

Butte County Air Quality Management District

629 Entler Avenue, Suite 15 Chico CA 95928

Office: 530-332-9400 www.BCAQMD.org

Facility Name: ______ Permit to Operate Number: ______

Street Address: _____ Zip Code: ______

Daily Inspection Form

Month:

Activity	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hoses: No kinks, flat																															
spots, blockages, tears																															
Swivels & Breakaway:																															
Turn & correct direction																															
Nozzles: No drips or																															
leaks																															
Nozzle Bellows: No tears																															
or slits in the bellows																															
Nozzle Faceplates: Not																															
torn, good seal																															
Nozzle: hold open latch																															
functional																															
Nozzle Interlock: Passes																															
A/B check -VST & EMCO																															
CARB dispenser decal &																															
phone number																															
No Gasoline/ debris in																															
spill buckets																															
Phase I: All dust caps in																															
place, seals tightly																															
Phase I: Poppet values																															
not open or stuck																															
Normal operating																															
configuration																															
ISD- any alarms logged																															
Initials of person																															
conducting inspection																															

Instructions: Place a check mark (v) in the box if there were no issues for the category for that day.

Place and "F" in the box if the item fails inspection. Fill out the repair log for each failure found during inspection.