Santa Barbara County
Air Pollution Control District

SBCAPCD GASOLINE STORAGE AND DISPENSING FACILITY (Healy System)
Daily Inspection Form

Company Name: _____ Facility ID #:_____

Address:_____ City:_____ Zip: _____ Permit #: _____ Month/Year _____

	DAYS OF THE MONTH																														
ACTIVITY	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
Hoses-no damage, loose connections, leaks, kinks, blockages, cracks, or tears.																															
Breakaway- no damage, loose connections, leaks, are in place with correct flow direction																															
Nozzles-no damage, loose connections, or leaks																															
Nozzles - no damaged vapor boots or spouts																															
Equip. Certification-no missing labels or stickers. (APCD/ARB phone#)																															
No liquid or damage in spill containments both vapor and fill																															
Phase I. All caps in place, cap seals OK.(both fill and vapor recovery)																															
Dual Phase I-daybreak functioning -springs back, no damage, no leaks, no loose connections																															
Weekly test of Vacuum Pump - perform same day each week																															
Initials of individual who performed inspection.																															