

OVERFILL EQUIPMENT INSPECTION RECORDKEEPING FORM

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

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 |
| Automatic Shutoff Device Inspection | Yes / No / NA | Yes / No / NA | Yes / No / NA | Yes / No / NA | Yes / No / NA |
| 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? | | | | | |
| Overfill Alarm Inspection | Yes / No / NA | Yes / No / NA | Yes / No / NA | Yes / No / NA | Yes / No / NA |
| 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? | | | | | |
| Ball Float Valve Inspection | Yes / No / NA | Yes / No / NA | Yes / No / NA | Yes / No / NA | Yes / No / NA |
| 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? | | | | | |
| Inspection Results (Circle One) (No to any question indicates a test failure.) | Pass / Fail | Pass / Fail | Pass / Fail | Pass / Fail | Pass / Fail |
| Comments: | | | | | |

Technician Company : _____ Technician Signature: _____

Technician Name: _____

Keep this record for three years.

| | | | | | |
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