

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)

Static Torque of Rotatable Stage 1 Adaptors

Station Name: _____

Air Agency Registration No.: _____

Address: _____

City, State, Zip: _____

Testing Company Name: _____

Date/Time of Test: _____

Address: _____ Phone No.: _____

City, State, Zip: _____

Measurement Units: pound-inches

Vapor Adaptor 1	Vapor Adaptor 2	Vapor Adaptor 3	Vapor Adaptor 4
360° PASS FAIL	360° PASS FAIL	360° PASS FAIL	360° PASS FAIL
Brand:	Brand:	Brand:	Brand:
Model:	Model:	Model:	Model:
Grade:	Grade:	Grade:	Grade:
Torque 1:	Torque 1:	Torque 1:	Torque 1:
Torque 2:	Torque 2:	Torque 2:	Torque 2:
Torque 3:	Torque 3:	Torque 3:	Torque 3:
Average:	Average:	Average:	Average:

Product Adaptor 1	Product Adaptor 2	Product Adaptor 3	Product Adaptor 4
360° PASS FAIL	360° PASS FAIL	360° PASS FAIL	360° PASS FAIL
Brand:	Brand:	Brand:	Brand:
Model:	Model:	Model:	Model:
Grade:	Grade:	Grade:	Grade:
Torque 1:	Torque 1:	Torque 1:	Torque 1:
Torque 2:	Torque 2:	Torque 2:	Torque 2:
Torque 3:	Torque 3:	Torque 3:	Torque 3:
Average:	Average:	Average:	Average:

Comments: _____

Print Name

Signature

Date

Tank owner or authorized representative:

Print Name

Signature

Date