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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | UST shear valve  inspection form  Underground Storage Tanks (UST) Program  Doc 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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | |  | | | |