Washington Oregon Gasoline Vapor Control Committee

This form will be accepted by any State or Local Air Pollution Agency requiring compliance testing on gas station vapor recovery equipment within the states of Washington or Oregon

For Agency Use Only

Reviewed by: _____

Date: _____

❑ Passed ❑ Failed

(Attach reasons for test failure to this form)

Air To Liquid Ratio Test - CARB Test Procedure TP-201.5

Station Name:	Air Agency Registration No.:
Address:	
City, State, Zip:	

Testing Company Name:	Date/Time of Test:
Address: _____	Phone No.: _____
City, State, Zip:	

Type of Stage 2 system: Date Test Equipment Calibrated: _____

- ❑ G-70-154-AA **Tokheim** 0.90-1.10
- ❑ G-70-153-AC **Wayne** 0.90-1.10
- ❑ G-70-179 **Catlow** ICVN-V1 0.92-1.12
- ❑ G-70-163-AA **OPW** 0.90-1.10
- ❑ G-70-150-AD **Gilbarco** 1.00-1.20
- ❑ G-70-165 **Healy** 1.00-1.20
- ❑ G-70-164-AA **Hasstech VCP-3A** 1.40-(2.40 to 2.15)
- ❑ G-70-169-AA **Franklin Electric** 0.88-1.08
- ❑ **Other: G-** _____ _____ _____

***** Flow rate (7-10 gallons) = (Gallons Pumped x 60) / Dispensing Time (seconds) ****** A/L Ratio = (Ft^3 x 7.481) / Gallons Pumped

******* Repeat test on first nozzle 3 times to develop confidence level (quality assurance). Test each product.

Note: Form must be completed (both sides) and signed or it will be returned without approval

	Dispenser No. ***	Nozzle No. & Gas Grade	Gallons Pumped	Time (seconds)	(7-10 gallons) GPM Flow Rate *	Air Volume Roots Meter	A/L Ratio **
			Product Flow Calculation				
1						Final _____ Start _____ Diff _____	
2						Final _____ Start _____ Diff _____	
3						Final _____ Start _____ Diff _____	
4						Final _____ Start _____ Diff _____	

Continued ➪

	Dispenser No. ***	Nozzle No. & Gas Grade	Gallons Pumped	Time (seconds)	GPM Flow Rate *	Air Volume Roots Meter	A/L Ratio **
			Product Flow Calculation				
5						Final _____ Start _____ Diff _____	
6						Final _____ Start _____ Diff _____	
7						Final _____ Start _____ Diff _____	
8						Final _____ Start _____ Diff _____	
9						Final _____ Start _____ Diff _____	
10						Final _____ Start _____ Diff _____	
11						Final _____ Start _____ Diff _____	
12						Final _____ Start _____ Diff _____	
13						Final _____ Start _____ Diff _____	
14						Final _____ Start _____ Diff _____	
15						Final _____ Start _____ Diff _____	
16						Final _____ Start _____ Diff _____	
17						Final _____ Start _____ Diff _____	

Person conducting the test:

_____	_____	_____
Print Name	*Signature*	*Date*

Tank owner or authorized representative:

_____	_____	_____
Print Name	*Signature*	*Date*