

ADEM
ANNUAL LIQUID SENSOR INSPECTION AND FUNCTIONALITY TEST
FOR YEAR _____

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility I.D. #:	Phone #:
Tester Name:	Tester Phone #:
Tester Company:	Test Date:

Instructions

1. Submit a completed copy of this form within 30 days of performing test to: Groundwater Branch, PO Box 301463, Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: USTcompliance@adem.alabama.gov.
2. This form allows you to record up to 6 ADEM Unique Tank Numbers and/or Dispenser Numbers, assuming that the Facility ID Number remains the same.
3. Inspection and Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
4. Keep a copy of this testing for 3 years. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

ADEM Unique Tank # or Dispenser #						
Product Stored or Dispensed						
Location of sensor	<input type="checkbox"/> UST <input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> UST <input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> UST <input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> UST <input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> UST <input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> UST <input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser
Is sensor installed on tank or piping?	<input type="checkbox"/> tank <input type="checkbox"/> piping					
Type of sensor: discriminating (D) or non-discriminating (ND)?	<input type="checkbox"/> D <input type="checkbox"/> ND					
Is sensor positioned close to bottom at lowest point of the sump or tank?	<input type="checkbox"/> yes <input type="checkbox"/> no					
Does inspection of the sensor indicate sensor is undamaged?	<input type="checkbox"/> yes <input type="checkbox"/> no					
Upon sensor activation, is alarm triggered on the console for the correct sensor?	<input type="checkbox"/> yes <input type="checkbox"/> no					
Is sensor relayed to shut off the pump?	<input type="checkbox"/> yes <input type="checkbox"/> no					
When relayed sensor is activated, does it shut off the pump?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a					
Does console test history include test alarms? (Don't forget to clear test alarms)	<input type="checkbox"/> yes <input type="checkbox"/> no					
Result of Sensor Test? (Must meet all applicable criteria to pass.)	<input type="checkbox"/> pass <input type="checkbox"/> fail					

Repairs Needed	Date of Repair	Description of any Repairs

Tester's Signature: