

**Yolo-Solano Air Quality Management District  
Annual Inspection Form for Gasoline Dispensing Facilities  
Questions Call (530) 757-3650 or toll-free (800) 287-3650**

**Inspector Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Inspection Company Name and Address:** \_\_\_\_\_

**Facility Name and Address:** \_\_\_\_\_

Has the Permit to Operate date expired? Yes  No

Does the equipment description on the Permit to Operate match the installed equipment? Yes  No

Does the facility comply with all Permit to Operate conditions? Yes  No

Are the required fueling instructions properly posted and do they contain the necessary information? Yes  No

**Above-Ground & Underground Storage Tanks:**

Are fill tubes liquid tight? (all) Yes  No

Are fill tubes equipped with vapor tight caps in a closed position? (all) Yes  No

Are dry breaks equipped with vapor tight seals and vapor tight caps? (all) Yes  No

If a spill box is installed, is it free of standing liquid, debris and other foreign matters? (underground) Yes  No

If a spill box is installed, is it equipped with an integral drain valve or other device certified by CARB to return spilled gasoline to the storage tank? (underground) Yes  No

Is the vapor recovery system installed properly and in compliance with applicable CARB Certification requirements? (all) Yes  No

Is the spill box installed properly and in compliance with applicable CARB Certification requirements? (underground) Yes  No

Are storage tank vent lines equipped with pressure/vacuum relief valves according to the most recent applicable CARB Executive Order(s)? (all) Yes  No

**Dispensing Equipment:**

Do any gasoline dispensing components have liquid leaks? Yes  No

Do any gasoline dispensing components have vapor leaks? Yes  No

Has each balance-system nozzle boot been installed less than 12 months ago? Yes  No

Is each nozzle installed in accordance with most recent applicable CARB Executive Order? Yes  No

For bellows-less nozzles, are any of the vapor collection holes obstructed? Yes  No

For Hirt systems, are any of the vapor collection holes obstructed? Yes  No

If required, is the flow limiter properly installed? Yes  No

Are any swivels missing, defective, or leaking? Yes  No

If required, are the dispenser-end swivels Fire Marshall-approved with 90-degree stops? Yes  No

If required, are the liquid removal devices properly installed and in compliance

with applicable CARB Certification reqs? Yes [ ] No [ ]

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**Defects Substantially Impairing the Effectiveness of the Vapor Recovery System:**

Is any component missing or disconnected that is required to be used in the Executive Order(s) that certify the system? Yes [ ] No [ ]

Are any hoses crimped or flattened such that the vapor passage is blocked, or the pressure drop through the vapor hose exceeds by a factor of 2 or more the requirements in the applicable Executive Order(s) in which the system was certified? Yes [ ] No [ ]

Is any nozzle boot torn in a triangular-shaped or similar tear 1/2" or more to a side, or hole 1/2" or more in diameter? Yes [ ] No [ ]

Is any nozzle boot torn with a 1" slit or more in length? Yes [ ] No [ ]

Is any faceplate or flexible cone damaged in the following manner:  
For vacuum assist systems, is more than 1/4 of the flexible cone missing? Yes [ ] No [ ]  
For balance systems, is more than 1/4 of the circumference of the faceplate damaged (accumulated)? Yes [ ] No [ ]

**Defects Substantially Impairing the Effectiveness of the Vapor Recovery System:**

Are any nozzle shutoff mechanisms malfunctioning in any manner? Yes [ ] No [ ]

Are any vapor return lines malfunctioning or blocked? Yes [ ] No [ ]

Are any vapor return lines, including swivels, anti-recirculation valves, underground piping malfunctioning, blocked, or restricted through the piping lines exceeding by a factor of 2 or more than the requirements specified in the Executive Order(s)? Yes [ ] No [ ]

If a vapor processing unit is required, is the unit inoperative or severely malfunctioning? Yes [ ] No [ ]

Are any vacuum producing devices inoperative or severely malfunctioning? Yes [ ] No [ ]

Are any pressure/vacuum relief valves, vapor check valves, or dry breaks inoperative? Yes [ ] No [ ]

Are there any equipment defects which are identified in an Executive Order certifying a system pursuant to the Certification Procedures incorporated in Section 94001 of Title 17, California Administrative Code, as substantially impairing the effectiveness impairing the effectiveness of the system in reducing air contaminants? Yes [ ] No [ ]

I certify the foregoing information to be correct and complete to the best of my knowledge.

Inspection completed by: \_\_\_\_\_  
(Signature)

Comments and Explanations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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