

**APPENDIX B-4: SAMPLE FORM FOR MONTHLY FUELING SYSTEM CHECKLIST**

<b>MONTHLY FUELING SYSTEM CHECKLIST</b>											
Facility ID#	Facility Name	Level II Qualified Person Signature	Date								

**NOTE:** Changes in the composition of fuel may occur during the operational life of dispensing equipment such as, but not limited to, a change in the alcohol content of gasoline or amount of sulfur in diesel fuel. These changes may result in leaks or unusual operating conditions that may necessitate more frequent inspections than listed in this recommended practice.

Equipment to be Checked	PEI/ RP	Fueling Position																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
All dispenser components inside cabinet clean and dry	500																	
Dispenser sump dry (if present)	7.5																	
Filter clean, dry and dated	7.5.1																	
Meters clean and dry; meter calibration mechanism sealed	7.5.2																	
Union clean and dry	7.5.3-4																	
Emergency shutoff valve clean and dry, trip arm not obstructed (if present)	7.5.5																	
Suction pump and air eliminator clean and dry, air eliminator vent not obstructed, v-belt in good condition (suction pump only)	7.6.1																	
Dispenser cabinets intact, no jagged edges.	7.7.1																	
Hose retriever in good working condition	7.8.1																	
Hose not touching the ground or island (balance Stage II systems only)	7.8.2																	
No more than 6 inches of hose touching the ground (vacuum assist Stage II systems only)	7.8.3																	
Nozzle, swivel and breakaway "remove by" date has not passed	7.8.3																	
Warnings and fueling instructions posted and readable	7.8.4																	
Stage II nozzle instructions posted and readable	7.8.5																	
Emergency stop easy to see and accessible	7.8.6																	
Spill clean-up & dispenser out-of-service supplies on hand	7.9																	
	7.10																	

**NOTES:**

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**INSTRUCTIONS:** Refer to the corresponding section of PEI/RP500 for additional inspection guidance. Mark each fueling position where no problem is observed with a checkmark: ✓ If certain equipment is not required and not present, mark checklist: N/A. Mark each fueling position where a defect is observed with a number. Write the same number in the notes section together with a description of the problem. If a defect is found: (1) Place the nozzle, dispenser or product out of service; (2) Notify appropriate person.