



Annual Leak Detection Equipment Operability Check (Interstitial Sensors)

Inspect the leak detection equipment in accordance with manufacturer guidelines and/or PEI RP 1200, "Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection, and Secondary Containment Equipment at UST Facilities". Print the alarm reports triggered during the operability check and attach to this form. If the equipment manufacturer (e.g., Veeder Root) requires a training certification to conduct operability checks of their equipment then you must be certified. Results must be maintained for at least one year and be readily available for inspection.

UST FACILITY

Owner / Operator Name	Facility Name	Facility ID#:
Facility Street Address	Facility City	County

TESTING CONTRACTOR INFORMATION

Company Name	Phone	Email Address
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I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 9VAC25-580-130.

Print Name of person conducting inspection		Signature of person conducting test				Inspection Date
Sensor Location:	<input type="checkbox"/> Dispenser <input type="checkbox"/> Spill Bucket <input type="checkbox"/> Tank Interstice <input type="checkbox"/> Tank Top and Other Sumps	<input type="checkbox"/> Dispenser <input type="checkbox"/> Spill Bucket <input type="checkbox"/> Tank Interstice <input type="checkbox"/> Tank Top and Other Sumps	<input type="checkbox"/> Dispenser <input type="checkbox"/> Spill Bucket <input type="checkbox"/> Tank Interstice <input type="checkbox"/> Tank Top and Other Sumps	<input type="checkbox"/> Dispenser <input type="checkbox"/> Spill Bucket <input type="checkbox"/> Tank Interstice <input type="checkbox"/> Tank Top and Other Sumps	<input type="checkbox"/> Dispenser <input type="checkbox"/> Spill Bucket <input type="checkbox"/> Tank Interstice <input type="checkbox"/> Tank Top and Other Sumps	
Enter Location #/Description:	#:	#:	#:	#:	#:	
Tank Volume (gallons):						
Product:						
Sensor Manufacturer/Model:						
Type of Sensor	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	
Is Sensor Position sensitive? (N/A if No and Pos. Sens. not required)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Test Liquid	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	
Is the ATG console clear of any active or recurring warnings or alarms regarding the leak sensor? If the sensor is in alarm and functioning, indicate why.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the sensor alarm circuit operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has sensor been inspected and in good operating condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Position Sensitive, does sensor alarm when raised off bottom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
When placed in the test liquid, does the sensor trigger an alarm? (If sensor cannot be removed, e.g., Emco Spill bucket sensor then N/R)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/R	
When an alarm is triggered, is the sensor properly identified on the ATG console?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sensor mounted at the lowest point of interstice (e.g., within 2 inches of containment sump bottom) (Liquid detecting float sensors only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Alarm report attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Any "No" answer indicates the sensor fails the test.

Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Annual Leak Detection Equipment Operability Check (Automatic Tank Gauge / Spill Bucket Visual Gauge)

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Inspect the leak detection equipment in accordance with manufacturer guidelines and PEI RP 1200, "Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection, and Secondary Containment Equipment at UST Facilities".

If the equipment manufacturer (e.g., Veeder Root) requires a training certification to conduct operability checks of their equipment then you must be certified.

Results must be maintained for at least one year at the UST site or the tank owner or operator's place of business and be readily available for inspection.

UST FACILITY

Owner / Operator Name	Facility Name	Facility ID#:
Facility Street Address	Facility City	County

TESTING CONTRACTOR INFORMATION

Company Name	Phone	Email Address
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I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 9VAC25-580-130.

Print Name of person conducting inspection	Signature of person conducting test	Inspection Date
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Tank Volume (gallons):				
Tank Diameter (inches):				
Product:				

Automatic Tank Gauge (ATG)	<input type="checkbox"/> N/A	Note: If the facility is using the ATG to obtain data for SIR then the ATG operability check must be completed.
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ATG Brand and Model				
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1. Using tank stick measure fuel level. Stick value agrees with Fuel level displayed on console?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Using tank stick measure water level. Stick value agrees with Water level displayed on console?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. After removing the ATG probe from the tank, has it been inspected, and any damaged or missing parts replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Franklin Fueling INCON ATGs: Volume Qualifier is 14% or greater? (Attach printout) (Skip question for other ATGs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If a battery backup exists, did the battery have proper voltage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Magnetostrictive Probes

6. Float moves freely on the stem without binding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Inch level (to nearest 1/8 inch) from bottom of stem when 90% alarm is triggered.				
8. Inch level at which the overfill alarm activates corresponds with value programmed in the gauge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Inch level (to nearest 1/8 inch) from bottom when the water float first triggers an alarm or warning.				
10. Inch level at which the water float alarm activates corresponds with value programmed in the gauge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Alarm reports attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Capacitance Probes

12. Initiated diagnostic check of probes from console?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Diagnostic check does not show any open or shorted segments in measurement section of probe? (Attach diagnostic report to form)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any answers in Lines 1, 2, 3 (all ATGs) or 4 (INCON), 5; 6, 7, 8, 9,10, or 11 (for Mag Probes); 12 or 13 (for Cap Probes) are "No", the system has failed the test.

Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Comments

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Annual Leak Detection Equipment Operability Check (Mechanical and Electronic Line Leak Detectors)

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UST FACILITY

Owner / Operator Name	Facility Name	Facility ID#:
Facility Street Address	Facility City	County

TESTING CONTRACTOR INFORMATION

Company Name	Phone	Email Address
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I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer's guidelines and the applicable national industry standards listed in .

Print Name of person conducting inspection		Signature of person conducting test		Inspection Date	
Tank #:					
Tank Size:					
Product:					
Leak Detector Manufacturer					
Leak Detector Model					
Type of Leak Detector	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD

MLLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)

STP Full Operating Pressure					
Check Valve Holding Pressure					
Line Resiliency (ml) (line bleed back volume as measured from check valve holding pressure to 0 psig)					
Step Through Time in Seconds (time the MLLD hesitates at metering pressure before going to full operating pressure as measured from 0 psig with no leak induced on the line)					
Metering Pressure (STP pressure when simulated leak rate, 3 gph at 10 psig)					
Opening Time in Seconds (the time the MLLD opens to allow full pressure after simulated leak is stopped)					
Does the STP pressure remain at or below the metering pressure for at least 60 seconds when the simulated leak is induced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the leak detector reset (trip) when the line pressure is bled off to zero psig?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the STP properly cycle on/off under normal fuel system operation conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" answer to any of the above questions indicates the MLLD fails the test.

ELLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)

STP Full Operating Pressure					
How many test cycles are observed before alarm/shutdown occurs?					
Does the simulated leak cause an alarm? (If "No" then leak detector fails)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the simulated leak cause an STP shutdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ELLD alarm reports attached? (If "No" then leak detector fails)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Inspect the leak detection equipment in accordance with manufacturer guidelines and PEI RP 1200, "Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection, and Secondary Containment Equipment at UST Facilities".

Results must be maintained for at least one year at the UST site or the tank owner or operator's place of business and be readily available for inspection.

UST FACILITY

Owner / Operator Name	Facility Name	Facility ID#:
Facility Street Address	Facility City	County

TESTING CONTRACTOR INFORMATION

Company Name	Phone	Email Address
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I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 15A NCAC 2N .0407/.0501.

Print Name of person conducting inspection	Signature of person conducting test	Inspection Date
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Tank #:														
Tank Size:														
Product:														
		N/A	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Ground-water / Vapor Monitoring	Handheld monitoring equipment operable and serviceable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electronic monitoring equipment operable and calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Equipment alarm and battery backup functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Monitoring equipment configuration checked and within specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Probes and sensors have no residual buildup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Floater move freely, the shaft is not damaged, and cables are free of kinks/breaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Alarm tested and operable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any "No" answer indicates the Groundwater or Vapor monitoring equipment fails the test.

Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Tank Gauge Stick (Statistical Inventory Reconciliation and Manual Tank Gauging)	<input type="checkbox"/> N/A	Note: If the facility is using the ATG to obtain data for SIR then the ATG operability check must be completed.
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Tank gauge stick can be clearly read, is not warped or broken?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Tank gauge stick has plastic button on bottom of stick?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Vacuum/Pressure Monitoring Equipment	<input type="checkbox"/> N/A
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Vacuum/Pressure gauge is functional and calibration has been checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Any "No" answer indicates the Hand-held LD or Vacuum/Pressure monitoring equipment fails the test.

Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Comments and explanation of failing results and other problems noted during inspection:

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