

**OVERFILL EQUIPMENT INSPECTION RECORDKEEPING FORM**

OKLAHOMA CORPORATION COMMISSION  
 PETROLEUM STORAGE TANK DIVISION  
 P.O. Box 52000, Room 480  
 Oklahoma City, OK 73152-2000

**REQUIRED ONCE EVERY THREE (3) YEARS**

**LOCATION OF TANK(S)**

Facility Name or Company Site Identifier

Physical Address (PO Box NOT acceptable)

City, State & Zip

County

Inspection Date : \_\_\_ / \_\_\_ / \_\_\_

Facility Number: \_\_\_\_\_

Tank Number					
Product Stored					
Overfill equipment manufacturer					
Type (Circle One)	Automatic shutoff device Ball float valve Overfill alarm	Automatic shutoff device Ball float valve Overfill alarm	Automatic shutoff device Ball float valve Overfill alarm	Automatic shutoff device Ball float valve Overfill alarm	Automatic shutoff device Ball float valve Overfill alarm
<b>Automatic Shutoff Device Inspection</b>	<b>Yes / No / NA</b>	<b>Yes / No / NA</b>	<b>Yes / No / NA</b>	<b>Yes / No / NA</b>	<b>Yes / No / NA</b>
Drop tube removed from tank?					
Drop tube and float mechanisms are free of debris?					
Float moves freely without binding and poppet valve moves into flow path?					
Bypass valve in the drop tube (if present) is open and free of blockage?					
Flapper is adjusted to shut off flow at or below 95% capacity?					
<b>Overfill Alarm Inspection</b>	<b>Yes / No / NA</b>	<b>Yes / No / NA</b>	<b>Yes / No / NA</b>	<b>Yes / No / NA</b>	<b>Yes / No / NA</b>
Electronic device and probe are operating properly?					
Alarm activates at or below 90% capacity?					
Alarm can be heard or seen from where the tank is fueled?					
<b>Ball Float Valve Inspection</b>	<b>Yes / No / NA</b>	<b>Yes / No / NA</b>	<b>Yes / No / NA</b>	<b>Yes / No / NA</b>	<b>Yes / No / NA</b>
Tank top fittings are vapor-tight and leak free?					
Ball float cage free of debris?					
Ball is free of holes and cracks and moves freely in cage?					
Vent hole in pipe is open and near top of tank?					
Ball float pipe is proper length to restrict flow at or below 90% capacity?					
<b>Inspection Results (Circle One) (No to any question indicates a test failure.)</b>	<b>Pass / Fail</b>	<b>Pass / Fail</b>	<b>Pass / Fail</b>	<b>Pass / Fail</b>	<b>Pass / Fail</b>
Comments:					

Technician Company : \_\_\_\_\_ Technician Signature: \_\_\_\_\_

Technician Name: \_\_\_\_\_

**Keep this record for three years.**

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