

**Electronic Line Leak Detector
Annual Functionality**

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	Assigned Anniversary month:	Telephone Number Fax Number () ()
Telephone Number Fax Number () ()	Date of Testing/Serviceing:	Work order number:

This form must be used to document testing and servicing of underground lines. A copy of this form must be provided to the tank system owner/operator. The owner/operator must retain these records in accordance with Comm 10.500(9).

Tech's Certification Number: _____ **Level:** _____ **Equipment Type / Approval #** _____

Tank #							
Product							
Manufacturer of Flow Restrictor							
Model:							
Testing Location:							
Dispenser Line Manifold – Yes / No							
Satellite Included Yes / No / NA							
All Shear Valves Open Yes / No							
Did Shutdown Occur							
Test Leak Rate ml/m							
Calibrated Leak in gph:							
Results:							
Existing / New / Replacement							
Properly Installed							

Technician's 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: _____

