

OKLAHOMA CORPORATION COMMISSION – PETROLEUM STORAGE TANK DIVISION
P. O. Box 171, Oklahoma City, OK 73101
(405) 521-4683

ANNUAL SENSOR TEST FORM
FOR STORAGE TANK SYSTEMS WITH SECONDARY CONTAINMENT

FACILITY NAME _____ **FACILITY ID NUMBER** _____

FACILITY ADDRESS _____ **CITY/ZIP** _____ **PHONE** _____

A. Results of Annual Leak Monitoring Test - Complete the following checklist using: Y=Yes, N=No, or N/A=Not Applicable. If any answer is No, call the PSTD Compliance Department at (405) 521-4683 or Fax to (405) 521-4945 if not immediately repaired or replaced and retested.

Tank #	1	2	3	4	5	6
1. Leak monitor (ATG) manufacturer's name and model number: _____						
2. ATG console assignments are correctly programmed and labeled for all sensors. <i>Print and attach set up report.</i>						
3. Tank secondary containment sensor is positioned per manufacturers requirements.						
4. Brine level of the tank interstitial space is within the manufacturers operating range.						
5. Piping secondary containment submersible pump sump sensors are positioned per manufacturer requirements.						
6. Piping secondary containment dispenser sump sensors are positioned per manufacturer requirements.						
7. Piping secondary containment transition sump sensors are positioned per manufacturer requirements.						
8. All secondary containment is liquid tight and free of debris, water and regulated substance.						
9. All sensors were visually inspected, manually tested, confirmed operational and reset. <i>Attach printouts that document system shut down or alarmed when tested.</i>						
10. The ATG console audible alarm is confirmed operational and reset.						
11. The ATG console visual alarms are operational and reset.						

B. Verification

I hereby verify that the equipment identified in this document was tested for proper operation in performance of the original design function in accordance with the manufacturers' requirements. Attached to this form is information (if available, system set-up reports, alarm history, sensor status) necessary to verify that this information is correct.

TEST COMPANY NAME _____ **TEST COMPANY ADDRESS** _____ **CITY/STATE/ZIP** _____ **PHONE** _____

TECHNICIAN NAME _____ **TECHNICIAN PHONE** _____ **TECHNICIAN SIGNATURE** _____ **DATE OF TEST** _____

C. General Instructions

Keep a completed copy of this form for owner/operator records and provide to PSTD Fuel Specialist upon request. Use of this form is optional. The PSTD has developed this form to help you document the required annual function testing of the monitoring equipment at this petroleum storage tank facility. Please consult manufacturer's recommendations on testing for specific guidelines.