



## 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<br><input type="checkbox"/> Double Wall                 | <input type="checkbox"/> Single Wall<br><input type="checkbox"/> Double Wall                 | <input type="checkbox"/> Single Wall<br><input type="checkbox"/> Double Wall                 | <input type="checkbox"/> Single Wall<br><input type="checkbox"/> Double Wall                 | <input type="checkbox"/> Single Wall<br><input type="checkbox"/> Double Wall                 |
| Portion of Spill Bucket to be tested  |  | <input type="checkbox"/> Primary Bucket<br><input type="checkbox"/> Both Primary & Secondary | <input type="checkbox"/> Primary Bucket<br><input type="checkbox"/> Both Primary & Secondary | <input type="checkbox"/> Primary Bucket<br><input type="checkbox"/> Both Primary & Secondary | <input type="checkbox"/> Primary Bucket<br><input type="checkbox"/> Both Primary & Secondary | <input type="checkbox"/> Primary Bucket<br><input type="checkbox"/> Both Primary & Secondary |
| Construction Material   |  |  |  |  |  |  |
| Spill Bucket Type   |  | <input type="checkbox"/> Product Containment<br><input type="checkbox"/> Vapor Recovery      | <input type="checkbox"/> Product Containment<br><input type="checkbox"/> Vapor Recovery      | <input type="checkbox"/> Product Containment<br><input type="checkbox"/> Vapor Recovery      | <input type="checkbox"/> Product Containment<br><input type="checkbox"/> Vapor Recovery      | <input type="checkbox"/> Product Containment<br><input type="checkbox"/> Vapor Recovery      |
| <b>VISUAL INSPECTION</b>  | 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                                     |
|   | 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                                  |
|   | 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                                  |
| 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                                     |
| 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        |
| <b>VACUUM TESTING START</b>   | Amount of vacuum applied to the spill bucket at the start of the test                                | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     |
|   | Start Time (Hour:Minute)   |  |  |  |  |  |
| End Time (Hour:Minute)  |  |  |  |  |  |  |
| Duration of Test (in minutes)   |  |  |  |  |  |  |
| <b>VACUUM TESTING END</b>   | Amount of vacuum applied to the spill bucket at the end of the test                                  | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     |
|   | Amount of change to vacuum   | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     | _____ inches mercury<br>_____ inches water column<br><i>(circle one)</i>                     |
|   | 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                                  |
| <b>INTEGRITY TEST PASS/FAIL CRITERIA: 1) Must pass Visual Inspection AND 2) Vacuum Test</b> |  |  |  |  |  |  |
| <b>INTEGRITY TEST RESULTS:</b>  |  | <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 end of vacuum test
- identification of the spill bucket being tested
- time and vacuum at start of vacuum test
- vacuum equipment installed on spill bucket to be tested
- issues discovered during visual inspection