

Washington Oregon Gasoline Vapor Control Committee

This form will be accepted by any State or Local Air Pollution Agency requiring compliance testing on gas station vapor recovery equipment within the states of Washington or Oregon

For Agency Use Only

Reviewed by: _____

Date: _____

Passed Failed

(Attach reasons for test failure to this form)

Air To Liquid Ratio Test – Alternate Method VacuSmart[®] Test

Station Name: _____	Air Agency Registration No.: _____
Address: _____	
City, State, Zip: _____	

Testing Company Name: _____	Date/Time of Test: _____
Address: _____ Phone No.: _____	
City, State, Zip: _____	

Vapor Recovery System: _____

VacuSmart S/N: _____ VacuSmart Last Calibrated: _____

Check type of system being tested:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Amoco V-1 | <input type="checkbox"/> Franklin Electric INTELLIVAC | <input type="checkbox"/> OPW VaporEZ | <input type="checkbox"/> Tokheim MaxVac |
| <input type="checkbox"/> Catlow ICVN-VI | <input type="checkbox"/> Gilbarco Vapor Vac | <input type="checkbox"/> Schlumberger SAVR | <input type="checkbox"/> Wayne Vac |
| <input type="checkbox"/> Catlow Vapor Mate | <input type="checkbox"/> Hasstech VacuRite | | |

Dispenser	Grade	GPM	CARB A/L
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All of the VacuSmart tests are for dispensing 2 gallons. It is built into the instrument

Person conducting the test:

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

Tank owner or authorized representative:

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>