

**APPENDIX C****STAGE II POST TEST INSPECTION FORM**

Facility Name:	Application #	
Address:	County:	
City, State, Zip		
<b>DISPENSER AREA INSPECTION</b>		
<input type="checkbox"/> All Vapor pipes under the dispenser are capped, plugged, or re-attached.		
<input type="checkbox"/> No leaks are present under dispenser, nor from hoses or nozzles.		
<input type="checkbox"/> All impact valves are open on all product lines.		
<input type="checkbox"/> All dispenser panels are correctly re-installed.		
<input type="checkbox"/> All lock-outs or "Out of Service" bags are removed from dispenser nozzles.		
<input type="checkbox"/> All tools, testing equipment, cones, and caution tape removed from dispenser area.		
<b>TANK AREA INSPECTION</b>		
<input type="checkbox"/> Isolation plugs are removed from vapor risers (if applicable).		
<input type="checkbox"/> All tank top components (plugs, caps, etc...) are reinstalled and secure.		
<input type="checkbox"/> "Drop out tank" free of product and functioning properly (with all caps replaced).		
<input type="checkbox"/> Submersible pit(s) free from leaks.		
<input type="checkbox"/> All tools, testing equipment, cones, and caution tape removed from tank area.		
<input type="checkbox"/> All lids and covers are properly replaced.		
Site Mgr. NAME:	Site Mgr. Signature:	Date:
Testers NAME:	Testers Signature:	Date:
Testing Company and Address:		