



## Certification of Annual Inspection of All Dispenser Shear Valves

**KEEP FORM AT FACILITY  
DO NOT MAIL OR FAX TO OSFM**

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

(217) 785-1020 or (217) 785-5878

**(1) OWNER OF TANKS :**

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

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

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

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

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

**(2) FACILITY - name and address where tanks are located:**

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

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

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

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

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

The regulations of the Office of the State Fire Marshal ("OSFM") in Sections 175.210, 175.220, 175.230, 175.240 and 175.250 require that facilities dispensing motor fuels, such as attended and unattended self-service stations, full-service stations, fleet facilities and marinas, perform visual inspections of all under-dispenser shear valves at least annually.

The following criteria shall be used when inspecting the shear valves:

- 1) All shear valves shall be mounted using a listed rigid anchor.
- 2) All shear valves shall be mounted securely to the listed rigid anchor.
- 3) All shear valves shall be mounted at the proper height relative to grade following the shear valve manufacturer's installation instructions.
- 4) All shear valves shall be maintained in proper working condition.
- 5) In addition, the dispensers themselves will also be inspected when the shear valves are checked to confirm that each dispenser is properly and securely mounted to its island.

It is the duty of OSFM to make sure that these shear valves have all been inspected and found to be properly mounted, which is critical to their operation as a fuel shut-off safety device. The shear valves must also be verified as having been maintained in proper working condition, including having the fusible link correctly holding the valve arm, to ensure closure of the poppet valves when released upon a dispenser being damaged or a fire melting the link.

OSFM inspectors will confirm that all shear valves comply with the above requirements during an inspection. The OSFM inspectors will also check for documentation showing that a visual inspection of all shear valves has been performed annually. This form, filled out and signed, can provide such documentation.

***Under the penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.***

***By signing this document, I certify that I personally inspected the shear valves at the facility identified above by its OSFM Facility Number. I confirmed that all shear valves are properly secured and mounted correctly, that there are shear valves present on each dispensing device, and that all shear valves are in proper working order with fusible links and arms engaged.***

\_\_\_\_\_  
(Number of Shear Valves Inspected)

\_\_\_\_\_  
(Date of Test)

\_\_\_\_\_  
(Name of Tester)

\_\_\_\_\_  
(Signature of Tester)