

## MONTHLY FUELING SYSTEM CHECKLIST

Facility ID#	Facility Name	Level II Qualified Person Signature	Date

Equipment to be Checked	PEI/ RP 500	Fueling Position															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
All dispenser components inside cabinet clean and dry	7.5																
Dispenser sump dry (if present)	7.5.1																
Filter clean, dry, and dated	7.5.2																
Meters clean and dry; meter calibration mechanism sealed	7.5.3-4																
Union clean and dry	7.5.5																
Emergency shutoff valve clean and dry, trip arm not obstructed (if present)	7.6.1																
Suction pump and air eliminator clean and dry, air eliminator vent not obstructed, v-belt in good condition (suction pump only)	7.7.1																
Hose retriever in good working condition (if present)	7.8.1																
Hose not touching the ground or island (balance Stage II systems only)	7.8.2																
No more than 6 inches of hose touching the ground (vacuum-assist Stage II systems only)	7.8.2																
Nozzle, swivel and breakaway Remove By date has not passed	7.8.3																
Warnings and fueling instructions posted and readable	7.8.4																
Stage II nozzle instructions posted and readable	7.8.5																
Emergency stop switch easy to see and accessible	7.9																
Spill clean-up & dispenser out-of-service supplies on hand	7.10																

**NOTES:**

**INSTRUCTIONS:** Refer to the section in the PEI Recommended Practices on dispenser inspection listed in the PEI/RP500 column for additional information.

Mark each fueling position where no problem is observed with a checkmark: ✓ If certain equipment is not required and not present, mark checklist: N/A.

Mark each fueling position where a defect is observed with a number. Write the same number in the notes section together with a description of the problem.

If a defect is found: 1) Place the nozzle, dispenser or product Out of Service. 2) Notify appropriate person.

