

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

ANNUAL ELECTRONIC INTERSTITIAL MONITORING DEVICE TESTING

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| <ul style="list-style-type: none"> ➤ This form may be utilized to document functionality testing of electronic interstitial monitoring devices. ➤ Testing of electronic interstitial monitoring devices is required at least once every 12 months. ➤ In the absence of an approved 3rd party test procedure or manufacturer's recommended practice, the "MDEQ Electronic Monitoring Device Test Procedure" outlined below may be utilized. | Date of Test |
|--|--------------|

UST Facility			Person Conducting Test	
Facility Name	MDEQ Facility ID #	Tester's Name		
Physical Address		Company		
City	County	State MS	MDEQ Certification #	Expiration Date
UST Owner		Tester's Signature		Date

Electronic Interstitial Monitoring Device Testing

Reason for Test	<input type="checkbox"/> New Installation <input type="checkbox"/> Existing Installation (annual test)	
Type of Sensor	<input type="checkbox"/> Float Switch (<input type="checkbox"/> discriminating <input type="checkbox"/> non-discriminating)	
	<input type="checkbox"/> Optical Sensor <input type="checkbox"/> Electrical Resistance Sensor	
	<input type="checkbox"/> Pressure / Vacuum Monitoring Device <input type="checkbox"/> Other (specify) _____	

MDEQ Electronic Monitoring Device Test Procedure

1. Confirm that the electronic monitoring device is properly installed and labeled properly.
2. Visually examine the device to ensure that it is not damaged or corroded and any moving parts are free.
3. Cause a condition that should trigger the sensor to alarm (submerge sensor in appropriate fluid).
4. Ensure that the alarm condition causes the appropriate response (e.g. visual and audible alarms, STP shutdown, etc)
5. Note in the facility alarm history records that this alarm was the result of an annual functionality test.
6. Ensure that the electronic interstitial monitoring device is reinstalled properly.
7. If ATG is equipped with printer, attach the printed alarm reports that resulted from sensor testing to this form.

Test Data for the Year

Sensor ID (Location)									
Sensor Installed Correctly	<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	<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 in Good 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	<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
When placed in test fluid, does the sensor trigger a Visual and Audible Alarm	<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	<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
When placed in test fluid, does the sensor trigger STP or Dispenser Shutdown	<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	<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 labeled properly	<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	<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
Alarm reports printed and attached (Yes / No / NA)									
Test Result (Pass/Fail)									

Comments: