

# JANUARY 2017

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

Follow regular maintenance schedule. On days checked, mark "OK" or "NR (Needs Repair)" and initial. Provide additional repair information below.

Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR	7 <input type="checkbox"/> OK <input type="checkbox"/> NR
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29 <input type="checkbox"/> OK <input type="checkbox"/> NR	30 <input type="checkbox"/> OK <input type="checkbox"/> NR	31 <input type="checkbox"/> OK <input type="checkbox"/> NR				

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

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# FEBRUARY 2017

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

Follow regular maintenance schedule. On days checked, mark "OK" or "NR (Needs Repair)" and initial. Provide additional repair information below.

Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
			1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR
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26 <input type="checkbox"/> OK <input type="checkbox"/> NR	27 <input type="checkbox"/> OK <input type="checkbox"/> NR	28 <input type="checkbox"/> OK <input type="checkbox"/> NR				

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

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# MARCH 2017

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

Follow regular maintenance schedule. On days checked, mark "OK" or "NR (Needs Repair)" and initial. Provide additional repair information below.

Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
			1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR
5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR	7 <input type="checkbox"/> OK <input type="checkbox"/> NR	8 <input type="checkbox"/> OK <input type="checkbox"/> NR	9 <input type="checkbox"/> OK <input type="checkbox"/> NR	10 <input type="checkbox"/> OK <input type="checkbox"/> NR	11 <input type="checkbox"/> OK <input type="checkbox"/> NR
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## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

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# APRIL 2017

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

Follow regular maintenance schedule. On days checked, mark "OK" or "NR (Needs Repair)" and initial. Provide additional repair information below.

Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
						I <input type="checkbox"/> OK <input type="checkbox"/> NR
2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR	7 <input type="checkbox"/> OK <input type="checkbox"/> NR	8 <input type="checkbox"/> OK <input type="checkbox"/> NR
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## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

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# MAY 2017

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

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Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
	1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR
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28 <input type="checkbox"/> OK <input type="checkbox"/> NR	29 <input type="checkbox"/> OK <input type="checkbox"/> NR	30 <input type="checkbox"/> OK <input type="checkbox"/> NR	31 <input type="checkbox"/> OK <input type="checkbox"/> NR			

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

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# JUNE 2017

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
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<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
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Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
				1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR
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## MONTHLY MAINTENANCE RECORDS

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# JULY 2017

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
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						1 <input type="checkbox"/> OK <input type="checkbox"/> NR
2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR	7 <input type="checkbox"/> OK <input type="checkbox"/> NR	8 <input type="checkbox"/> OK <input type="checkbox"/> NR
9 <input type="checkbox"/> OK <input type="checkbox"/> NR	10 <input type="checkbox"/> OK <input type="checkbox"/> NR	11 <input type="checkbox"/> OK <input type="checkbox"/> NR	12 <input type="checkbox"/> OK <input type="checkbox"/> NR	13 <input type="checkbox"/> OK <input type="checkbox"/> NR	14 <input type="checkbox"/> OK <input type="checkbox"/> NR	15 <input type="checkbox"/> OK <input type="checkbox"/> NR
16 <input type="checkbox"/> OK <input type="checkbox"/> NR	17 <input type="checkbox"/> OK <input type="checkbox"/> NR	18 <input type="checkbox"/> OK <input type="checkbox"/> NR	19 <input type="checkbox"/> OK <input type="checkbox"/> NR	20 <input type="checkbox"/> OK <input type="checkbox"/> NR	21 <input type="checkbox"/> OK <input type="checkbox"/> NR	22 <input type="checkbox"/> OK <input type="checkbox"/> NR
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## MONTHLY MAINTENANCE RECORDS

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# AUGUST 2017

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
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<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
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Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
		1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR
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## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

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# SEPTEMBER 2017

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

Follow regular maintenance schedule. On days checked, mark "OK" or "NR (Needs Repair)" and initial. Provide additional repair information below.

Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
					1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR
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## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

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# OCTOBER 2017

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

Follow regular maintenance schedule. On days checked, mark "OK" or "NR (Needs Repair)" and initial. Provide additional repair information below.

Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
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## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

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# NOVEMBER 2017

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

Follow regular maintenance schedule. On days checked, mark "OK" or "NR (Needs Repair)" and initial. Provide additional repair information below.

Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
			1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR
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## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

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# DECEMBER 2017

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

Follow regular maintenance schedule. On days checked, mark "OK" or "NR (Needs Repair)" and initial. Provide additional repair information below.

Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
					1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR
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## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

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