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| **LIQUID LEVEL SENSING DEVICE TESTING FORM FOR ABOVEGROUND STORAGE TANKS** |
| **OKLAHOMA CORPORATION COMMISSIONPETROLEUM STORAGE TANK DIVISIONP.O. Box 52000****Oklahoma City, OK 73152-2000** |
| **REQUIRED ANNUALLY** |
| 1. **FACILITY INFORMATION**
 |
| **Facility ID:** | **Date of Test:** **/****/** |
| **Facility Name:**  |
| **Physical Address:**  |
| **City, State & Zip:**  |
| 1. **TESTER INFORMATION**
 |
| **Company Name:** | **Company Phone:**  |
| **Tester Name/Certification No.:**  | **Tester Phone:** |

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| --- | --- | --- | --- | --- | --- |
| **Tank ID** |  |  |  |  |  |
| **Product Stored** |  |  |  |  |  |
| **Type (Circle all that apply)** | **Automatic Tank Gauge (ATG)****Clock Gauge****Tank Stick****Other:** | **Automatic Tank Gauge (ATG)****Clock Gauge****Tank Stick****Other:** | **Automatic Tank Gauge (ATG)****Clock Gauge****Tank Stick****Other:** | **Automatic Tank Gauge (ATG)****Clock Gauge****Tank Stick****Other:** | **Automatic Tank Gauge (ATG)****Clock Gauge****Tank Stick****Other:** |
| **DISCLAIMER: Some liquid level sensing devices, such as an ATG, require a person certified through the manufacturer to test and/or repair.** |
| **Liquid Level Sensing Device Test** | **Yes / No / NA** | **Yes / No / NA** | **Yes / No / NA** | **Yes / No / NA** | **Yes / No / NA** |
| **Is the accuracy of current inventory verified?** |  |  |  |  |  |
| **Is the clock gauge verified to be accurate and functioning properly?** |  |  |  |  |  |
| **Is the tank stick in good and readable condition?** |  |  |  |  |  |
| **Are tank charts verified to be accurate and correct for applicable tank(s)?** |  |  |  |  |  |
| **Test Results (Circle One, no to any question indicates a test failure)** | **PASS / FAIL** | **PASS / FAIL** | **PASS / FAIL** | **PASS / FAIL** | **PASS / FAIL** |
| **Comments:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **CERTIFICATION (Read and sign after completing all sections)**
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| **I certify under penalty of law that I have personally examined and am familiar with the information submitted on this form and all attached documents (if any), and that I believe that the submitted information is true, accurate and complete.** |
|  |
| **(Print) Tester Name/Certification Number** |
| **X** |  |
| **Tester Signature** | **Date** |