

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Date of Testing:
Facility Address:	
Facility Contact:	Phone:
Date Local Agency Was Notified of Testing :	
Name of Local Agency Inspector (if present during testing):	

2. TESTING CONTRACTOR INFORMATION

Company Name:				
Technician Conducting Test:				
Credentials ¹ :	CSLB Contractor	ICC Service Tech.	SWRCB Tank Tester	Other (Specify) _____
License Number(s):				

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	Hydrostatic	Vacuum	Other	
Test Equipment Used:	Equipment Resolution:			
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1	2	3	4
Bucket Installation Type:	Direct Bury Contained in Sump			
Bucket Diameter:				
Bucket Depth:				
Wait time between applying vacuum/water and start of test:				
Test Start Time (T _I):				
Initial Reading (R _I):				
Test End Time (T _F):				
Final Reading (R _F):				
Test Duration (T _F - T _I):				
Change in Reading (R _F - R _I):				
Pass/Fail Threshold or Criteria:				
Test Result:	Pass Fail	Pass Fail	Pass Fail	Pass Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: _____

Date: _____

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.