Commissioning of Stage 2 vapour recovery

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

Name:       ABN:

Address:

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

Name:       Telephone:

Email:

1. Entity or person that owns the petrol service station and related infrastructure

Name:       Telephone:

Email:

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

|  |  |
| --- | --- |
| **Year** | **Throughput** |
|  |  |
|  |  |
|  |  |

1. **Stage 2 vapour recovery compliance certificate number and issuer**

Certificate number:

Issuer**:**

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

Technician name:       Telephone:

Email:

Tester name:       Telephone:

Email:

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

Automatic  Manual

1. **Stage 2 vapour recovery date of commissioning** :   /  /   (dd/mm/yy)
2. **Have all dispenser hoses passed a leak test?**  Yes  No
3. **Specify the method used to test the efficiency of the Stage 2 vapour recovery:**

Wet  Dry

1. **Date of vapour system recovery performance test:**   /  /   (dd/mm/yy)

Attach the vapour system recovery performance test results or use 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 $5500 for an individual.

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

|  |
| --- |
| Signature: Date: |
| Name: |
| Position: |

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

Send the commissioning report to the responsible local government authority, clearly labelled ‘Service Station Vapour Recovery Commissioning Report’.

The responsible local government authority may be found at the [Office of Local Government's Find my council page](https://www.olg.nsw.gov.au/find-my-council)

Commissioning VR2 Attachment 1: Vapour system recovery performance test results

## Facility information

| 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:   /  /

**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 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 |  |  |  |  |  |
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| 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 |  |  |  |  |  |
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