ADEM
ANNUAL RELEASE DETECTION EQUIPMENT OPERATION AND CALIBRATION TESTING LOG
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. This form allows you to record up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
2. Complete portion of form pertaining to all types of equipment inspected for each tank.
3. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200, or equivalent), manufacturer's instructions, or ADEM requirements.
4. Keep a copy of this inspection for 3 years. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655.

ADEM Unique Tank #						
Product Stored						

Vacuum Pumps and Pressure Gauges						
Proper communication with sensors and controller observed?	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a
Gauges reading properly? (All pressure gauges should show a positive reading and all vacuum gauges should show a negative reading.)	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a
Operation and calibration testing results? (Must meet all applicable criteria to pass.)	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail

Hand-Held Electronic Sampling Equipment Associated with Groundwater and Vapor Monitoring						
Proper operation and calibration observed?	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a	☐ yes ☐ no ☐ n/a
Operation and calibration testing results? (Must meet all applicable criteria to pass.)	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail

Other Component Tested:						
Proper operation and calibration observed?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
Operation and calibration testing results? (Must meet all applicable criteria to pass.)	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail

Other Component Tested:						
Proper operation and calibration observed?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
Operation and calibration testing results? (Must meet all applicable criteria to pass.)	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail	☐ pass ☐ fail

Repairs Needed	**Date of Repair**	**Description of any Repairs**

Tester's Signature:

ADEM Form 561 03/18 m2 (revised 8/19)