

BUTTE COUNTY AIR QUALITY MANAGEMENT DISTRICT

**IN-STATION DIAGNOSTICS (ISD)
ALARM AND REPAIR REPORTING FORM**

ONE ALARM EVENT PER FORM

Attach (staple) ALL ISD alarm print-outs and repair documents associated with this alarm event

Facility Name: _____

ISD ALARM TYPE:

ISD Fuel System Warning (Yellow Light)

ISD Fuel System Shut-down (Red Light)

Type of Warning/Failure Alarm:

Vapor Collection (vapor to liquid ratio) - Dispensers affected: _____

Vapor Containment (UST ullage pressure / pressure integrity)

Other: _____

Was the ISD system reset to allow vehicle fueling (only a certified technician may reset a fuel system shut-down alarm without approval from the Air Pollution Control Officer)?

YES

NO

N/A

Date certified technician contacted for repair: _____

Date of Repair to Correct Alarm: _____

Name of Repair Company: _____

Name of Certified Repair Technician: _____

Description of Corrective Action: _____

Attach (staple) ALL ISD alarm print-outs and repair documents associated with this alarm event