Healy Phase II EVR System Executive Orders **Rule 449 Daily Maintenance Inspection Form**

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 *automatic shutoff* work properly? Verify from customer complaints	Are the nozzle boots and faceplates torn or missing?	Are all vapor recovery components certified and installed per Executive Order?	Are the *Healy Systems Scheduled Maintenance* weekly and quarterly inspections and tests being performed? (Exhibit 2 of Executive Order)	Were problems discovered during the *Healy Systems Scheduled Maintenance* 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