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

Vacuum Testing for Spill Buckets (PEI RP 1200)

IF TESTING ACCORDING TO SUMP 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 tested						
Product for Spill Bucket being tested						
Manufacturer						
Model						
Spill Bucket **Capacity**						
Construction Type		___ Single Wall ___ Double Wall	___ Single Wall ___ Double Wall	___ Single Wall ___ Double Wall	___ Single Wall ___ Double Wall	___ Single Wall ___ Double Wall
Portion of Spill Bucket to be tested		___ Primary Bucket ___ Secondary Bucket ___ Both Primary & Secondary	___ Primary Bucket ___ Secondary Bucket ___ Both Primary & Secondary	___ Primary Bucket ___ Secondary Bucket ___ Both Primary & Secondary	___ Primary Bucket ___ Secondary Bucket ___ Both Primary & Secondary	___ Primary Bucket ___ Secondary Bucket ___ Both Primary & Secondary
Construction Material						
Spill Bucket Type		___ Fill / Spill Containment ___ Vapor Recovery	___ Fill / Spill Containment ___ Vapor Recovery	___ Fill / Spill Containment ___ Vapor Recovery	___ Fill / Spill Containment ___ Vapor Recovery	___ Fill / Spill Containment ___ Vapor Recovery
VISUAL INSPECTION A failed visual inspection means that it would not pass a hydrostatic test with certainty.	Liquid and debris removed from Spill Bucket?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
	Visual Inspection for cracks, loose parts, or separation of the bucket from the fill pipe performed?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
	COMMENTS regarding Visual Inspection.					
	Result of **Visual Inspection**	___ PASS ___ FAIL	___ PASS ___ FAIL	___ PASS ___ FAIL	___ PASS ___ FAIL	___ PASS ___ FAIL
Tank riser cap included in test?		___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Drain valve included in test?		___ N/A ___ Yes ___ No	___ N/A ___ Yes ___ No	___ N/A ___ Yes ___ No	___ N/A ___ Yes ___ No	___ N/A ___ Yes ___ No
VACUUM TESTING START	PRE-TEST amount of vacuum applied to the spill bucket	inches water column	inches water column	inches water column	inches water column	inches water column
	Time Test Began (Hour:Minute)					
Time Test Ended *(Hour:Minute)*						
Length of testing period *(in minutes)*						
VACUUM TESTING END	POST-TEST amount of vacuum applied to the spill bucket	inches water column	inches water column	inches water column	inches water column	inches water column
	Amount of change to vacuum	inches water column	inches water column	inches water column	inches water column	inches water column
	Specify the PASS/FAIL CRITERIA for the Method of Testing used.					
	Result of **Vacuum Test**	___ PASS ___ FAIL	___ PASS ___ FAIL	___ PASS ___ FAIL	___ PASS ___ FAIL	___ PASS ___ FAIL
INTEGRITY TEST PASS / FAIL CRITERIA: 1) Must pass **VISUAL INSPECTION** **AND** 2) **VACUUM TEST.**						
INTEGRITY TEST RESULT:		___ PASS ___ FAIL	___ PASS ___ FAIL	___ PASS ___ FAIL	___ PASS ___ FAIL	___ PASS ___ FAIL
COMMENTS:						

ATTACHED PHOTO LOG FOR EACH SPILL BUCKET BEING TESTED MUST INCLUDE:

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