105751

Kansas Department of Agriculture
Weights & Measures Division
1320 Research Park Drive
Manhattan, KS 66502
Phone 785-564-6681
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Address or Name Change
If checked □

PMEP RETAIL DISPENSER REPORT

FACILITY: _____

OLD FACILITY: _____

Name of Facility			County
Physical Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Contact Person	Phone	Test Date	Last Test Date

PRODUCT CODES

20	Kerosene 1-K	4	Pre-Mix (Gas & Oil)
21	Kerosene 2-K	5	Other
30	Diesel Fuel #1	6	Unleaded (87 Octane)
31	Diesel Fuel #2	71	Unleaded (88 Octane)
32	Diesel Fuel (Dyed)	72	Midgrade (89 Octane)
33	Diesel Fuel (High Sulfur)	73	Midgrade (90 Octane)
34	Premium Diesel	8	Premium Unl. (91 + Oct.)
35	Bio-Diesel	9	E85

Product with alcohol ADD O

ERROR ATTRIBUTE CODES

1-Anti-drain
2-Indicator
3-Improperly Labeled
4-Totalizer Marked
5-Computer Error
6-Air Eliminator
7-Glass
8-Meter not Sealed
9-Control Console
10-Hose
11-Out of Calibration
12-Storage Tanks Not
13-Serial No.
14-Ave. Error of devices
15-Other

ACTION TAKEN

Approved..... 1
Adjusted..... 2
Rejected..... 3
Rejected-Spec. 4
Taken Out of Service..... 5
Action Pending..... 6

TYPE OF TEST:										ACTION TAKEN:									
Serv. Co.Test	1		Service Call	3		Tech. Check	5			Approved	1		Rejected	3		Taken Out of Service	5	
New Install.	2		Qual. Control	4		Compliance	6				2		Rejected-Spec	4		Action Pending days	6	

Make and Serial Number of Devices at this location	Meter #	Product	Pump Status (A) Act (I) In-act	Error As Found Fast Flow (+or-)	Error As Found Slow Flow (+or-)	Toler-ance Used (1) A (2) M	Action	Attributes Incorrect Enter Error Codes	Totalizer Reading Beg.	Totalizer Reading End	Gal. or liters return-ed to Tank	$ Price per Gal.

Total Number of Meters _____
□ High Speed

Storage Tanks: Under Ground _____ Above Ground _____

Total Gal Dispensed

Unleaded		
Midgrade		
Premium		
Diesel		
Dyed Diesel		
Other		

Remarks:

Service Company (Print Name) _____ I.D. Number _____

Technician (Print) _____ I.D. Number _____

Owner/Operator (Signature) _____

Technician (Signature) _____

ORIGINAL TO OFFICE-YELLOW TO BUSINESS-PINK TO TECHNICIAN
This Inspection Report must be retained for 5 years.