

| Healy 400 ORVR & 600 Nozzle System: Weekly Visual Inspection Checklist | | If “*”, Date Repaired. Other Repair Notations |
|---|--|--|
| <p>A. Nozzles (See Diagrams 1 & 2, pgs. 18-19)</p> <p>1. Correct nozzles installed, as per Exhibit 1 of applicable CARB Order?</p> <p>2. Nozzle boots torn, loose, or missing?</p> <p>3. Nozzle spouts dented, loose, or leaking?</p> <p>4. Nozzles fail to shut off causing spillage?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> | |
| <p>B. Hoses, Swivels, Retractors, & Breakaways</p> <p>1. Hoses damaged or leaking?</p> <p>2. More than six inches of the hose surface touching the dispenser island when the nozzle is hanging in the dispenser holster? (See Diagram 3, page 20).</p> <p>3. Hose swivels turn freely minimizing hose damage?</p> <p>4. Retractor cable assemblies loose or damaged? (If required by dispenser design)</p> <p>5. Hose breakaways installed between the hose and the whip hose? (See Diagram 3, page 20)</p> <p>6. Hose breakaways installed in the proper direction?</p> <p>7. Hose breakaways leaking gasoline?</p> | <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> | |

| C. Stage I Vapor Recovery | | If “*”, Date Repaired. Other Repair Notations |
|--|---|--|
| 1. Is a Two-Point Stage I Vapor recovery system installed? (Diagram 4, pg. 21) | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 2. Vapor Caps: | | |
| <ul style="list-style-type: none"> • Vapor caps installed on all product fill adaptors and dry break vapor adaptors? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| <ul style="list-style-type: none"> • Vapor caps firmly locked so they don't swivel freely? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| <ul style="list-style-type: none"> • Rubber seals installed underneath all vapor caps? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| <ul style="list-style-type: none"> • Rubber seals cracked, torn, or worn out? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 3. Dry Break Vapor Adaptors: | | |
| <ul style="list-style-type: none"> • Dry break vapor adaptors tight and in good condition? (Diagram 5, pg. 22) | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |
| <ul style="list-style-type: none"> • Gasoline fumes escaping from dry break vapor adaptors with the vapor caps removed? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |
| 4. Product Fill Adaptors and Spill Buckets: | | |
| <ul style="list-style-type: none"> • Product fill adaptors tight and in good condition? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |
| <ul style="list-style-type: none"> • Spilled gasoline emptied from the spill containment buckets after fuel delivery? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |
| <ul style="list-style-type: none"> • Gasoline, water, dirt, leaves, or debris in the spill containment buckets? (See Diagram 6, pg. 23) | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |

| D. Monitor/Sensor Checklist | | If “*”, Date Repaired. Other Repair Notations |
|--|---|--|
| <p>1. Healy Model 6280 System Monitor installed? (See Diagram 8, page 25). Please Note: Effective 3/1/1997, the Model 6169 System Monitor is no longer approved for use and must be replaced with Model 6280.</p> <p>2. Healy System Monitor installed in an easily visible and accessible location (monitor should be installed inside building, preferably near cash registers).</p> <p>3. Healy Model 6275 Pressure Vacuum (P/V) Vent Sensor installed on the aboveground tank vent pipes? (See Diagram 7, page 24).</p> <p>4. Two Pressure Vacuum (P/V) Vent Valves installed? (See Diagram 7, pg 24)</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No*</p> | |
| E. System Monitor Maintenance and Recordkeeping Logs | | |
| <p>1. System Monitor on and working?</p> <p>2. VENT light <u>on</u> indicating excessive vent emissions?</p> <p>3. VAC light <u>on</u> indicating vacuum failure?</p> <p>4. Audible alarm <u>on</u> indicating excessive vent emissions and/or a vacuum failure?</p> <p>5. History of Venting Episodes printed? (to print History, press both “Reset” buttons on the front of the System Monitor at the same time)</p> <p>6. Paper roll in the System Monitor printer?</p> <p>7. Monitor Maintenance Log Sheet fully completed for <u>each</u> VENT or VAC light episode, or audible alarm episode? (See Diagram 9, page 27)</p> <p>8. Maintenance Contractor called within 24 hours of a VENT or VAC light episode, or audible alarm episode?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No*</p> | |

| F. Vacuum Blower, Vacuum Vane Pump, Healy 9000 Mini-Jet (See Exhibit 1 of CARB Order for required vacuum source) | | If “*”, Date Repaired. Other Repair Notations |
|--|---|---|
| 1. Model 2000 Vacuum Blower, or a Model VP500 Central Vacuum Vane Pump installed? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 2. Healy Model 9000 Mini-Jet pump installed in the tank manhole cover? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 3. Blowers, Vane Pumps, and/or jet pumps working properly? Listen for unusual noises (grinding) when they are operating. | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| G. Vapor Recovery System Repair As a result of weekly visual inspections, did you find any Stage II and/or Stage I system components incorrectly installed, non-functioning or broken? If <u>YES</u> , did you: | | |
| 1. Immediately repair the incorrectly installed, non-functioning or broken (broken) component(s)? <u>or</u> , | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |
| 2. If the broken component(s) could not be immediately repaired immediately stop dispensing gasoline through the broken component(s), post “Out of Service” signs on it, and repair it within 14 days? <u>or</u> , | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. If the broken component(s) could not be repaired within 14 days; immediately isolate the broken component(s) from the remainder of the Stage II system so that the remainder of the Stage II system is correctly operating and post “Out of Service” signs on the broken component(s) until repaired? <u>or</u> , | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. If the broken component(s) can not be isolated from the remainder of the Stage II system so that the remainder of the Stage II system is correctly operating; immediately stop <u>ALL</u> dispensing of gasoline at the facility and post “Out of Service” signs on <u>ALL</u> motor vehicle fuel dispensers until the component(s) was repaired? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Weekly Stage II Inspector’s Name (Printed)

Weekly Stage II Inspector’s Signature

Date