

# 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*

<b>For Agency Use Only</b>
Reviewed by: _____
Date: _____
<input type="checkbox"/> Passed <input type="checkbox"/> Failed
(Attach reasons for test failure to this form)

## Healy Return Line Tightness Test Report Form

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

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

Date test equipment was last calibrated: \_\_\_\_\_

### Calculations:

Length of 2" vapor return Piping = \_\_\_\_\_ = *N*  
(Rounded to the nearest 20')

Allowable vacuum drop =  $\frac{800}{N}$  = \_\_\_\_\_ = *calculated p P*  
(if vapor return piping is 3" diameter, multiply by .5)

Initial Reading: \_\_\_\_\_ (must be between 65" - 85" for a valid test)

@ 1 minute \_\_\_\_\_

@ 2 minute \_\_\_\_\_

@ 3 minute \_\_\_\_\_

@ 4 minute \_\_\_\_\_

@ 5 minute \_\_\_\_\_

= Actual Vacuum drop = \_\_\_\_\_ = *measured p P*  
(measured *p P* must be  $\leq$  *calculated p P* for test to Pass)

**Test Result:**    Passed    Failed   (Attach reasons for test failure to this form)

Person conducting the test:

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

Equipment owner or authorized representative:

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