: _____ ☐ Electronic Line Leak Detector. Model: _____ ☐ Tank Overfill / High-Level Sensor. Model: _____ ☐ Other _____	Tank ID: _____ ☐ In-Tank Gauging Probe. Model: _____ ☐ Annular Space or Vault Sensor. Model: _____ ☐ Piping Sump / Trench Sensor(s).. Model: _____ ☐ Fill Sump Sensor(s). Model: _____ ☐ Mechanical Line Leak Detector. Model: _____ ☐ Electronic Line Leak Detector. Model: _____ ☐ Tank Overfill I High-Level Sensor. Model: _____ ☐ Other _____
Dispenser ID: _____ ☐ Dispenser Containment Sensor(s). Model: _____ ☐ Shear Valve(s). _____ ☐ Dispenser Containment Float(s) and Chain(s). _____	Dispenser ID- _____ ☐ -Dispenser Containment Sensor(s). Model: _____ ☐ Shear Valve(s). _____ ☐ Dispenser Containment Float(s) and Chain(s). _____
Dispenser ID- _____ ☐ Dispenser Containment Sensor(s). Model: _____ ☐ Shear Valve(s). _____ ☐ Dispenser Containment Float(s) and Chain(s). _____	Dispenser ID: _____ ☐ Dispenser Containment Sensor(s). Model: _____ ☐ Shear Valve(s). _____ ☐ Dispenser Containment Float(s) and Chain(s). _____
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*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with -the manufacturers' guidelines. For any equipment capable of generating such reports, I have also attached a copy of the report; check all that apply: ☐ system set up ☐ alarm history

Technician Name (print): _____ Signature: _____

Certification No.: _____ License. No.: _____

Testing Company Name: DISCOVERY TANK TESTING, INC.

Phone No: (561) 840-1666

Site Address: P.O. BOX 14207, NORTH PALM BEACH, FL 33408

Date of Testing/Servicing: ____/____/____

D. Results of Testing/Serviceing

Software Version Installed: _____

Complete the following checklist:

☐ Yes	☐ No*	Is the audible alarm operational?
☐ Yes	☐ No*	Is the visual alarm operational?
☐ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☐ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ ☐ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
☐ Yes	☐ No* ☐ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails. to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) ☐ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☐ Yes; ☐ No.
☐ Yes	☐ No* ☐ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? _____ %
☐ Yes*	☐ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
☐ Yes*	☐ No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) ☐ Product; ☐ Water
☐ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☐ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

E. In-Tank Gauging / SIR Equipment:

☐

Check this box if tank gauging is used only for inventory control.

☐

Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?

F. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

☐ Yes	☐ No* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: ☐ 3 g.p.h., ☐ 0.1 g.p.h., ☐ 0.2 g.p.h.
☐ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☐ Yes	☐ No*	Was the testing apparatus properly calibrated?
☐ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?

Comments: _____



Line Leak Detector Test Data Sheet

Station Name: _____ Date _____

Address _____

Test Information

Product					
Manufacturer					
Model					
Full Operating Pressure (psi)					
Trip Time (see)					
F/E Holding Pressure (psi)					
Test Leak Rate	3.0 gph	3.0 gph	3.0 gph	3.0 gph	3.0 gph
PASS or FAIL					

This letter certifies that the annual leak detector tests were performed at the above referenced facility according to the equipment manufacturers procedures and limitations and the results as listed are to my knowledge true and correct. The mechanical leak test detector test pass/fail is determined using a low flow threshold trip rate of 3.0 gph.

Inspected By: Contractor DISCOVERY TANK TESTING, INC. PO Box 14207 North Palm Beach, FL 33408 561-840-1666

Technician _____ Lic# _____

Signature _____