



UST Corrosion Protection Test / Survey Report

Bureau of Weights & Measures
Permit & Licensing Section
P.O. Box 7837
Madison, WI 53707-7837

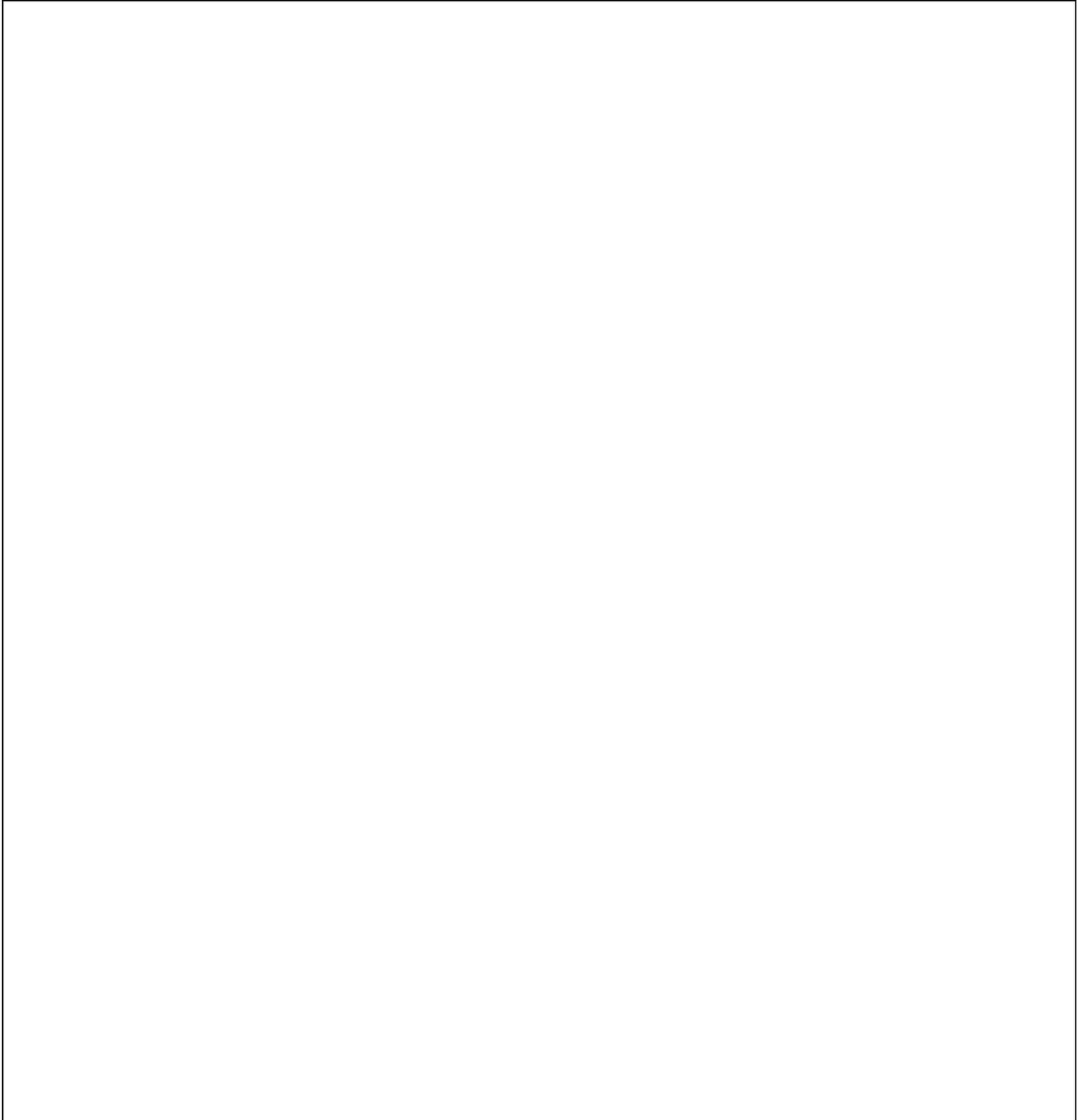
Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

A. OWNER INFORMATION		SITE INFORMATION		TESTER INFORMATION	
Name		Facility ID#:		Contractor Name	
Company Name		Facility Name		Contact Person	
Number and Street		Site Address		E-mail address	
City, State, Zip Code		City, State, Zip Code		Assigned Anniversary month:	
Telephone Number: ()		Date of Testing/Serviceing:		Telephone Number: ()	
Fax Number: ()				Fax Number ()	
Work order number:					
Organization you are certified with:			SURVEY TYPE:		
<input type="checkbox"/> NACE Cert #:		<input type="checkbox"/> Routine		<input type="checkbox"/> Re-Survey	<input type="checkbox"/> Post-Repair or Modification
<input type="checkbox"/> STI Cert #:				TYPE OF SYSTEM:	
<input type="checkbox"/> Other: Cert #:		<input type="checkbox"/> IMPRESSED CURRENT		<input type="checkbox"/> GALVANIC	
Name:					
CP CRITERION APPLIED:		<input type="checkbox"/> -0.850 volts "ON" (Galvanic)	<input type="checkbox"/> 100 mV Polarization (Impressed)	<input type="checkbox"/> -0.850 volts "INSTANT-OFF" (Impressed)	
TESTER'S EVALUATION (MARK ONLY ONE)					
<input type="checkbox"/> PASS	All protected structures at this site pass the cathodic protection survey and it is judged that adequate cathodic protection has been provided to the UST system				
<input type="checkbox"/> FAIL	One or more protected structures at this site fail the cathodic protection survey and it is judged that adequate cathodic protection has not been provided to the UST system				
<input type="checkbox"/> INCONCLUSIVE	If the remote and the local do not both indicate the same test result on all protected structures (both pass or both fail), inconclusive is indicated and the survey must be evaluated and/or conducted by a corrosion expert				
CP TESTER (Print):					
CP TESTER'S SIGNATURE:					
CORROSION EXPERT'S EVALUATION (MARK ONLY ONE)					
The survey must be conducted and/or evaluated by a corrosion expert when: a) supplemental anodes or other changes in the cathodic protection system are made; b) stray current may be affecting buried metallic structures or c) an inconclusive result was indicated.					
<input type="checkbox"/> PASS	All protected structures at this site pass the cathodic protection survey and it is judged that adequate cathodic protection has been provided to the UST system				
<input type="checkbox"/> FAIL	One or more protected structures at this site fail the cathodic protection survey and it is judged that adequate cathodic protection has not been provided to the UST system				
COMMENT:					
CORROSION EXPERT'S NAME :		SIGNATURE:			
COMPANY NAME:		ADDRESS:			
CITY:		STATE:	ZIP:	TELEPHONE:	
NACE INTERNATIONAL CERTIFICATION NUMBER:				REVIEW DATE:	
ACTION REQUIRED AS A RESULT OF THIS EVALUATION (MARK ONLY ONE)					
<input type="checkbox"/> NONE	Cathodic protection is adequate. Test again within regulatory window or by (Date):				
<input type="checkbox"/> RETEST	Additional testing is required to determine if cathodic protection is adequate by (Date):				
<input type="checkbox"/> REPAIR & RETEST	Cathodic protection is not adequate. Repair/modification is necessary by (Date):				

Facility Name: _____

Date: _____

Provide a drawing or use the space below:



Include Service Station Diagram that shows all Tanks and Dispensers in relation to Buildings and Streets. Include on the drawing the location of the Submersible Pumps, Fills, ATGs, Risers, and Vents. If this is an Impressed Current System, show Rectifier location. Clearly indicate on diagram where all Test Readings were taken by identifying each structure being tested (UST by Product Stored or Product Piping by Tank/Dispenser) and numbering each individual test location. Show on drawing if corrosion test leads and/or test stations exist for the USTs or product piping and their location. Indicate **North** on the drawing.