

# LIQUID LEVEL SENSING DEVICE TESTING FORM FOR ABOVEGROUND STORAGE TANKS

OKLAHOMA CORPORATION COMMISSION  
 PETROLEUM STORAGE TANK DIVISION  
 P.O. Box 171  
 Oklahoma City, OK 73101

REQUIRED ANNUALLY

## I. FACILITY INFORMATION

Facility ID:	Date of Test: ____ / ____ / ____
Facility Name:	
Physical Address:	
City, State & Zip:	

## II. TESTER INFORMATION

Company Name:	Company Phone:
Tester Name/Certification No.:	Tester Phone:

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. For testing purposes, clock gauges must be within ½" inch of stick readings. PSTD will require recalibration if not within ½" inch.

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:

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## III. 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