



**EASTERN KERN AIR POLLUTION CONTROL DISTRICT**

2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370  
 PHONE: (661) 862-5250 • FAX: (661) 862-5251 • [www.kernair.org](http://www.kernair.org)

**SELF INSPECTION CHECKLIST: TWO POINT  
 PHASE I AND PHASE II EVR SYSTEMS**

Month:	Year:
Site Name:	
Address:	

**Instructions:** Place an "X" in the box if no problem is found. Place an "O" in the box if a problem is found. Record all problems in your repair log. Conduct inspections 5 days a week. If throughput is less than 25,000 gallons per month only one inspection a week is required. Keep these records in your Operations and Maintenance manual for five years.

<b>Tanks area (Phase I Vapor Recovery)</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1. PV valves: present & EVR compliance sticker																															
2. Spill container: clean and dry.																															
3. Spill container valve: Closed, not damaged.																															
4. Fill adaptor: tight on riser, swivels properly.																															
5. Fill adaptor cap: tight, gasket present, no damage.																															
6. Fill tube: present & jack screw assembly tight.																															
7. Vapor adaptor: aligned and operating properly.																															
8. Vapor cap: tight, gasket present.																															

Days of the Week

<b>Dispenser Area (Phase II Vapor Recovery)</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
9. Air District decal: correct toll free phone number.																															
10. Nozzles: in good repair.																															
11. Hoses: in good repair.																															
12. Hold open latch: present, in good repair.																															
13. Bellows and faceplate: present, in good repair.																															

**Monitoring Equipment ISD**

14. Equipment is functioning properly.																															
15. Daily ISD report has been printed.																															
16. Daily Alarm Log has been printed.																															

**Weekly Inspection (Healy System Only)**

Place an X on the day(s) the weekly inspection was conducted, Leave all other days blank.

17. Test VP-1000 pump for normal operation																															
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Quarterly Inspection**

**Date of Inspection:**

18. Is pump piping in good repair:	Yes	No	Is dispensing rate accurate:	Yes	No	Are monthly fuel throughput records up-to-date:	Yes	No							
19. Is the O & M manual, District permit, ARB Executive orders, Monthly alarm log, and Maintenance/repair records for EVR system current and available:							Yes	No							
20. Clean Air Separator ball valve position: Valve A:		Open	Closed	Valve B:		Open	Closed	Valve C:		Open	Closed	Valve D:		Open	Closed

<b>Inspector's Initials:</b>																															
------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--