

Standardized Vacuum Tightness Testing Form

Rhode Island allows vacuum tightness tests of sumps and under-dispenser containment. Vacuum testing may only be performed by DEM-licensed tightness testers. The test is required to be performed exactly as specified in the DEM vacuum test method, available on our website, or the PEI RP-1200 method. Any component failure is required to be reported immediately by calling (401) 222-2797. All fields on this form must be completed in their entirety in order to be accepted.

RI DEM UST Facility ID #: Test Date:

Facility Name:

Facility Address: City/Town:

Site Contact Name: Telephone #:

If performing a low-level test, are all sensors securely mounted at the lowest point and when tested activate the automatic shutdown? Yes No

To the best of your knowledge, is this the first time these components have been tested? Yes No

Were components clean and free of all liquids and other debris at the start of the test? Yes No

| Associated UST # | Component Type (e.g., Spill bucket, sump) | Construction Type (Single or Double-Wall) | Method (DEM or RP1200) | Sensor Present | Visible holes or damage? | | Vacuum (in. of water) | | Result (Pass/Fail) |
|----------------------|--|--|---------------------------|----------------|--------------------------|----------------------|-----------------------|----------------------|-----------------------|
| | | | | | Yes | No | T=0 | T=60 | |
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Any failed result must be immediately reported to RI DEM by using the online reporting tool at www.dem.ri.gov/ust



Fate of Fluid used in this test:

Testing Company Name:

Tester Phone #: Tester E-mail:

Tester Name: Tester Signature:

RI DEM UST #: Facility Address: City/Town:

Use the space below to draw a sketch of the facility, including all USTs, product piping, and dispensers. Ensure that all items are properly labeled and match the UST # number listed on the 1st page. If you prefer to provide an electronic sketch, you may attach a printout of a detailed design instead.

