Washington Oregon Gasoline Vapor Control Committee

This form will be accepted by any State or Local Air Pollution Agency requiring compliance testing on gas station vapor recovery equipment within the states of Washington or Oregon

For Agency Use Only						
Reviewed by:						
Date:						
☐ Passed ☐ Failed						

Air to Liquid Ratio Test – Alternate Method VacuSmart [®] Test							
Station Name:				Air Agency Registration No.:			
Address:							
City, State, Zip:							
Testing Company Name:				Date/Time of Test:			
Address:					Phone No.:		
City, State, Zip:			L				
Vapor Recovery System: _							
VacuSmart S/N:	VacuSmart Last Calibrated:						
Check type of system being ☐ Amoco V-1 ☐ Catlow ICVN-VI ☐ Catlow Vapor Mate			□ OPW V □ Schlum	apor EZ berger SA\	☐ Tokheim MaxVac /R ☐ Wayne Vac		
Dispenser	Grade		GPM		CARB A/L		
All of the Vacu	Smart tests are for dispens	ing 2 gall	ons. It is	built into tl	he instrument.		
Person conducting the test:	_						
Print Name			Signature		 Date		
Tank owner or authorized r							
Print Name			Signature		 Date		