



Vacuum Testing for Spill Buckets (PEI RP 1200)

Facility Name: _____ Facility ID Number: 0-0 _____ Facility Address: _____ Testing Date: _____

Name of Tester(s) _____ ADEQ-Certification # _____

IF TESTING ACCORDING TO SPILL BUCKET MANUFACTURER'S TESTING INSTRUCTIONS OR TESTING EQUIPMENT MANUFACTURER'S TESTING PROTOCOL, SUBMIT TESTING DATA IN ACCORDANCE WITH THEIR TESTING INSTRUCTIONS.

		COMPLETE ONE COLUMN PER SPILL BUCKET					
Tank # for Spill Bucket being testing							
Product for Spill Bucket being testing							
Manufacturer							
Model							
Spill Bucket Capacity							
Construction Type		<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall
Portion of Spill Bucket to be tested		<input type="checkbox"/> Primary Bucket <input type="checkbox"/> Both Primary & Secondary	<input type="checkbox"/> Primary Bucket <input type="checkbox"/> Both Primary & Secondary	<input type="checkbox"/> Primary Bucket <input type="checkbox"/> Both Primary & Secondary	<input type="checkbox"/> Primary Bucket <input type="checkbox"/> Both Primary & Secondary	<input type="checkbox"/> Primary Bucket <input type="checkbox"/> Both Primary & Secondary	<input type="checkbox"/> Primary Bucket <input type="checkbox"/> Both Primary & Secondary
Construction Material							
Spill Bucket Type		<input type="checkbox"/> Product Containment <input type="checkbox"/> Vapor Recovery	<input type="checkbox"/> Product Containment <input type="checkbox"/> Vapor Recovery	<input type="checkbox"/> Product Containment <input type="checkbox"/> Vapor Recovery	<input type="checkbox"/> Product Containment <input type="checkbox"/> Vapor Recovery	<input type="checkbox"/> Product Containment <input type="checkbox"/> Vapor Recovery	<input type="checkbox"/> Product Containment <input type="checkbox"/> Vapor Recovery
VISUAL INSPECTION	Liquid and debris removed from Spill Bucket?	<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
	Visual Inspection for cracks, loose parts, or separation of the bucket from the fill pipe performed?	<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
	COMMENTS regarding Visual Inspection.						
	Result of Visual Inspection	<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
Tank riser cap included in test?		<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
Drain valve included in test?		<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
VACUUM TESTING START	Amount of vacuum applied to the spill bucket at the start of the test						
	Start Time (Hour:Minute)						
End Time (Hour:Minute)							
Duration of Test (in minutes)							
VACUUM TESTING END	Amount of vacuum applied to the spill bucket at the end of the test						
	Amount of change to vacuum						
	Specify the PASS/FAIL CRITERIA for the Method of Testing used						
	Result of Vacuum Test	<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
INTEGRITY TEST PASS/FAIL CRITERIA: 1) Must pass Visual Inspection AND 2) Vacuum Test							
INTEGRITY TEST RESULTS:		<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
COMMENTS:							

Recommended Photo Documentation:

- condition of spill bucket prior to testing
- time and vacuum at start of vacuum test
- time and vacuum at end of vacuum test
- identification of the spill bucket being tested
- vacuum equipment installed on spill bucket to be tested
- issues discovered during visual inspection