SONOMA COUNTY WEIGHTS AND MEASURES

133 AVIATION BLVD, STE 110 SANTA ROSA, CA 95403 PHONE: (707) 565-2371

DEVICE COMPLAINT FORM

DATE:	**COMPLAINT #:**
COMPLAINANT:	**RESPONDENT:** **ADDRESS:**
HOME PHONE: (707)	**HOME PHONE:** (707)
WORK PHONE: (707)	**WORK PHONE:** (707)

PRODUCT: **REGULAR** ☐ **PLUS** ☐

SUPREME ☐ **OTHER** ☐

DATE OF PURCHASE: **TIME:** **PRINTED RECEIPT GIVEN? YES** ☐ **NO** ☐

LOCATION OF DEVICE: **PUMP #:** **CHECK STAND #:**

QUANTITY PURCHASED: **PRICE PAID:** **PRICE ADVERTISED:**

NOZZLE SHUT OFF AUTOMATICALLY? **YES** ☐ **NO** ☐

WAS THIS INCIDENT REPORTED TO THE BUSINESS? **YES** ☐ **NO** ☐

WHO? **DESCRIPTION OF PERSON:**

MAKE AND YEAR OF VEHICLE? **TANK SIZE**

COMPLAINANTS STATEMENT:

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INSPECTOR'S CHECKLIST

RETAIL PETROLEUM METERS

Sign

1) Price Per Gallon $_____Both Sides $_____

2) Pump on Zero: Yes ☐ No ☐
Legibility?_____

COAXIAL LEAK TEST

3) Initially_____gal During Test_____gal

4) Type of VR System: Boot ☐ No Boot ☐

5) Hose Damage?_____ Antidrain_____

6) Fast Test ±_____ Slow Test ±_____

7) Readout

8) Tested To The Point of Complaint?_____

9) Control Valve Tests Conducted_____

10) Last Sealed On: _____

Computation & Receipt: 10 Gallons x $ Per Gallon = _____

PETROLEUM QUALITY

1) Date of Las Delivery?_____

2) From which Refinery?_____

3) Official Sample: Pump #_____

4) Color_____Clear/Cloudy

5) Sediment or Water_____

6) Date Filter Changed_____

7) Storage Tank:_____ water (dip test)___

8) Printout of Inventory_____

INVESTIGATION AND CONCLUSION:

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COPIES TO: COMPLAINANT, RESPONDENT, OTHER(S) CHECKED BY: FILE