

ADEM

ANNUAL PROBE AND SENSOR TEST REPORT FOR YEAR _____

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

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|--------------------|-------------------|
| Facility Name: | Owner: |
| Address: | Address: |
| City, County, Zip: | City, State, Zip: |
| Facility I.D. #: | Phone #: |
| Tester Name: | Tester Phone #: |
| Tester Company: | |

Instructions

1. Submit a completed copy of this form within 30 days of performing test to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: USTcompliance@adem.alabama.gov.
2. This form allows you to record up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
3. Complete portion of form pertaining to type of equipment tested for each tank.
4. Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
5. Keep a record copy of this testing for 3 years.

| | | | | | | |
|---|--|--|--|--|--|--|
| ADEM Unique Tank # or Dispenser # | | | | | | |
| Product Stored (N/A for dispenser) | | | | | | |

Probes

| | | | | | | |
|--|--|--|--|--|--|--|
| Probe is free of residual buildup? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Floats move freely? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Shaft inspected and free of damage? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Cables free of kinks? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Alarm functioning properly? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Result of Probe test? (Probe must meet all applicable criteria to pass.) | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail |
| Tester's initials and date tested | / / | / / | / / | / / | / / | / / |

Sensors

| | | | | | | |
|---|--|--|--|--|--|--|
| Installed on tank or piping? | <input type="checkbox"/> tank <input type="checkbox"/> piping | <input type="checkbox"/> tank <input type="checkbox"/> piping | <input type="checkbox"/> tank <input type="checkbox"/> piping | <input type="checkbox"/> tank <input type="checkbox"/> piping | <input type="checkbox"/> tank <input type="checkbox"/> piping | <input type="checkbox"/> tank <input type="checkbox"/> piping |
| Type of sensor: discriminating (D) or non-discriminating (ND)? | <input type="checkbox"/> D <input type="checkbox"/> ND | <input type="checkbox"/> D <input type="checkbox"/> ND | <input type="checkbox"/> D <input type="checkbox"/> ND | <input type="checkbox"/> D <input type="checkbox"/> ND | <input type="checkbox"/> D <input type="checkbox"/> ND | <input type="checkbox"/> D <input type="checkbox"/> ND |
| Piping interstitial space open, or test boots positioned, to allow product to enter sump from primary piping? | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA |
| Are sensors positioned vertically near bottom of the sump or tank? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Alarm functioning properly? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Is sensor relayed to shut the pump off? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Did the sensor test shut the pump off? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Result of Sensor test? (Sensor must meet all applicable criteria to pass.) | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail |
| Tester's initials and date tested | / / | / / | / / | / / | / / | / / |

| Repairs Needed | Date of Repair | Description of any Repairs |
|----------------|----------------|----------------------------|
| | | |
| | | |
| | | |