

GASOLINE DELIVERY TRUCK SURVEILLANCE

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

Delivery Company: \_\_\_\_\_

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

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

Delivery Company Contact Name: \_\_\_\_\_

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

Cab Number: \_\_\_\_\_ Cab License Number and State: \_\_\_\_\_

Trailer Number: \_\_\_\_\_ Trailer License Number and State: \_\_\_\_\_

Annual Tank Tightness ? YES / NO      Tightness Test Sticker (State/Date): \_\_\_\_\_

Missouri Sticker on Truck? YES / NO      Missouri Sticker Number and Date: \_\_\_\_\_

Copy of Tightness Test Paperwork in Cab? YES / NO

Facility Name: \_\_\_\_\_ FCode: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

DELIVERY CONDITIONS:

Dual Port Stage I System? YES / NO      Number of Vapor Ports? \_\_\_\_\_

Truck has Proper Equipment? YES / NO      Equipment in Good Condition? YES / NO

Size Product Hose 1: \_\_\_\_\_Inches      Size Vapor Hose 1: \_\_\_\_\_ Inches

Size Product Hose 2 \_\_\_\_\_Inches      Size Vapor Hose 2: \_\_\_\_\_ Inches

Stage I Connected? YES ? NO      1 Product Line/ 1 Vapor Line? YES / NO

Driver Aware of Requirements? YES / NO

What was Observed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

