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| **LIQUID LEVEL SENSING DEVICE TESTING FORM FOR ABOVEGROUND STORAGE TANKS** | | |
| **OKLAHOMA CORPORATION COMMISSION PETROLEUM STORAGE TANK DIVISION P.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)** | | | | | | |
| **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** | | | |