

OVERFILL EQUIPMENT INSPECTION RECORDKEEPING FORM

OKLAHOMA CORPORATION COMMISSION
 PETROLEUM STORAGE TANK DIVISION
 P.O. Box 52000, Room 480
 Oklahoma City, OK 73152-2000

REQUIRED ONCE EVERY THREE (3) YEARS

LOCATION OF TANK(S)

Facility Name or Company Site Identifier

Physical Address (PO Box NOT acceptable)

City, State & Zip

County

Inspection Date : ___ / ___ / ___

Facility Number: _____

Tank Number					
Product Stored					
Overfill equipment manufacturer					
Type (Circle One)	Automatic shutoff device Ball float valve Overfill alarm	Automatic shutoff device Ball float valve Overfill alarm	Automatic shutoff device Ball float valve Overfill alarm	Automatic shutoff device Ball float valve Overfill alarm	Automatic shutoff device Ball float valve Overfill alarm
Automatic Shutoff Device Inspection	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Drop tube removed from tank?					
Drop tube and float mechanisms are free of debris?					
Float moves freely without binding and poppet moves into flow path?					
Bypass valve in the drop tube (if present) is open and free of blockage?					
Flapper is adjusted to shut off flow at 95% capacity?					
Overfill Alarm Inspection	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Electronic device and probe are operating properly?					
Alarm activates at 90% capacity or within one minute of overfill?					
Alarm can be heard or seen from where the tank is fueled?					
Ball Float Valve Inspection	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Tank top fittings are vapor-tight and leak free?					
Ball float cage free of debris?					
Ball is free of holes and cracks and moves freely in cage?					
Vent hole in pipe is open and near top of tank?					
Ball float pipe is proper length to restrict flow at 90% capacity?					
Inspection Results (Circle One) (No to any question indicates a test failure.)	Pass / Fail	Pass / Fail	Pass / Fail	Pass / Fail	Pass / Fail
Comments:					

Technician Company : _____ Technician Signature: _____

Technician Name: _____

Keep this record for three years.

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