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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | UST shear valve inspection formUnderground Storage Tanks (UST) ProgramDoc Type: Compliance Certification |

Purpose:This form is for documenting the inspection of the shear valves. See PEI/RP1200, Section 10 for inspection procedures.

## Facility information

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| Facility name: |       |
| Facility address: |       | Facility ID#: |       |
| City: |       | State: |       | Zip code: |       |
| Owner name: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip code: |       |
| Phone: |       | Fax: |       | Email: |       |

Testing information

|  |  |  |  |  |  |  |
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| 1. Product grade |       |       |       |       |       |       |
| 2. Dispenser ID# |       |       |       |       |       |       |
| 3. Shear valve brand and model |       |       |       |       |       |       |
| 4. Is the shear valve a double poppet? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 5. Is the shear valve secondarily contained? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 6. Is the shear valve rigidly anchored to the dispenser box frame or dispenser island per the manufacturer’s specifications? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 7. Is the shear section positioned between ½ inch above or below the top surface of the dispenser island? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 8. Is the lever arm free to move? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 9. Does the lever arm snap shut the poppet valve? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 10. Can any product be dispensed when the product shear valve is closed? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **A “No” in lines 6-9 or a “Yes” for line 10 indicates a failure.** |  |  |  |  |  |  |
| **Test results:** | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail |
| **Comments:**      |
| Testing company name: |       | Tester’s name: |       |
| Date (mm/dd/yyyy): |       | Tester’s signature: |  |