Rhode Island Department of Environmental Management
Office of Land Revitalization and Sustainable Materials Management - UST Division

Standardized Tightness Testing Form for USTs and Product Pipelines

RI DEM Facility ID #:		Test Date:	
Facility Name:			
Physical Address:		City/Town:	
Primary Contact Name:		Contact Phone #:	

Tank Tightness Method Used: ▼ Equipment Calibration Date:

Piping Tightness Method Used: ▼ Equipment Calibration Date:

⚠ If the test method used requires a worksheet (e.g., Estabrook EZY-3), you must include a copy of it with this form

Tightness Test Results

Associated DEM Tank ID #						
Product Stored:	▼	▼	▼	▼	▼	▼
Component Being Tested:	▼	▼	▼	▼	▼	▼
Are components and boots in good condition without damage?	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
Start Time:						
End Time:						
Start Pressure: (indicate units)						
End Pressure: (indicate units)						
Pressure Change per Hour						
Leak Rate (in gal/hr)						
Test Conclusion:	▼	▼	▼	▼	▼	▼

Describe any actions taken to troubleshoot or actions taken to achieve a passing result:

The interstitial space of all double-walled pipes and USTs are required to be tested every 2 years once the component has reached 20 years of age.
A primary wall test is not a substitute for an interstitial space test and will not be accepted!

Draw a rough sketch of the UST system. Make sure that all major components are labeled and that the "Tank ID #" matches what you listed above

Revision D - Last Updated 10/6/2020

All failed tests must be reported to DEM within 24 hours by completing the notification form on our website at http://www.dem.ri.gov/ust
Any interstitial tightness test failure requires the primary wall to be tested for tightness within 48 hours
Final test results must be sent to DEM by the tester within 7 days for failed tests and 30 days for passing tests

- ☐ Check Here if this a re-test of a failed component after repair
- ☐ Check Here if this an initial test after a new installation or replacement
- ☐ Check here if this is a primary wall test after a interstitial space failure

If any test is inconclusive or is unable to be tested, it is considered a FAILED test

FINAL RESULT: ○ PASS ○ FAIL

Tester Name:

Testing Company:

Tester Signature:

Test Date: