VST 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 boots, hoses, breakaways, and faceplates free of any defects?	Does the insertion interlock work correctly? (Does the nozzle dispense gasoline while the boot is uncompressed)	Is the dispensing rate of each nozzle less than 10 gallons per minute and greater than 5 gallons per minute?	Are all vapor recovery components certified and installed per Executive Order?	Is the equipment free of all other defects not listed on this form?
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Repairs Needed