



Line Test Report Annual / Periodic Functionality Test

Bureau of Weights & Measures
Permit & Licensing Section
P.O. Box 7837
Madison, WI 53707-7837

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

A. OWNER INFORMATION	SITE INFORMATION	CONTRACTOR INFORMATION
Name	Facility ID#: _____ Facility Name	Contractor Name
Company Name	Site Address	Contact Person
Number and Street	City, State, Zip Code	E-mail address
City, State, Zip Code		Telephone Number () Fax Number: ()
Telephone Number: () Fax Number: ()	Date of Testing/Service: _____	Work order number:

Type of Testing Equipment (Brand & Model): _____

Material Approval #: _____

Line test:	1	2	3	4	5	6	7
Product Type							
Pump Manufacturer							
Pressure (P) or Suction (S)							
Tank Isolation Method							
Dispenser Isolation Method							
Testing location							
Test Pressure							
Pipe Construction							
Time Completed							
Time Started							
Total Test Time in Minutes							
Initial Cylinder Level							
Final Cylinder Level							
Final Hourly Leak Rate							
TEST RESULT							

Tech Signature: _____

I attest by signature that the equipment identified in this document was inspected and/or serviced in accordance with the manufacturers' guidelines and the information is true, accurate, and complete.

Comments: _____

