

# 307/407/312/412 P TEST AND I INSPECTION REPORT

<b>CARGO TANK OWNER:</b>		<b>OWNER'S ADDRESS:</b>			<b>TELEPHONE NUMBER:</b> ( )		
<b>CARGO TANK MANUFACTURE:</b>		<b>DOT SPECIFICATION:</b> MC/ DOT:	<b>OWNER'S UNIT NUMBER:</b>	<b>MANUFACTURER'S SERIAL NUMBER:</b>			
<b>MAWP/DESIGN PRESSURE:</b>	<b>DATE OF MANUFACTURE:</b>		<b>TANK CAPACITY IN GALLONS:</b>		<input type="checkbox"/> <b>LINED</b> <input type="checkbox"/> <b>INSULATED</b>		
<b>DEDICATED SERVICE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>TRANSPORTS LADING CORROSIVE TO THE TANK:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>TRANSPORTS LADING CORROSIVE TO THE PRESSURE RELIEF DEVICE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> <b>INTERNAL VISUAL INSPECTION</b> 180.407(e) Disposition of inspection	<input type="checkbox"/> passed <input type="checkbox"/> failed					COMPLIES	
<b>INTERNAL INSPECTION ITEMS</b>						YES	NO
HEADS AND BULKHEADS - for cracks, corrosion, dents, gouges, defective welds							
SHELL - for cracks, corrosion, dents, gouges, or defective welds							
MANHOLE COLLAR - for cracks, corrosion, and defective welds							
BAFFLES - for deformation, cracks, corrosion, or defective welds							
INTERNAL VALVE - for debris, corrosion, or defects							
PIPING - for integrity, cracks, or loose connections							
UPPER COUPLER - Remove to check corrosion, defective welds, abrasion, loose mounting bolts, or damage							
<input type="checkbox"/> <b>PRESSURE TEST</b> 180.407(g)	Date the pressure gauge(s) were last calibrated: _____						
<b>Each compartment is tested separately</b> Test Pressure _____ Holding Time _____ minutes							
<input type="checkbox"/> <b>HYDROSTATIC - TYPE OF FLUID USED</b> _____	<input type="checkbox"/> <b>PNEUMATIC - TYPE OF GAS USED</b> _____						
	Disposition of pressure test <input type="checkbox"/> passed <input type="checkbox"/> failed						

**EMERGENCY PRESSURE RELIEF DEVICE TESTING** 180.407(g)(4) RETESTED PRESSURE RELIEF DEVICES

	TYPE					TYPE				
	1	2	3	4	5	1	2	3	4	5
<b>COMPARTMENTS</b>	1	2	3	4	5	1	2	3	4	5
<b>SET TO DISCHARGE PRESSURE</b>										
<b>OPENING PRESSURE</b>										
<b>CLOSING PRESSURE</b>										
<b>REPAIRED</b> Show retest pressures										
<b>REPLACED</b>	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES					

**HEATING SYSTEM** Test pressure as specified on the specification plate \_\_\_\_\_  passed  failed

**LOCATION OF DEFECTS:**

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**METHOD OF REPAIR:**

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CARGO TANK  MEETS  FAILS TO MEETS THE REQUIREMENTS OF THE DOT SPECIFICATIONS ON THIS REPORT  
 DISPOSITION OF CARGO TANK  RETURNED TO SERVICE  WITHDRAWN FROM SERVICE

**TESTED BY:** \_\_\_\_\_ **DATE OF TEST:** \_\_\_\_\_ **USDOT - CT NUMBER:** \_\_\_\_\_ National Board number or ASME Registration certificate  
 **NB #**  **ASME #**

**NAME OF TESTING FACILITY:** \_\_\_\_\_ **ADDRESS OF TESTING FACILITY:** \_\_\_\_\_

**SIGNATURE OF TANK OWNER:** \_\_\_\_\_ **DATE OF OWNER'S SIGNATURE:** \_\_\_\_\_

# MC 306 / MC 406 I INTERNAL INSPECTION AND P PRESSURE TEST

CARGO TANK OWNER:		OWNER'S ADDRESS:			TELEPHONE NUMBER: ( )							
CARGO TANK MANUFACTURE:		DOT SPECIFICATION: MC/DOT:	OWNER'S UNIT NUMBER:		MANUFACTURER'S SERIAL NUMBER:							
MAWP/DESIGN PRESSURE:	DATE OF MANUFACTURE:	SPECIAL SERVICE/DEDICATED SERVICE: <b>Petroleum distillate fuels</b>			TANK CAPACITY IN GALLONS;							
<input type="checkbox"/> <b>INTERNAL VISUAL INSPECTION 180.407(e) Disposition of inspection</b> <input type="checkbox"/> passed <input type="checkbox"/> failed <table border="1" style="float: right; border-collapse: collapse;"> <tr> <th colspan="2">COMPLIES</th> </tr> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>							COMPLIES		YES	NO		
COMPLIES												
YES	NO											
<b>INTERNAL INSPECTION ITEMS</b>												
HEADS - for cracks, corrosion, dents, gouges, defective welds												
SHELL - for cracks, corrosion, dents, gouges, or defective welds												
BAFFLES - for deformation, cracks, corrosion, or defective welds												
MANHOLE COLLAR - for cracks, corrosion, and defective welds												
INTERNAL VALVE - for debris, corrosion, or defects												
PIPING OR PLASTIC LINES - for integrity, cracks, or loose connections												
UPPER COUPLER - Remove to check corrosion, defective welds, abrasion, loose mounting bolts, or damage												
<input type="checkbox"/> <b>PRESSURE TEST 180.407(g)</b> Date the pressure gauge(s) were last calibrated _____												
Test Pressure _____ Holding Time _____ minutes												
<input type="checkbox"/> <b>HYDROSTATIC - TYPE OF MEDIUM USED</b> _____ <input type="checkbox"/> <b>PNEUMATIC - TYPE OF GAS USED</b> _____												
Disposition of pressure test <input type="checkbox"/> passed <input type="checkbox"/> failed												

<b>EMERGENCY PRESSURE RELIEF DEVICE TESTING</b>					<b>RETESTED PRESSURE RELIEF DEVICES</b>					
180.407(g)(4)										
	TYPE					TYPE				
<b>COMPARTMENTS</b>	1	2	3	4	5	1	2	3	4	5
<b>SET TO DISCHARGE PRESSURE</b>										
<b>OPENING PRESSURE</b>										
<b>CLOSING PRESSURE</b>										
<b>REPAIRED</b> Show retest pressures										
<b>REPLACED</b>	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES					
<b>PRESSURE/VACUUM VENT TESTING</b>	COMPARTMENT					COMPARTMENT				
NORMAL VENT										
<b>REPLACED</b>	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<b>TESTED AS PER THE MANUFACTURERS INSTRUCTIONS</b>	<input type="checkbox"/> passed	<input type="checkbox"/> passed	<input type="checkbox"/> passed	<input type="checkbox"/> passed	<input type="checkbox"/> passed	<input type="checkbox"/> passed	<input type="checkbox"/> passed	<input type="checkbox"/> passed	<input type="checkbox"/> passed	<input type="checkbox"/> passed
<b>LOCATION OF DEFECTS:</b>										
<b>METHOD OF REPAIR:</b>										
<b>CARGO TANK</b> <input type="checkbox"/> MEETS <input type="checkbox"/> FAILS TO MEETS THE REQUIREMENTS OF THE DOT SPECIFICATIONS ON THIS REPORT <b>DISPOSITION OF CARGO TANK</b> <input type="checkbox"/> RETURNED TO SERVICE <input type="checkbox"/> WITHDRAWN FROM SERVICE										
<b>TESTED BY:</b>			<b>DATE OF TEST:</b>		<b>USDOT - CT NUMBER:</b> <b>CT-</b>		<b>National Board number or ASME Registration certificate</b> <input type="checkbox"/> NB # <input type="checkbox"/> ASME #			
<b>CT FACILITY'S NAME:</b>					<b>INSPECTOR'S ADDRESS:</b>					
<b>SIGNATURE OF TANK OWNER:</b>					<b>DATE OF OWNER'S SIGNATURE:</b>					

## 307/407/312/412 K TEST AND V INSPECTION REPORT

CARGO TANK OWNER:		OWNER'S ADDRESS:		TELEPHONE NUMBER: ( )	
CARGO TANK MANUFACTURE:		DOT SPECIFICATION: MC/DOT:	OWNER'S UNIT NUMBER:	MANUFACTURER'S SERIAL NUMBER:	
MAWP/DESIGN PRESSURE:	DATE OF MANUFACTURE:	SPECIAL SERVICE/DEDICATED SERVICE:		TANK CAPACITY IN GALLONS:	
DEDICATED SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO		TRANSPORTS LADING CORROSIVE TO THE TANK: <input type="checkbox"/> YES <input type="checkbox"/> NO		TRANSPORTS LADING CORROSIVE TO THE PRESSURE RELIEF DEVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> <b>EXTERNAL VISUAL INSPECTION 180.407(d)</b> Disposition of inspection				<input type="checkbox"/> passed <input type="checkbox"/> failed	
				<b>COMPLIES</b>	
<b>VISUAL INSPECTION ITEMS</b>				YES NO	
SPECIFICATION PLATE – permanently attached, legible, all required information					
SHELLS & HEADS – defects in welds, corrosion, pits, cracks, dents, appurtenances, and attachments 180.411					
PIPING AND VALVING – defects in welds, leaks, loose bolts, corrosion, and attachments 180.411					
UPPER COUPLER – corrosion, loose mounting bolts or damage that may affect the safe operation					
MOUNTING – loose bolts, welds, cracks, and corrosion 180.411					
FUSIBLE DEVICE(S) near the point of outlet 400 series, anywhere in the system 300 series					
SHEAR SECTION – for presence of shear section or cage and/or frame rails					
ON-TRUCK REMOTE SHUTOFF – check for proper operation					
INTERNAL VALVE(S) - check for proper operation					
OVERTURN PROTECTION – verify that all attachments are below the level of the overturn rails					
MANHOLE ASSEMBLY – check for leaks and that closures operate properly					
PRESSURE RELIEF DEVICE– check for set pressure, emergency venting SCFH, and corrosion					
MARKING – IDENTIFICATION NUMBER each side and each end of the tank and legible 173.302(a)					
MARKING - REMOTE SHUTOFF marked "EMERGENCY SHUTOFF" at least 3/4" near the shutoff 172.328(d)					
MARKING - RETEST DATES anywhere on the front head or on the side of the specification plate 180.415					
UPPER COUPLER – Remove to check corrosion, defective welds, abrasion, loose mounting bolts, or damage					
<input type="checkbox"/> <b>ANNUAL LEAKAGE TEST 180.407(h)</b> Date the pressure gauge(s) were last calibrated: _____					
At least 80% but not more than the MAWP or design pressure					
<input type="checkbox"/> HYDROSTATIC TYPE FLUID USED _____		<input type="checkbox"/> PNEUMATIC TYPE OF GAS USED _____			
<b>Test Pressure</b>	<b>Holding Time</b>	<b>minutes</b>	<b>Disposition of test</b> <input type="checkbox"/> passed <input type="checkbox"/> failed		
<b>LOCATION OF DEFECTS:</b>					
<b>METHOD OF REPAIR:</b>					
CARGO TANK <input type="checkbox"/> MEETS <input type="checkbox"/> FAILS TO MEETS THE REQUIREMENTS OF THE DOT SPECIFICATIONS ON THIS REPORT					
DISPOSITION OF CARGO TANK <input type="checkbox"/> RETURNED TO SERVICE <input type="checkbox"/> WITHDRAWN FROM SERVICE					
TESTED BY:	DATE OF TEST:	USDOT - CT NUMBER:	National Board number or ASME Registration certificate <input type="checkbox"/> NB # <input type="checkbox"/> ASME #		
NAME OF TESTING FACILITY:			ADDRESS OF TESTING FACILITY:		
SIGNATURE OF TANK OWNER:			DATE OF OWNER'S SIGNATURE:		

# 330 / 331 K LEAKAGE TEST AND V EXTERNAL VISUAL INSPECTION REPORT

CARGO TANK OWNER:		OWNER'S ADDRESS:			TELEPHONE NUMBER: ( )	
CARGO TANK MANUFACTURE:		DOT SPECIFICATION: <b>MC-</b>	OWNER'S SERIAL NUMBER:	MANUFACTURER'S SERIAL NUMBER:		<input type="checkbox"/> NQT <input type="checkbox"/> QT
MAWP/DESIGN PRESSURE:	DEDICATED SERVICE:	DATE OF MANUFACTURE:	WATER CAPACITY IN POUNDS:		MATERIAL SPECIFICATION:	
DEDICATED SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO		TRANSPORTS LADING CORROSIVE TO THE TANK: <input type="checkbox"/> YES <input type="checkbox"/> NO		TRANSPORTS LADING CORROSIVE TO THE PRESSURE RELIEF DEVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> <b>EXTERNAL VISUAL INSPECTION</b> 180.407(d)				Disposition of inspection <input type="checkbox"/> passed <input type="checkbox"/> failed		COMPLIES YES NO
<b>INSPECTION ITEMS</b>						
SPECIFICATION PLATE – welded attachment, not painted, legible, and all correct information 178.337-13						
SHELLS & HEADS –corrosion, pits, cracks, dents, appurtenances, and attachments 180.411						
UPPER COUPLER – corrosion, loose mounting bolts or damage that may affect the safe operation						
PIPING AND VALVING – Leaks, loose bolts, corrosion, and attachment 180.411						
MOUNTING – loose bolts, welds, cracks, and corrosion 180.411						
RUBBER hoses or STEEL BRAIDED hoses to accommodate movement - damaged outer covering, leaks, or cuts						
FUSIBLE DEVICE(S) near the point of outlet 178.337-8(a)(4)						
SHEAR SECTION – for presence of shear section, shear bolts, or hallow bolts 178.337-10(f)						
ON-TRUCK REMOTE SHUTOFF two opposing ends > 3,500 gal – opposite end of outlet < 3,500 gal 178.337-8(a)(4)						
OFF-TRUCK REMOTE SHUTOFF METERED DELIVERY must shut off engine and liquid valves at 300' 173.315(n)(3)						
OFF-TRUCK PASSIVE SHUTOFF MORE THAN 3,500 GAL check for presence of electronic or smart hose 173.315(n)(2)						
INTERNAL VALVE(S) and SHUT OFF VALVES - operate to verify proper operation, leaks, loose bolts 178.337(8)						
MANHOLE ASSEMBLY – check for loose closure bolts and leaks 178.337-6(a)						
PRESSURE RELIEF DEVICE– check for set pressure, emergency venting SCFH, corrosion, and cover 173.315(1)(4)						
MARKING – IDENTIFICATION NUMBER each side and each end of the tank and legible 173.302(a)						
MARKING – PROPER SHIPPING NAME each side and each end of the tank and legible 172.328(b)						
MARKING – INLETS AND OUTLETS marked to indicate LIQUID or VAPOR 178.337-9(c)						
MARKING – QT or NQT near the specification plate 172.328(c)						
MARKING - REMOTE SHUTOFF marked "EMERGENCY SHUTOFF" at least 3/4" near the shutoff 172.328(d)						
MARKING - RETEST DATES anywhere on the front head or on the side of the specification plate 180.415						
<input type="checkbox"/> <b>ANNUAL LEAKAGE TEST</b> 180.407(h) At least 80% of MAWP or "LPG at least 60psi"						
<input type="checkbox"/> <b>METER CREEP TEST TO CHECK INTERNAL VALVE LEAKAGE</b> Disposition of test <input type="checkbox"/> passed <input type="checkbox"/> failed						
<input type="checkbox"/> <b>HYDROSTATIC TYPE OF MEDIUM USED</b> _____ <input type="checkbox"/> <b>PNUEMATIC TYPE OF GAS USED</b> _____						
Test Pressure _____ Holding Time _____ minutes Disposition of leakage test <input type="checkbox"/> passed <input type="checkbox"/> failed						
<input type="checkbox"/> <b>LIQUID DELIVERY HOSE</b> 180.407(h)(4)						
HOSE UNIQUE IDENTIFICATION NUMBER (permanently marked on the hose 180.416(b)) <b>SERIAL NUMBER</b> _____						
DATE OF HOSE ASSEMBLY (this is the date the delivery hose was assembled) <b>MONTH</b> _____ <b>YEAR</b> _____						
<b>INSPECTION CRITERIA</b>						
Damage to the hose cover that exposes the reinforcement						OK DEF
Wire braid reinforcement that been kinked or flattened so as to permanently deform the wire braid						
Soft spots when not under pressure, bulging under pressure or loose covering						
Loose or missing bolts or fastenings on bolted hose coupling assemblies						
Damaged, slipping or excessively worn hose couplings						
Any external leak identifiable without the use of instruments						
<b>RESULTS OF HOSE LEAKAGE TEST AND INSPECTION</b> <input type="checkbox"/> RETURNED TO SERVICE <input type="checkbox"/> REMOVED FROM SERVICE <input type="checkbox"/> REPLACED						
<b>LOCATION OF DEFECTS:</b>						
<b>METHOD OF REPAIR:</b>						
CARGO TANK <input type="checkbox"/> MEETS <input type="checkbox"/> FAILS TO MEETS THE REQUIREMENTS OF THE DOT SPECIFICATIONS ON THIS REPORT						
DISPOSITION OF CARGO TANK <input type="checkbox"/> RETURNED TO SERVICE <input type="checkbox"/> WITHDRAWN FROM SERVICE						
TESTED BY:	DATE OF TEST:	USDOT - CT NUMBER:	National Board number or ASME Registration certificate <input type="checkbox"/> NB # <input type="checkbox"/> ASME #			
NAME OF TESTING FACILITY:			ADDRESS OF TESTING FACILITY:			
SIGNATURE OF TANK OWNER:			DATE OF OWNER'S SIGNATURE:			

**ANNUAL TRAILER VAPOR-TIGHT TEST REPORT**  
**Gasoline Delivery Tank Pressure Test-EPA Reference Method 27**  
**Annual Certification Test-Method 27, Annual Certification Test-Internal Vapor Valve**

Trailer & Serial No.: \_\_\_\_\_ Owner: \_\_\_\_\_

Test Location: \_\_\_\_\_ Address: \_\_\_\_\_

Test Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PRESSURE TEST PER METHOD 27**

Initial Pressure = 18 in h H <sub>2</sub> O or 460 mm H <sub>2</sub> O				Total Time > 5 Minutes		
	Initial Pressure (Inches H <sub>2</sub> O) or (mm H <sub>2</sub> O)	Initial Test Time	Final Pressure (Inches H <sub>2</sub> O) or (mm H <sub>2</sub> O)	Final Test Time	Pressure Change (Inches H <sub>2</sub> O) or (mm H <sub>2</sub> O)	Time Change
Test 1						
Test 2						
				Average of Two Runs		
COASTAL TRANSPORT CO., INC.						

**VACUUM TEST METHOD 27**

Initial Vacuum = 6 in in. H <sub>2</sub> O or 150 mm H <sub>2</sub> O				Total Time > 5 Minutes		
	Initial Pressure (Inches H <sub>2</sub> O) or (mm H <sub>2</sub> O)	Initial Test Time	Final Pressure (Inches H <sub>2</sub> O) or (mm H <sub>2</sub> O)	Final Test Time	Pressure Change (Inches H <sub>2</sub> O) or (mm H <sub>2</sub> O)	Time Change
Test 1						
Test 2						
				Average of Two Runs		

**INTERNAL VAPOR VALVE TEST**

Initial Pressure = 0 in h H <sub>2</sub> O or 0 mm H <sub>2</sub> O				Total Time > 5 Minutes		
	Initial Pressure (Inches H <sub>2</sub> O) or (mm H <sub>2</sub> O)	Initial Test Time	Final Pressure (Inches H <sub>2</sub> O) or (mm H <sub>2</sub> O)	Final Test Time	Pressure Change (Inches H <sub>2</sub> O) or (mm H <sub>2</sub> O)	Time Change
Test 1						

**\*\* Please list any leaks found, instruments used, and repairs made during annual vapor-tight testing:**

I certify that this trailer is vapor-tight as required by 40 CFR 60505 (b), EPA Reference Method 27 and, if applicable, 40 CFR 63, 425(e)

Tester Name: \_\_\_\_\_

Tester Sign: \_\_\_\_\_

Witness Name (if any): \_\_\_\_\_

Witness Employer: \_\_\_\_\_

Witness Sign: \_\_\_\_\_

# MC 306 / MC 406 V EXTERNAL VISUAL AND K-EPA27 LEAKAGE TEST

CARGO TANK OWNER:		OWNER'S ADDRESS:		TELEPHONE NUMBER: (      )		
CARGO TANK MANUFACTURE:		DOT SPECIFICATION: MC/DOT :	OWNER'S UNIT NUMBER:	MANUFACTURER'S SERIAL NUMBER:		
MAWP/DESIGN PRESSURE:	DATE OF MANUFACTURE:	SPECIAL SERVICE/DEDICATED SERVICE:		TANK CAPACITY IN GALLONS:		
<input type="checkbox"/> <b>EXTERNAL VISUAL INSPECTION</b> 180.407(d) Disposition of inspection <input type="checkbox"/> passed <input type="checkbox"/> failed					<b>COMPLIES</b>	
VISUAL INSPECTION ITEMS					YES	NO
SPECIFICATION PLATE – legible, not painted, securely attached, and contains all required entries						
SHELLS, HEADS, APPURTENANCES, AND RING STIFFENERS = corrosion, pits, cracks, abrasion, or dents						
MOUNTING OF CARGO TANK – secured attachment and all bolts are tight						
UPPER COUPLER – Remove to check corrosion, defective welds, abrasion, loose mounting bolts, or damage						
PIPING AND VALVING - ALL PIPING IS PROPERLY SECURED AND NOT LEAKING						
FUSIBLE DEVICE(S) NEAR THE POINT OF DISCHARGE (406) - ANYWHERE IN THE SYSTEM (306)						
SHEAR SECTION – REQUIRED UNLESS THE PIPING IS PROTECTED BY A CAGE OR VEHICLE FRAME						
REMOTE SHUTOFF - WHEN ACTUATED, CLOSSES THE INTERNAL VALVE WITHIN 30 SECONDS						
INTERNAL VALVE(S) - leaks, verify proper operation, and mounting bolts are tight						
OVERTURN PROTECTION – ABOVE ALL DEVICES BELOW THE OVERTURN RAILS						
MANHOLE ASSEMBLY – CHECK FOR LEAKS AND THAT CLOSURES OPERATE PROPERLY						
PRESSURE RELIEF DEVICE – SET PRESSURE IN PSIG, RATED FLOW CAPACITY IN SCFH, CORROSION						
MARKING – ID NUMBERS 172.332 each side and each end of the vehicle						
MARKING - REMOTE SHUTOFF marked "EMERGENCY SHUTOFF" at least 3/4" near the shutoff 172.328(d)						
MARKING - RETEST DATES anywhere on the front head or on the side of the specification plate 180.415						
<input type="checkbox"/> <b>EPA Method 27 Leakage test</b> 40 CFR Part 63.425						
<input type="checkbox"/> PNEUMATIC TYPE OF GAS USED _____ Disposition of the leakage test <input type="checkbox"/> passed <input type="checkbox"/> failed						
<b>PRESSURE</b>	START @ 18" H <sub>2</sub> O		STOP		Max Pressure change CARB 1" -- DOT 2.5" H <sub>2</sub> O	Arithmetic average of both runs > 0.5" H <sub>2</sub> O
	Pressure H <sub>2</sub> O	TIME	Pressure H <sub>2</sub> O	TIME		
1 <sup>ST</sup> RUN						
2 <sup>ND</sup> RUN						
<b>VACUUM</b>	START @ 6" H <sub>2</sub> O		STOP		Max Pressure change CARB 1" -- DOT 2.5" H <sub>2</sub> O	Arithmetic average of both runs > 0.5" H <sub>2</sub> O
	Pressure H <sub>2</sub> O	TIME	Pressure H <sub>2</sub> O	TIME		
1 <sup>ST</sup> RUN						
2 <sup>ND</sup> RUN						
<b>VAPOR HOOD</b>	START @ 18" H <sub>2</sub> O		STOP		Max Pressure change & DOT 5.0" H <sub>2</sub> O	CARB
	Pressure H <sub>2</sub> O	TIME	Pressure H <sub>2</sub> O	TIME		
1 <sup>ST</sup> RUN						
<input type="checkbox"/> <b>ANNUAL LEAKAGE TEST</b> 180.407(h) At least 80% of MAWP but no higher than the MAWP						
<input type="checkbox"/> HYDROSTATIC TYPE OF MEDIUM USED _____ <input type="checkbox"/> PNEUMATIC TYPE OF GAS USED _____						
Test Pressure _____ Holding Time _____ minutes			Disposition of <input type="checkbox"/> passed <input type="checkbox"/> failed			
LOCATION OF DEFECTS:						
METHOD OF REPAIR:						
CARGO TANK <input type="checkbox"/> MEETS <input type="checkbox"/> FAILS TO MEETS THE REQUIREMENTS OF THE DOT SPECIFICATIONS ON THIS REPORT						
DISPOSITION OF CARGO TANK <input type="checkbox"/> RETURNED TO SERVICE <input type="checkbox"/> WITHDRAWN FROM SERVICE						
REGISTERED INSPECTOR:		DATE OF TEST:	USDOT - CT NUMBER: CT-	National Board number or ASME Registration certificate <input type="checkbox"/> NB # <input type="checkbox"/> ASME #		
CT FACILITY'S NAME:			CT FACILITY'S ADDRESS:			
SIGNATURE OF TANK OWNER:			DATE OF OWNER'S SIGNATURE:			