

**Containment Sump Testing**

Facility ID: ST \_\_\_\_\_

Facility Name:

Facility Address:

Tank/Sump	Start Time	Start Water Level (inches)	End Time	End Water Level (inches)	Pass/Fail
Retesting after repair					

I followed Petroleum Equipment Institute’s (PEI) Recommend Practice (RP) 1200.

I pre-checked the sump for product and damage. I filled the containment sump with test water to at least four inches over the highest penetration.

Technician: \_\_\_\_\_

Date: \_\_\_\_\_