



# Failed Test Results Report

Division of Petroleum and Chemical Safety  
1035 Stevenson Drive  
Springfield, Illinois 62703-4259  
(217) 785-1020 or (217) 785-5878  
Fax (217) 524-9284

Facility #: \_\_\_\_\_

*This form must be submitted to the Office of the State Fire Marshal within three working days after the test takes place.*

## SUBMIT ONE FORM PER TANK

**FACILITY** - name and address where tanks are located:

**LICENSED CONTRACTOR:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Tank ID #: \_\_\_\_\_ Capacity: \_\_\_\_\_ Product: \_\_\_\_\_ Date of Test: \_\_\_\_\_

**Precision Test:**

Tank Failed (Give Details)

Line Failed (Give Details)

**Corrosion Protection Test:**

Tank CP Test Failed (Give Readings)

Line CP Test Failed (Give Readings)

**UST Equipment Test:**

Line Leak Detectors Defective

Interstitial Sensor (Tank) Defective

Interstitial Sensor (Lines) Defective

Vapor Monitoring Device Defective

**Hydrostatic Test:**

Containment Leaked (Give Details)

**Comments, Details, Readings & Results:**

Signature of Employee Conducting Test: \_\_\_\_\_

IL Contractor License #: \_\_\_\_\_