



Cargo Tank Vapor Integrity Test

Air Pollution Control Division

Company Name:		Phone
Owner or Manager:		
Mailing Address		
City	State	Zip
Owner No.	Tank Manufacture:	Tank (compartment) Capacity 9500 (gal)
Tank Serial No.		VIP ID Chip No.

Compartment: 1 2 3 4 5

Tank Test [63.425(e) (1) – EPA Method 27] Capacity: 2500 1500 1000 2000 2500

Tank compartments can be connected? Yes___ No___(If no, each compartment must be tested and reported)	
Number of compartments: (if applicable)___	Compartment tested (circle): 1 2 3 4 5 6
Test (1) Pressure: 18.0 in. of H ² O* Start time ___:___/ End time** ___:___	Final Pressure: ___ in. of H ² O
Test (2) Pressure: 18.0 in. of H ² O Start time ___:___/ End time ___:___	Final Pressure: ___ in. of H ² O
*(At least 18 in. of H ² O) ** (minimum 5 minutes from start time)	
Avg. Press Change: ___ in. of H ² O	Allowable pressure change in 5 minutes: 1.0 in. of H ² O*** <input type="checkbox"/> Pass <input type="checkbox"/> Fail
***(DEPENDENT OF CAPACITY-SEE Table 1 below)	
Test (1) Vacuum: 6.0 in. of H ² O**** Start time ___:___/ End time** ___:___	Final Test Vac: ___ in. of H ² O
Test (2) Vacuum: 6.0 in. of H ² O Start time ___:___/ End time ___:___	Final Test Vac: ___ in. of H ² O
****(At least 6 inches of H ² O) ** (minimum 5 minutes from start time)	
Avg. Vac. Change: ___ in. of H ² O	Allowable vacuum change in 5 minutes: 1.0 in. of H ² O*** <input type="checkbox"/> Pass <input type="checkbox"/> Fail
***(DEPENDENT OF CAPACITY-PER [63.425(e) (1)])	
Nature of any vapor tightness repair work performed since last tested: _____	

Vapor Valve Test [63.425 (e) (2)- Only required for tanker trucks or trailers loading at bulk terminals subject to 40 CFR Part 63 subpart R]

63.425 (e) (2) (i) After completing the Tank Test, use the procedure in Method 27 to repressurize the tank to 18 inches of water, gage. Close the tank's internal vapor valve(s), thereby isolating the vapor return line and manifold from the tank 63.425 (e) (2) (ii) Relieve the pressure in the vapor return line to atmospheric pressure, then reseal the line. After 5 minutes, record the gage pressure in the vapor return line and manifold.	
Test (1) Pressure: 18.0 in. of H ² O* Start time: ___:___/ End time** ___:___	Final Pressure: ___ in. of H ² O
Test (2) Pressure: 18.0 in. of H ² O Start time: ___:___/ End time ___:___	Final Pressure: ___ in. of H ² O
(repressurize to at least 18 in. of H ² O) ** (minimum 5 minutes from start time)	
Avg. Press. Change: ___ in. of H ² O	
Note: [63.425 (e) (2) (ii)] The maximum allowable 5-minute pressure increase is 5 in. of H ² O <input type="checkbox"/> Pass <input type="checkbox"/> Fail	

Tester Certification

Date of test: _____		
I certify the Tank Test was conducted in accordance with EPA Method 27 and if done, that the Vapor Value Test was conducted in accordance with 40 CFR Part 63, Subpart R.		
_____ (Signature of person conducting the test)	_____ (Printed name of person conducting test)	_____ (Certification Date)
_____ (Signature of person witnessing the test)	_____ (Printed name of person witnessing test)	_____ (Witnessing inspector affiliation/title)
Testing company Name: _____		
Address: _____	City: _____	State: _____ Zip: _____

Tanker truck operators must keep a current copy of this report on board at all times.

Email forms to: cdphe_tanktruck@state.co.us
or FAX to: 303-782-0278

Phone: 303-692-3100

Mailing address:
APCD Tank Truck Coordinator
4300 Cherry Creek Drive South
Denver, CO 80246