

For every day of operation: Print and sign your name. Place a check mark under each column for every component that you find to be free of defects. If you find a defect, mark a "D" in the corresponding column and note the repairs on the bottom of the page.

Month and Year:		Facility Name, Address, Phone Number						Permit Number		
Day	Time	Name	Signature	Does the Phase I vapor poppet function properly? (Check during fuel delivery)	Does the nozzle <i>automatic shutoff</i> work properly? Verify from customer compliants	Are the nozzle boots and faceplates torn or missing?	Are all vapor recovery components certified and installed per Executive Order?	Are the <i>Healy Systems Scheduled Maintenance</i> weekly and quarterly inspections and tests being performed? (Exhibit 2 of Executive Order)	Were problems discovered during the <i>Healy Systems Scheduled Maintenance</i> serviced? If so, were they done by a Certified Healy Technician?	Is the equipment free of all other defects not listed on this form?
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Repairs Needed:
