



This form is now available for electronic submittal using the Alabama Environmental Permitting and Compliance System or AEPACS.

[Note: The program encourages the use of an electronic form submittal rather than a paper form submittal.]

Please click the link below to submit this form electronically using AEPACS.

<https://aepacs.adem.alabama.gov/nviro/ncore/external/home>

ADEM ANNUAL RELEASE DETECTION EQUIPMENT OPERATION AND CALIBRATION TESTING LOG FOR YEAR _____

Site Name:	Owner:
Address:	Address:
City, County, Zip, State, Country:	City, State, Zip, Country:
Facility I.D. #:	Phone #:
Inspector Name:	Inspector Phone #:
Inspector Company:	Inspector Date:

Site Latitude _____ Longitude _____

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?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a					
Gauges reading properly? (All pressure gauges should show a positive reading and all vacuum gauges should show a negative reading.)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a					
Operation and calibration testing results? (Must meet all applicable criteria to pass.)	<input type="checkbox"/> pass <input type="checkbox"/> fail					

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

Other Component Tested:						
Proper operation and calibration observed?	<input type="checkbox"/> yes <input type="checkbox"/> no					
Operation and calibration testing results? (Must meet all applicable criteria to pass.)	<input type="checkbox"/> pass <input type="checkbox"/> fail					

Other Component Tested:						
Proper operation and calibration observed?	<input type="checkbox"/> yes <input type="checkbox"/> no					
Operation and calibration testing results? (Must meet all applicable criteria to pass.)	<input type="checkbox"/> pass <input type="checkbox"/> fail					

Repairs Needed	Date of Repair	Description of any Repairs
Site Contact ___ Owner ___ Lessee ___ Consultant		
Address		
City, State, Zip, Country:		

Tester's Signature: _____