State of Illinois
Office of the State Fire Marshal

Tank Testing 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 of the test, if the test fails. If the test passes, the owner must keep the Report on file at the facility or be able to produce the report within 30 minutes.

ONE FORM PER TANK

FACILITY - name and address where tanks are located:

Name: _____

Street Address: _____

City: _____ County: _____

Facility #: _____

LICENSED CONTRACTOR:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone #: _____ Fax #: _____

Tank ID #: _____ Capacity: _____ Product: _____ Date of Test: _____

Type of Test: ☐ Cathodic Protection ☐ Line Leak Detector ☐ Piping Precision ☐ Tank Precision
☐ Interstitial Tank Monitoring Device ☐ Interstitial Piping Monitoring Device ☐ Vapor Monitoring Device

Test Results:

Tank Leaking: ☐ Yes (provide details) ☐ No

Piping Leaking: ☐ Yes (provide details) ☐ No

Line Leak Detector Working (provide information on which system): ☐ Yes (provide details) ☐ No

Cathodic Protection System Working (provide results): ☐ Yes ☐ No

Interstitial Monitoring Device(s) Working (provide results): ☐ Yes ☐ No

Vapor Monitoring Device(s) Working (provide results): ☐ Yes ☐ No

Comments, Details, Readings & Results:

Signature of Employee Conducting Test: _____ IL Contractor License #: _____