

Vapor Recovery RSA Information (company name, address, etc.):

PRESSURE/VACUUM VENT VALVE TEST

USING TP-201.1E A.R.S. § 3-3512

A.A.C. R3-7-1001

BMF #

INSPECTION #

Test Date:

START TIME: _____ END TIME: _____

P/V Vent Valve Manufacturer:	Model Number:	Results: PASS	FAIL
Manufacturers Specified Positive Leak Rate (CFH):		Manufacturers Specified Negative Leak Rate (CFH):	
Measured Positive Leak Rate (CFH):		Measured Negative Leak Rate (CFH):	
Positive Cracking Pressure (in. H ₂ O):		Negative Cracking Pressure (in. H ₂ O):	

P/V Vent Valve Manufacturer:	Model Number:	Results: PASS	FAIL
Manufacturers Specified Positive Leak Rate (CFH):		Manufacturers Specified Negative Leak Rate (CFH):	
Measured Positive Leak Rate (CFH):		Measured Negative Leak Rate (CFH):	
Positive Cracking Pressure (in. H ₂ O):		Negative Cracking Pressure (in. H ₂ O):	

P/V Vent Valve Manufacturer:	Model Number:	Results: PASS	FAIL
Manufacturers Specified Positive Leak Rate (CFH):		Manufacturers Specified Negative Leak Rate (CFH):	
Measured Positive Leak Rate (CFH):		Measured Negative Leak Rate (CFH):	
Positive Cracking Pressure (in. H ₂ O):		Negative Cracking Pressure (in. H ₂ O):	

RSR Signature / RSR #
Print Name and Date

Site Owner/Operator Signature
Print Name and Date