Balance System Executive Orders

Daily Maintenance Inspection, SMAQMD Rule 449	**Name of person inspecting**
Date & Time of Inspection:	**Signature of person inspecting**
Facility Name:	SMAQMD Permit Number:
Facility Address:	Phone Number:

List of defects		**Is the defect present?** (circle answer; if YES, note defects/repairs on back of form)		
Equipment	**Defects**			
entire system	any equipment defect not listed below, identified in any Executive Order (EO) certifying your system	NO	YES	N/A
entire system	absence or disconnection of any component required to be used in the EO(s) that certified the system	NO	YES	N/A
entire system	installation or use of any uncertified component	NO	YES	N/A
entire system	Dispensing rate greater than ten gallons per minute (10 gpm) or less than the greater of five (5.0) gpm or the limit stated in the EO measured at maximum fuel dispensing	NO	YES	N/A
entire system	phase I vapor poppet inoperative	NO	YES	N/A
all nozzles	nozzle automatic liquid shutoff mechanisms that malfunction in any manner	NO	YES	N/A
all nozzles	any boot torn as follows: 1. triangular tear 0.5 inch or more on any side 2. hole 0.5 inch or more in diameter 3. slit 1 inch or more in length	NO	YES	N/A
all nozzles	any faceplate damaged for 25% (1/4) of the circumference of the faceplate.	NO	YES	N/A
all nozzles	insertion interlock mechanism which will allow dispensing when the bellow is uncompressed	NO	YES	N/A
all hoses	any coaxial balance hose with 100 ml or more liquid in the vapor path	NO	YES	N/A
all hoses	any hose with a visible opening	NO	YES	N/A
		NO	YES	N/A
		NO	YES	N/A
		NO	YES	N/A
		NO	YES	N/A
		NO	YES	N/A
		NO	YES	N/A
		NO	YES	N/A
		NO	YES	N/A

If a defect is observed, complete this side of form

Equipment	Description of Defect	Corrective Action