



## Commissioning of stage 1 vapour recovery

**1. Name and address of petrol service station:**

Name: _____ ABN: _____
Address: _____

**2. Company or person responsible for the operation of the petrol service station (the occupier or franchisee):**

Name: _____ Phone No: _____
Email: _____

**3. Entity or person that owns the petrol service station and related infrastructure:**

Name: _____ Phone no: _____
Email: _____

**4. Annual petrol throughput of petrol service station for the last 3 years (designed throughput for new stations)**

Year	Throughput

**5. Name and contact details of vapour recovery service technician and tank tester:**

Technician Name: _____ Phone No: _____
Email: _____
Tank Tester Name: _____ Phone No: _____
Email: _____

**6. New or modified: Is the service station new or was it modified after 1 July 2010?**

Yes

No



*Note:* A modified petrol service station means an existing petrol service station on which works requiring development consent are carried out that involve opening the forecourt, opening the petrol product lines, modification of the storage tanks, tank vents, petrol dispensers or tank connection points.

**7. Pass date of pre-commissioning tank integrity test: (dd/mm/yyyy)**

Please specify the test method:

*Note:* The occupier of the petrol station is required to keep a vapour recovery logbook. It must contain copies of the tank integrity test results, the commissioning report, the vapour containment test results, periodic test results, maintenance records and certificates for the installed equipment. For more information, see the Standards and Best Practice Guidelines for Vapour Recovery at Petrol Service Stations.

**8. Stage 1 vapour recovery date of commissioning: (dd/mm/yyyy)**

**9. Is automatic pressure monitoring installed?** Yes  No

**10. Have the underground storage tank and vapour recovery pipes and components passed the vapour containment integrity test?** Yes  No

*Attach the vapour containment integrity test results or us the form provided with this report.*

Please specify the test method:

## Signature

It is an offence to supply any information in this report that is false or misleading. The maximum penalty for the offence is currently \$11,000 for a corporation or \$5,500 for an individual.

**To be signed by the occupier/owner of the petrol service station:**

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

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

Position: \_\_\_\_\_

Commissioning report need to be provided to the responsible local government authority within **one month** of commissioning.

Send the commissioning report to [compliance@hornsby.nsw.gov.au](mailto:compliance@hornsby.nsw.gov.au), clearly labelled 'Service Station Vapour Recovery Commissioning Report'.



## Commissioning VR1 Attachment 1: vapour containment integrity test results

Name of service station:	
Address of service station:	
Phone number of service station:	
Owner name:	
Phone number:	

No of underground storage tanks:			
<b>Tank number</b>		<b>Tank number</b>	
Capacity of tank		Capacity of tank	
Fuel volume		Fuel volume	
Ullage		Ullage	
Initial pressure		Initial pressure	
Final pressure		Final pressure	
Allowable final pressure		Allowable final pressure	
<b>Tank number</b>		<b>Tank number</b>	
Capacity of tank		Capacity of tank	
Fuel volume		Fuel volume	
Ullage		Ullage	
Initial pressure		Initial pressure	
Final pressure		Final pressure	
Allowable final pressure		Allowable final pressure	
<b>Tank number</b>		<b>Tank number</b>	
Capacity of tank		Capacity of tank	
Fuel volume		Fuel volume	
Ullage		Ullage	
Initial pressure		Initial pressure	
Final pressure		Final pressure	
Allowable final pressure		Allowable final pressure	

### Signature

I certify that the vapour containment integrity test was carried out in accordance with the test procedures as outlined in the *Standards and Best Practice Guidelines for Vapour recovery at Petrol Service Stations*, and the results recorded here are true and correct to the best of my knowledge.

Signature of tester: \_\_\_\_\_ Date: dd/mm/yyyy

Name of Tester: \_\_\_\_\_ Phone No: \_\_\_\_\_

Test company name: \_\_\_\_\_ Email: \_\_\_\_\_