



Commissioning of stage 2 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. Stage 2 vapour recovery compliance certificate number and issuer:

Certificate number: _____
Issuer: _____



6. Name and contact details of vapour recovery system installer and tester:

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

7. Type of Stage 2 vapour recovery monitoring (V/L ratio monitoring)?

Manual Automatic

8. Stage 2 vapour recovery date of commissioning: (dd/mm/yyyy)

9. Have all dispenser hoses passed a leak test?

Yes No

10. Specify the method used to test the efficiency of the Stage 2 vapour recovery:

Wet Dry

11. Date of vapour system recovery performance test: (dd/mm/yyyy)

Attach the vapour system recovery performance test results or use the form provided with this report.

Please specify the test method:

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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 compliance@hornsby.nsw.gov.au within **one month** of commissioning clearly labelled 'Service Station Vapour Recovery Commissioning Report'.



Commissioning VR2 Attachment 1: vapour system recovery performance test results

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

Test Information

A total of _____nozzles have been tested.

Test method used: Wet method Dry method

If **dry method** used, state the correction factor: _____

Outdoor temperature: _____

Test date: dd/mm/yyyy

Note: Automatic control systems are required to be retested every 3 years; manual control systems every 6 months.

- If wet method is used, record results in the **before adjustment** column.
- If dry method is used, both **before and after adjustment test results must be recorded.**
- Where additional dispensers are present, please attach additional test results on a separate sheet.

Dispenser Identifier	Pump number/dispenser side	Grade number	Grade name	V/L ratio and fuel flow rate			
				Before Adjustment		After adjustment	
				[%]	[L/min]	[%]	[L/min]
		G1					
		G2					
		G3					
		G4					
		G1					
		G2					
		G3					
		G4					
		G1					
		G2					
		G3					
		G4					
		G1					
		G2					
		G3					
		G4					



Dispenser Identifier	Pump number/dispenser side	Grade number	Grade name	V/L ratio and fuel flow rate			
				Before Adjustment		After adjustment	
				[%]	[L/min]	[%]	[L/min]
		G1					
		G2					
		G3					
		G4					
		G1					
		G2					
		G3					
		G4					
		G1					
		G2					
		G3					
		G4					
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		G3					
		G4					
		G1					
		G2					
		G3					
		G4					
		G1					
		G2					
		G3					
		G4					

Signature

I certify that the vapour system recovery performance 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: _____